

REPORT CARD

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



PAPUA NEW GUINEA



COUNTRY CONTEXT:

Size of population:	5,772,000 ¹
Life expectancy at birth:	55.7 years ²
Percentage of population under 15 years:	40.7% ³
Population living below \$1 per day:	Data not available
Youth literacy (female rate as % of male rate) ⁴ :	64.1% ⁴
Median age at first marriage for women (ages 15-49):	Data not available
Median age at first marriage for men (ages 15-49):	Data not available
Median age at first sex among females (ages 15-49) ⁵ :	Data not available
Median age at first sex among males (ages 15-49):	Data not available
Total health expenditure (public and private) per capita per year: US \$23 ⁶	
Contraceptive prevalence rate ⁷ : (1996 - 2004):	26% ⁶
Fertility rate:	4.1 children per woman ⁷
Maternal mortality rate per 100,000 live births (1990 - 2004):	370 ⁸
Ethnic groups: Melanesian Papuan Negrito Micronesian Polynesian ⁹	
Religions: Roman Catholic 22% Lutheran 16% Presbyterian / Methodist / London Missionary Society 8% Anglican 5% Evangelical Alliance 4% Seventh-Day Adventist 1% other Protestant 10% indigenous beliefs 34% ¹⁰	
Languages: Melanesian Pidgin English spoken by 1%-2% ¹¹	



AIDS CONTEXT:

Adult HIV prevalence rate (2007 estimates):	1.61% ¹²
HIV prevalence rate in young females (ages 15-24):	1.16% ¹³
HIV prevalence in young males (ages 15-24):	0.4% ¹⁴
HIV prevalence in pregnant women (2007 estimates):	2.03% ¹⁵
HIV prevalence in vulnerable groups: Sex workers	16% ¹⁶
Number of deaths due to AIDS (estimates 2007):	5,995 ¹⁷
Estimated number of orphans due to AIDS (ages 0-17) (2007 estimates):	3730 ¹⁸



HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Within the context of Papua New Guinea's highly male-dominated society, the HIV epidemic presents an extreme threat to girls and young women who are at very high risk of infection. The country has a generalised epidemic with a prevalence rate of 1.8%, however high rates of gender-based sexual violence and the acceptance for men to have multiple and concurrent sexual partners¹⁹ contribute to young women and girls' vulnerability. Many men, in particular young men, in both rural villages and urban settings are likely to take part in gang rape (known as line-ups)²⁰ where one girl or young woman is forced to have sex with a number of young men. Although there are many different and varying cultures and communities within Papua New Guinea, a high rate of gender-based violence including domestic violence exists across the country.²¹ Access to health care for women has also traditionally been low as women are perceived as inferior to men, have lower life expectancy and very high maternal mortality rates.²² The epidemic, therefore, is driven by strong gender-based social and traditional customs and unfortunately there is little gendered policy and legislation to protect girls and young women from HIV/AIDS.

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN PAPUA NEW GUINEA.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Papua New Guinea. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Papua New Guinea. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Papua New Guinea.

The Report Card is the basis of extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in Papua New Guinea to provide more qualitative information.

This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Papua New Guinea' (available on request from IPPF).

There is a lack of infrastructure throughout the country and the number of varying local languages and geographical terrain mean that scale-up is an enormous challenge, particularly in terms of prevention. Stigma and discrimination towards those living with HIV is still high and there have been reports of people living with HIV being buried alive.²³ The national government response to HIV has however increased access to both voluntary testing and counselling (VCT) and antiretroviral (ARV) treatment and has clear guidelines on mother to child transmission (MTCT) which it is aiming to scale-up. Vulnerable groups such as sex workers and men who have sex with men have been targeted by Non-government organisations (NGOs) and are being addressed within the current National Plan for 2004-2008.²⁴ Research into the behaviour of both men and women is also taking place as part of the current National Plan on HIV/AIDS in the hope that it will inform future behaviour change strategies.

KEY POINTS:

- The **legal age of marriage for girls is 16, or 14 with parental and court consent.** However customary and traditional practices allow the marriage of girls as young as 12 and **children can be** taken as additional wives or given as **brides to pay family debts.**²⁵
- The **minimum legal age for accessing sexual and reproductive health (SRH) services is 18.** However, in practice girls **between** the ages of **14 and 17 are usually not denied** these services if they try to **access** them.²⁶
- **Abortion** is legal to save the life of the woman and in cases where mental or physical health will be damaged. In cases of incest the approval of two medical doctors and one psychiatrist must be sought and **in cases of rape, proof that rape took place** must be available.²⁷
- **Mandatory HIV/AIDS testing is prohibited** under the HIV/AIDS Management and Prevention Act.²⁸
- The **constitution provides for equal protection of both sexes** under the law, however **women often face discrimination and gender-based violence**, particularly in the home.²⁹ The PNG Law Reform Commission undertook research which found that in some areas of the country rates of **domestic violence** are as high as 100% of all women in marriages.³⁰ **Stigma and discrimination** against all people living with HIV (PLHIV) **remains high** despite constitutional protection for equal rights for all.³¹
- There is an **HIV/AIDS Management and Prevention Act.** The Act deals with **discrimination against PLHIV, confidentiality,** issues of prevention, counselling, care and treatment and provides avenues for **redress for infringements.**³²
- In 2005 only 11 large businesses and government departments had established **HIV/AIDS workplace policies**³³ and in 2006 there were reports of some companies dismissing employees after learning of their HIV positive status.³⁴
- **Sex work is illegal** and HIV/AIDS peer education and the formation of sex worker action groups has incited **violence and police harassment.**³⁵ However the Sexual Offences and Crimes Against Children Act states that **no person under 18 can be charged** with the offence of selling a sexual service. Research undertaken on perceived dangers to sex workers identified protection from the police as their number one safety priority.³⁶

QUOTES AND ISSUES:

- “The **existing laws** in the country that protect the rights of young women and girls came into existence **before the advent of HIV/AIDS in PNG,** there are **no specific laws that protect** this group.” (Interview with Focal Point on HIV/AIDS, UN Agency)
- “[We need to] **enact laws to abolish polygamy, and strengthen legislation that recognises the rights of women in PNG and empower female youth leaders through training to advocate on behalf of girls and young women based on existing legislation.**” (Interview with nurse at Family Planning Association)
- “If girls and young women are sexually assaulted by men and the case is reported to police by the girls and young women, the **police** in many instances **fail to take action** on the mere pretext that the girls and young women are prostitutes (two-kina-bush meri) and they deserve to be assaulted.” (Interview with manager, National AIDS Council)
- “In PNG there are **laws that prohibit rape, incest and child abuse** that could protect girls and young women from HIV infection. These laws are however **not fully enforced** in the country. Girls and young women also feel **reluctant to report cases of abuse, incest and rapes** for fear of being reprimanded by family members especially if the perpetrators of these offences happen to be with in the family.” (Interview with manager, UN Agency)
- “In many **rural** communities in PNG **if a girl gets her first menstruation she is considered to be ready for marriage** and parents of the girl are willing to accept bride price [money] from any man who is able to pay a higher fee to marry the girl. We consider this as customary law (tumbuna pasin), although it is not a written law it is enforced vigorously and **girls have no power to refuse** these forms of marriages.” (Focus group discussion with girls and young women (15 – 19), rural area)
- “**If a client refuses to use a condom** after you have offered him one **and he forces to have unprotected sex with you,** there are **no grounds for you to lay a complaint.** The police will normally say ‘After all he paid you well and why should you come to complain?’” (Focus group discussion with young women aged 20–24, rural area)
- “The **HIV/AIDS Management and Prevention (HAMP) Act,** introduced in 2003 was centred on rights of people living with HIV (PLHIV) and **not much** was written **on HIV protection for girls and young women.**” (Interview with HIV positive, young, female advocate)



KEY POINTS:

- The Second National Strategic Plan on HIV/AIDS in PNG addresses the **full continuum of HIV/AIDS strategies** in its seven priority areas, listed as:
 - **Treatment, counselling, care and support.**
 - Education and **prevention.**
 - Epidemiology and surveillance.
 - Social and behavioural change research.
 - Leadership, partnership and coordination.
 - Family and community support.
 - Monitoring and evaluation.³⁷
- The National Strategic Plan aims for **two voluntary counselling and testing (VCT) sites in each province** to be established **by 2008** and the first community-based VCT services were available in 2004.³⁸
- The National Strategic Plan targets different interventions and programmes to **groups at particular risk** including **youth, sex workers**, parents, women, men, political and traditional leaders, men who have sex with men (MSM) and people living with HIV (PLHIV).³⁹
- The National Strategic Plan emphasises the need for **confidentiality** and specifies the need for **guidelines** to be developed in order to ensure this is respected.⁴⁰
- The National Strategic Plan aims to make **antiretroviral (ARV) treatment available and accessible** to at least **25% of people** currently infected with HIV and AIDS throughout Papua New Guinea by **2008**. In addition, the Universal Access document developed by the Department of Health sets a target of 10,000 people on treatment by 2010.⁴¹
- **Mother to Child transmission (MTCT) guidelines** are in place, but there is a lack of available space for private and confidential consultation.⁴² The **protocols** for antenatal surveillance **establish a target of 450 pregnant women** to be tested throughout **2 months** and for this to be repeated each year.⁴³
- The National Strategic **Plan aims to reduce incidence** and the rate **of sexually transmitted infections (STIs)** in risk populations to 5% and in the general population to 3% by 2008 by training more health workers and ensuring availability of drugs for treatment.⁴⁴
- **The National Strategic Plan** aims to strengthen **social, cultural and economic research** in order to better understand the different factors that influence behaviour and create **behaviour change strategies**.⁴⁵
- The National Strategic Plan aims to **provide comprehensive, accurate and relevant** prevention messages through **expanding STI/HIV prevention and education** activities in the **mass media, school programmes, peer education, and community drama groups**.⁴⁶
- **Data** produced by the surveillance system **is not disaggregated by age and sex**, for example, in 33% of the reported cases, age was not recorded.⁴⁷

QUOTES AND ISSUES:

- **"HIV/AIDS has been taught at our school.** The lessons are about HIV/AIDS and how to prevent spread of HIV. We have also learnt how HIV is not spread and why we should not fear a person living with HIV." (Focus group discussion with young women aged 20 -24 years, urban area)
- *"The government should put **more funds into organisations caring for PLHIV** and make it possible for those people living with the virus to travel to areas where the fear of AIDS is rife and to talk to community members."* (Focus group discussion with young women aged 20 -24 years, urban area)
- "The government must fund non-governmental organisations (NGOs) and community-based organisations (CBOs) to help them **build capacities of communities to participate in discussions on issues about sexuality and AIDS** and find out solutions to solve the problems of HIV/AIDS." (Focus group discussion with young women aged 20 -24 years, rural area)
- *"Condom distribution is a protocol that is supposed to be practiced in all health institutions in the country. VCT centres are being scaled up in hospitals, health centres and clinics in the country. **If new developments are accompanied by the relevant advocacy targeted to girls and young women accessibility will improve.**"* (Interview with manager, UN Agency)
- "Protocols on condom distribution, antenatal care and VCT are in existence. Service providers are **overwhelmed by a large number of clients** seeking assistance and with **low wages** and **no incentives** they easily become frustrated and tend to be hostile especially to girls and young women who seek assistance." (Interview with manager, National AIDS Council)
- *"In PNG **family units and the churches play important roles** in the upbringing of girls and young women. The formulation of a policy by the government to **recognize these roles** and to **develop the capacity of these institutions** to mainstream HIV prevention in all activities that these groups carry out will help to improve HIV prevention for girls and young women."* (Interview with Manager, National AIDS Council)
- "If the government can come out with a **policy that enables girls and young women** and also boys and young men **to present themselves for medical check-ups free of charge** at least twice before they attain the age of 25 years many young people will be obliged to protect themselves from HIV." (Interview with HIV positive, young, female advocate)
- *"At school, lessons on sexual reproductive health were on the reproductive organs taught under biology. Lessons on **relationships, sex and AIDS** were not taught."* (Focus group discussion with young men aged 20 - 24, urban area)



KEY POINTS:

- **By 2008 two sites for voluntary counselling and testing (VCT) will be established in every province** and the first community-based VCT services were available in 2004. So far, **50,000 people have been tested nationwide** for HIV.⁴⁹
- In order to **scale-up VCT**, the training of staff and accreditation of new sites has been **decentralised to four new regional VCT sites** which are also able to support sites in their activities.⁵⁰
- In 2006 **prevention of mother to child transmission (PMTCT)** was available in 15 hospitals throughout the country.⁵¹ Rural health institutions also started providing the service.⁵² However, rapid test kits were to be made available to all antenatal and family planning clinics in the country by 2008.⁵³
- There is a **low level of male condom availability in health centres**.⁵⁴
- As of July 2007 **there are 38 public, private and faith-based organisation sites where antiretroviral drugs (ARVs) can be accessed**. These are in both rural and urban areas.⁵⁵
- There are **over 30 antiretroviral treatment sites** in Papua New Guinea where a team of service providers have undergone intensive and rigorous training (including clinical attachment) on HIV management.⁵⁶
- In total, it is estimated that there are **56,175 people living with HIV and AIDS**. Of these, **11% (6,348)** including 636 children **will need ART by the end of 2007**. Of those needing treatment, **26% (1,647/6,348) were on treatment** by end of June 2007.⁵⁷
- **HIV prevention services are available for sex workers** under programs implemented by Save the Children in two cities and two urban areas. World Vision runs a drop in centre for sex workers in Port Moresby and the Seven Days Adventist also runs skill development project for sex workers in Lae.⁵⁸

QUOTES AND ISSUES:

- “There are **no information packages or services on HIV prevention tailored exclusively for boys and young men**.” (Interview with manager, UN Agency)
- “**Unavailability and cost of transport make services such as voluntary counselling and testing [VCT], antiretroviral treatment [ARV], prevention of mother to child transmission [PMTCT] and condom availability virtually unavailable in rural settings in PNG**.” (Interview with manager of people living with HIV (PLHIV) network)
- “Based on my work as a clinic nurse, I think there **should be outlets in the communities where information on HIV, AIDS and sexually transmitted infections [STIs] written in the local dialect** can be obtained by all young people.” (Interview with nurse from Family Planning Association)
- “There are **no specific HIV prevention services for out-of-school or unmarried girls and young women**.” (Interview with HIV positive, young, female advocate)
- “I feel there is a strong need to **establish a people living with HIV organisation for young positives**. Our needs are different. For example while I am planning to further my education next year, the elderly positives will be more concerned about how to look after their children or who will look after their children when they are no longer around.” (Interview with HIV positive, young, female advocate)
- “Promote **more open discussions of sexuality** by using **mixed sex groups and discussing early marriage, age mixing in relationships, physical and sexual violence against women, sexual harassment, child sexual abuse, exploitation, incest and polygamy**.” (Interview with manager, UN Agency)
- “**If the HIV prevention messages** for the general public **had an impact** [on young men and boys], **we should expect a reduction in rapes**, new HIV cases and in sexual and physical violence against girls and young women but the opposite is the norm and all the above indices are increasing each day in the country.” (Interview with manager of people living with HIV PLHIV network)
- “**Many of my friends who have used the services at the STI clinic have complained that after waiting in a queue for a long time, the clinic is short of drugs and that patients have to go home and come back the following day. Some never came back as they are unable to pay for the cost of transportation for the second time**.” (Focus group discussion with young women and girls aged 15 – 19, rural area)
- “**Condoms, both male and female, should be distributed** in all **communities** [by an] NGO. If condoms are to be sold they should be cheap so that the unemployed young people would be able to afford to buy them.” (Focus group discussion with young women and girls aged 15 – 19, rural area)
- “**HIV prevention services are available for boys and young men** rather than for girls and young women. For example there are **more male condoms** given out free of charge than female condoms.” (Interview with manager, UN Agency)





KEY POINTS:

- In reality there are multiple **social, logistical and financial barriers** to girls and young women accessing services in Papua New Guinea, including:
 - **Judgemental attitudes** of families, community members and health workers.
 - **Distance to service.**
 - **Lack of privacy and confidentiality.**
 - **Lack of information** about what services are provided and their location.
 - **Peer pressure** and **lack of information** about prevention methods.
 - Traditional norms of **gender inequality.**
 - **Stigma** associated with HIV and AIDS that makes people reluctant to visit voluntary counselling and testing (VCT) centres.
 - **Client waiting times.**
 - **Lack of availability** of commodities (drugs for sexually transmitted infections [STI], contraceptives).

Many of these barriers particularly affect girls and young women living in **rural areas**.⁵⁹

- The **training modules** for health staff on **STI address gender and attitudes of staff** and clinics and are encouraged to provide both male and female staff to ensure same gender service providers are available.⁶⁰
- Although HIV Prevention, sexual and reproductive health (SRH) **services**, voluntary counselling and testing (VCT), STI treatment, condoms and antiretroviral drugs (ARVs) **are all free for young women and girls to access**,⁶¹ **women are subordinate to men** in many cultures within PNG, which has resulted in them having **minimal access** to all resources, including **healthcare and education and/or prevention information**.⁶²



QUOTES AND ISSUES:

- “Some **churches forbid girls and young women using contraceptives.**” (Focus group discussion with young women aged 20 – 24 years, urban area)
- “*Boys and young men are less likely to be ridiculed when they access HIV prevention services compared to girls and young women. Although **boys and young men have more access to HIV prevention services than girls and young women the rate of condom use is still low in the country.***” (Interview with manager, UN Agency)
- “From my own experience as an HIV and AIDS Counselor, I feel **boys and young men do not take HIV information and HIV prevention services seriously.** We can change attitudes if we can involve boys and young men in the establishment of youth friendly centres on HIV prevention. Many young men and boys will change their attitude towards girls and young women if they make use of services provided by these centres.” (Interview with HIV positive, young, female advocate)
- “[Prevention programmes] ... should **establish more services that can easily be accessed by girls and young women.**” (Interview with manager UN Agency)
- “The **shame that a young woman will bring to the extended family systems** prevent many of them from finding out their HIV status. In some cultures in rural areas, **girls and young unmarried women** are not supposed to have sex and therefore **should not avail themselves to services for sexual and reproductive health.** In many cases the services are just not there.” (Interview with manager, HIV/AIDS support NGO)
- “*On Wednesdays and Thursdays, the **people who come for treatment form a long queue that stretches out from the building to the outside. It is embarrassing for many young people to be seen in the queue.***” (Focus group discussion with young women and girls aged 15 – 19, rural area)
- “It is not true that people think you are **accessing family planning services** [if you are married] because **you need the consent of your husband** to do so. If it is **HIV prevention services** that you are accessing, your **husband will become offended** if he gets to know. **Many married women fear** to go for HIV prevention services because of this.” (Focus group discussion with young women and girls aged 15 – 19, rural area)
- “*Many girls and young women are more **concerned about what they think people would say** about them than taking measures to avoid HIV.*” (Focus group discussion with young women aged 20 – 24, urban area)
- “If **boys and young men could refrain from making and drinking home brew, growing and smoking marijuana** and make it a point to learn and **understand HIV and how it is prevented**, many girls and young women **will be spared** the ordeal of **violence, rapes and gang rapes** (line-ups) that are common in PNG society today.” (Focus group discussion with young men aged 20 – 24, urban area)



KEY POINTS:

- Papua New Guinea **ratified the Convention on the Rights of the Child (CRC) in 1993** and **acceded to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1995**. Papua New Guinea has not yet signed the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.⁶³
- The **National Council of Women** - a women's network to represent women of the country on the international scene and also nationally is a member of the **National AIDS Council**. There is also one seat for a **person living with HIV (PLHIV)** in the council.⁶⁴ However it has been noted that most involvement of people living with HIV (PLHIV) is at a lower level.⁶⁵
- I gat Hope, the main **network of people living with HIV (PLHIV)** has a **women's network** which young women and girls can join. I gat Hope aims to lobby government, provide information, promote access to treatment and care, and fight stigma.⁶⁷ In 2004 it had 20 members.⁶⁸
- There is recognition from the National AIDS Council that more **access to training for people living with HIV (PLHIV)** is needed in order that they might be able to engage in the national HIV response.⁶⁹
- There is one **young HIV positive woman advocate** who was funded by UNDP to produce a 10 series television programme on how she is coping with HIV. She also visits schools and workplaces to talk to people about HIV/AIDS.⁷⁰
- A number of **youth-related activities** are conducted by the Australian Agency for International Development, various non-governmental organisations and other organisations. One young person was trained as a community theatre trainer and has been actively involved in **building the skills of other young people** as leaders in the fight against HIV in various provinces.⁷¹

QUOTES AND ISSUES:

- "Although PNG is a signatory to various international conventions, the government has done very little to improve the situation of girls and young women in the country. Girls and young women are always in **constant fear of assault** by men and their movements are curtailed. **Government must work towards incorporating the commitments** into the national legal framework to make it possible to **implement CRC and CEDAW** and other international legislations that protect girls and young women." (Interview with manager UN Agency)
- "If I can recollect correctly, **I don't think girls or young women have ever been involved actively in the decision making process about AIDS at the national level**. Those living with HIV have been involved but as to the level of involvement it is hard for me to say." (Interview with nurse from Family Planning Association)
- "Although I have received training on HIV and AIDS, what motivates me to work is not the money I get, but the **recognition that the project has given me**. For example the project has given me a **T-shirt with the project's logo**, a bag that I use to store condoms for distribution, a cap to wear and constant supply of condoms from the project office to where I live. All these have contributed to give me some **status in the community** and many people in our community who want information about HIV and AIDS come to see me." (Focus group discussion with young women aged 20 -24 years, urban area)
- "**Girls and young women should be encouraged to take the responses to rural communities** where the majority of the disadvantaged girls and young women live." (Interview with manager, UN Agency)
- "In PNG the **voices of girls and young women are not heard**. We only hear the voices of the rich or politicians who hardly speak about the plight facing girls and young women. 'There is a need to **create a special platform for girls and young women** to air their feelings about how society treats them and they should be allowed to make plans and be supported by government with funding to implement the plans.'" (Interview with Manager, National AIDS Council)
- "The government should **invest resources into existing women groups** in the country to **work with girls and young women** by empowering them to get involved in the national decision making processes for HIV and AIDS." (Interview with manager, UN Agency)
- "Groups come to **our communities** to talk about HIV prevention and where we can get prevention services and do performances to enlighten us about HIV and AIDS. **We do not discuss** how we can put what they have taught us into practice. They only tell us what to do and **all that we do is to listen**." (Focus group discussion with young women and girls aged 15 – 19, rural area)





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RECOMMENDATIONS



Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Papua New Guinea. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

LEGAL PROVISION

1. Introduce a **comprehensive gender-based violence law** which, in line with the constitution, recognises the rights of women as equal to those of men and addresses the social and cultural phenomena of:
 - **Rape and gang rape** (line-ups)
 - **Customary practices between tribes** which allow the abduction and rape of girls and young women as retaliation to tribal wrongs
 - **Domestic violence** and **marital rape**
 - **Decriminalise sex work**

It is vital to ensure thorough **dissemination** and **strong enforcement of these laws**.
2. **Review, amend and enforce legislation which allows marriage of girls** as young as fourteen with consent of their parents and introduce legislation which ensures that **customary and traditional practices** which allow the **marriage of girls** as young as twelve **are abolished**.
3. Begin the process of **legislative harmonisation in line with the Convention on the Rights of the Child** (ratified in 1993) and **the Convention on the Elimination of All Forms of Discrimination Against Women** (acceded in 1995).

POLICY PROVISION

4. **Review all policy** documents through a **gendered lens** and ensure that gender is used to **critically address** the way that society pressurises both men and women to partake in **risky sexual and social behaviour** that increases the possibility of HIV transmission.
5. **Promote universal access to antiretroviral therapy (ART)**, while also **promoting positive prevention***. Ensure that girls and young women living with HIV can receive treatment, care and support that is free and provided within an environment that not only addresses their HIV status, but recognises their broader needs relating to their gender, age and social status.
6. Build on current policy to **implement a comprehensive, skills-based school sexuality education programme** that incorporates **gender** issues and is targeted towards HIV/AIDS prevention. Ensure that **teachers** have the necessary **training and capacity** to teach this programme.
7. Review and strengthen Papua New Guinea's action in the light of the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
8. **Recognise and support the efforts of the non-formal sector** in addressing the epidemic including non-governmental organisations and faith-based organisations by ensuring coordination with these bodies.

AVAILABILITY OF SERVICES

9. **Urgently develop and implement behaviour change communication (BCC) programmes for boys and young men** to focus on **gender-based violence** addressing, in particular, **gang rape** and looking at the impact of home-brew and the use of marijuana in the increase of **risky sexual behaviour**.
10. **Greatly increase the availability of male condoms**, particularly in **rural areas** through the provision of condoms at all health clinics and in other major public sites and ensure that the **provision of affordable female condoms is increased** across the country.
11. **Scale-up the availability of HIV prevention information, education and communication (IEC) materials in local languages** in order to **educate tribal elders** and rural communities about the dangers facing young women and girls.

ACCESSIBILITY OF SERVICES

12. Build on existing development of health systems infrastructure to **increase access to all sexual and reproductive health and HIV services** in **rural and remote areas** and **expand service provision by using mobile clinics**.
13. Ensure that every health clinic providing sexual and reproductive health (SRH) and HIV – related services has **enough space** to ensure **privacy and confidentiality** in terms of waiting rooms and consultation space, in particular for voluntary counselling and testing (VCT) and sexually transmitted infection (STI) testing and treatment centres and for the prevention of mother to child transmission (PMTCT).
14. **Develop information, education and communication (IEC) materials that are targeted towards young men and boys**, and use them to **advocate** for sexual and reproductive health **in places where young men and boys gather** in order to encourage them to become more responsible for their sexual health and behaviour and to test for HIV.

PARTICIPATION AND RIGHTS

15. **Bring young people together** to improve communication skills between the sexes, **challenge current attitudes** and involve them in the dialogue on HIV prevention.
16. **Promote skills and training for young women and girls**, such as vocational training or training on policy and legislation to increase economic and political empowerment of this group.
17. **Increase the involvement of young people living with HIV (YPLHIV), especially girls and young women** in the national response to HIV prevention (including through mass media and other channels) both as a modality of **stigma reduction** and to ensure that the national response to HIV is more **rights-based**.

* Prevention for and with people living with HIV

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