

NATIONAL RESEARCH AGENDA FOR HIV AND AIDS
PAPUA NEW GUINEA

2008-2013

Foreword

This document represents the accumulation of a 10 month process and the work of many individuals. The work dates back to October 2007 with the gathering and reviewing of research literature and documents followed by the planning and implementation of a 3-day stakeholder national research agenda workshop. These findings in addition to further analysis, consultations and in-depth review of research studies and related documents have contributed to the development of the National Research Agenda for HIV and AIDS.

We wish to thank all of the participants who attended and actively contributed at the National Research Agenda Workshop and those who have provided consultation, comments and recommendations on various drafts of the document. Most importantly we wish to thank the National Research Agenda Working Group (*Dr. Joachim Pantumari, Dr. John Millan, Dr. Holly Aruwafu, Dr. Maxine Whittaker, Dr. Doani Esorom, Prof. Francis Hombhanje, Dr. Betty Lovai, Dr. Ismael Kitur, Mrs. Nidia Raya-Martinez, Mr. Taoufik Bakkali, Ms. Maura Elaripe*) led by the Sanap Wantaim Research Advisor (*Ms. Evelyn King*). This group have provided guidance and substantial contribution to the development and refinement of this document.

We hope that this important document will guide the increase of HIV related research in Papua New Guinea and will help formalize processes for research dissemination with the aim of supporting an evidence-based response to HIV practice and policy.

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ABBREVIATIONS AND ACRONYMS

ABC	Abstain from sexual activity, Be faithful to one faithful partner or always use a Condom
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
AusAID	Australian Agency for International Development
CBO	Community Based Organization
CSO	Civil Society Organization
FBO	Faith Based Organization
GoPNG	Government of PNG
HAMP	HIV and AIDS Management Policy
HIV	Human Immunodeficiency Syndrome
HRC	HIV Response Coordinator
IMR	Institute of Medical Research
K	Kina
MTP	Medium Term Plan
MRAC	Medical Research and Advisory Committee
MSM	Men who have Sex with Men
NAC	National AIDS Council
NACS	National AIDS Council Secretariat
NCD	National Capital District
NDoH	National Department of Health
NHASP	National HIV/AIDS Support Project
NRI	National Research Institute
NSP	National Strategic Plan
NGO	Non Government Organization
PAC	Provincial AIDS Committee
PACS	Provincial AIDS Committee Secretariat
PLWHA	People Living With HIV and AIDS
RAC	Research Advisory Committee
RDS	Respondent Driven Sampling
STI	Sexually Transmitted Infection
WHO	World Bank Organization

Executive Summary

Research in Papua New Guinea related to HIV dates back to the 1990s. While these efforts have formed a foundation on which to build upon, research gaps remain today. These gaps relate to the cultural beliefs and practices as well as sexual networks relationships and behaviours. Research is required to understand particular vulnerable groups such as women, youth, those engaged in transactional sex and those who are mobile. Religion, sexuality and the lives of those living with HIV and AIDS are also areas which require further study. At the national level a number of documents have been developed to guide the National Response to HIV and AIDS which research can draw from. However with the availability of some past research, issues such as the quality and quantity of research still need to be addressed.

Guided by stakeholder consultation and the review of available research literature, the National Research Agenda provides a guide for Papua New Guinea over the next 5 years. Priority areas for research are under 3 subtheme areas of: i) Increasing knowledge of the drivers of the epidemic and understanding the lives of those directly infected and affected by HIV and AIDS; ii) Evaluating the effectiveness and appropriateness the National Response to HIV; and iii) Measuring the impact and intersection of the epidemic on sectors and civil society.

New processes for applying for research grants include a large grant scheme and a small grant scheme to support efforts of increasing the quality and quantity of research studies. Due to limited information sharing and research dissemination to date additional committees, new processes and a research unit within NACS have been initiated. These new efforts aim to increase the overall goal of strengthening evidence-based practice.

Background

Since the first diagnosis of HIV in 1987 Papua New Guinea has engaged in a tireless effort to respond to the epidemic through interventions and awareness. Beside these efforts there has also been an increasing effort to understand the driving factors that contribute to HIV transmissions in Papua New Guinea; as well as to understand the lives of those living with HIV and AIDS, their family members and loved ones.

Some of the early efforts that have provided insight into the specific context of HIV and AIDS in Papua New Guinea were made by those conducting research at the PNG Institute of Medical Research. These included Carol Jenkins, Megan Passey, Charles Mgone, their teams and many others. Although HIV research in PNG dates back over 12 years, there have been challenges in terms of building on these earlier studies. Reasons include the vast diversity of Papua New Guinean cultures to study; mixed topography and the large proportion of the population living in rural areas where transportation and access is limited. In addition, a limited resource pool of qualified researchers and lack of research processes for storing and disseminating research has also made work difficult. Despite the challenges, research has been conducted and has paved the way for future studies.

Current Knowledge and Gaps

Although subject to the limited availability of research reports and analyses, current literature related to HIV in Papua New Guinea highlights significant issues which require further research and inquiry. Current research and surveillance data support the understanding that the majority of HIV infections occur through heterosexual relationships (NDOH, 2007). With this information there is a need for further research into sexuality as well as sexual behaviour and practices. Within the context of a generalized epidemic there is also a great need for population based studies representing the general population and further complementing research based on particularly Most at Risk Populations. (NACS 2006).

Across the country there is a high prevalence of sexually transmitted infections (Passey M 1998, Mgone C, 2002), indicating increased vulnerability to HIV transmission based on behavioural and biological factors. Adding to this context, multiple and concurrent sexual partnerships is common practice, and has been identified as a key contributing factor to HIV transmission (NSRRT and Jenkins C, 1994, Wardlow H, 2007, Worth 2006, AusAID 2006). With basic knowledge of these dynamics, more in-depth questions remain regarding networks in which partnerships take place, as well as beliefs and values related to sexuality, sexual practices and sexual desire in the PNG.

In Papua New Guinea women are especially vulnerable due to high levels of gender-based violence as well as lower life expectancy, lower financial income and lower educational levels compared to men in Papua New Guinea. These gender inequalities and power dynamics impact on many aspects of women's lives including sexual negotiations, livelihood choices and personal safety (Luker V 2002, Hammer L 2004, Wardlow H, 2007, Worth 2006, Hammer 2006). Like women, young people in Papua New Guinea experience challenging lives with an estimated 800,000 children living in violent households and

environments (UNICEF 2006) where some also experience child and sexual abuse (UNICEF 2006, HELP 2005, Save the Children 2006). While there is a need to understand more about the lives of women and young people in the general population, there is equally a need to understand more about the lives of men and the role of power and masculinities.

Mobility, migration and transactional sex also place men and women at risk of HIV transmission (Caldwell, JC 2000, Wardlow H, 2007, Wardlow H 2002b). While there have been patterns of behaviour identified with mobility and transactional sex in PNG, there are questions regarding patterns of transmission with countries bordering PNG such as Australia and Indonesia (Tanah Papua). Transactional sex appears to be common across the country with possibly higher occurrences along particular routes and sites (NDoH 2007). In such contexts there is reported condom use. However uptake is generally low, possibly due to availability, access, preference, general perceptions, cultures and beliefs (Wilde 2005, 2007, Worth 2006).

Given Papua New Guinea's cultural diversity and strong Christian culture, it is clear that people's understanding and behaviour in response to HIV and AIDS is shaped by such beliefs and social values (Keck V, 2007, Eves R, 2003). Traditional cultural practices such as kinship, bride price, and marital relationships have been identified as contributing to power and sexual dynamics (Wardlow H, 2002a, Wardlow H, 2002b). And yet, in the midst of vast cultural diversity is the current dynamic of social change representing those who are gradually moving away from the traditions, cultural practices and values that were once the norm. Within such social change many hold dual beliefs and behave in accordance with conflicting value systems. As such, there is a need for further studies in terms of understanding the current role of culture and religion including world view, conceptualization of sexuality and response to those most at risk and living with HIV, as well as studies on the response to HIV prevention, treatment and care (Luker V, 2004, Dundon A, 2007). Furthermore, inquiry into the degree and potential trends of social change is also warranted.

With an estimated 18,484 People Living With HIV (NDOH, 2007), there is a pressing need to understand more about the lives of PLWHIV and their needs in terms of treatment, care and support as well as understanding their experiences and impact related to stigma and discrimination. There is a gap in knowledge regarding the factors and barriers that contribute to health and treatment-seeking behaviour for those living with HIV but also for those who have a sexually transmitted infection and are vulnerable to HIV transmission (Gustasffson B, 2007). Further gaps remain in our understanding around the availability and effectiveness of services for those who exhibit health and treatment-seeking behaviour.

While insights have been made, it is evident that there is still a lack of a comprehensive understanding of the HIV epidemic in Papua New Guinea in regards to the role of culture, behaviours, social dynamics and nature of the drivers that contribute to the epidemic. While past research has focused on "Groups at Higher Risk" and understanding the drivers within these groups, there are large gaps in knowledge that represents the general population or that represent regions of PNG. A minimal number of research studies have been conducted within the rural areas where the majority of the populations reside. **The need for increased**

nation-wide research and greater knowledge of the drivers of the epidemic is paramount to directing an evidence-based HIV response. This is of particular relevance as current “behaviour change” interventions and awareness campaigns have been mostly adopted from other countries with minimal knowledge of their effectiveness and cultural relevance in Papua New Guinea (Wilde C 2007).

There is also an ever-present need to improve the quality, quantity and access of research to the level at which it may consistently be considered “evidence” capable of informing the development and review of the HIV response with regards to treatment, care and support for those living with HIV and AIDS, and prevention and awareness for the population at large.

Response at the National Level

Building on fundamental work (including accessible research) done in previous years, in 2006 Papua New Guinea launched a National Strategic Plan for HIV and AIDS consisting of 7 priority focus areas. These areas consist of: Treatment, Counselling, Care and Support; Education and Prevention; Epidemiology and Surveillance; Social and Behavioural Change Research; Leadership, Partnership and Coordination; Family and Community; and Monitoring and Evaluation. With respect to research these focus areas can be viewed within 2 groups: i) focus areas that should be monitored by research and considered in the design of research studies; and ii) focus areas that have a direct relevance to the conduct and process of investigation or research. Table 1 highlights these focal areas.

Table 1. National Strategic Plan – Seven Focus Areas and their Relationship to Research

National Strategic Plan Seven Focus Areas and their Relationship to Research

Focal areas to be monitored by research and considered in research design	NSP focal areas that have a direct relevance to the conduct and process of investigation or research
<p>Treatment, Counselling, Care and Support: To decrease morbidity and mortality from HIV-related illness, improve the quality of lives of peoples living with HIV, and encourage access to VCT.</p>	<p>Monitoring and Evaluation: To effectively track the progress of the HIV epidemic in PNG through regular monitoring and evaluation mechanisms and measure the impact of the national response</p>
<p>Education and Prevention: To facilitate and sustain behaviour change to minimise HIV and STI transmission in specific populations and to increase awareness about prevention in the general population</p>	<p>Surveillance and Epidemiology: To establish effective and efficient surveillance systems that will provide accurate measurement and understanding of the growth and other characteristics of the HIV epidemic in PNG</p>
<p>Leadership, Partnership and Coordination: To encourage politicians and leaders at all levels of society to give a high profile to HIV/AIDS and enhance coordination of development partner's participation and resource mobilisation</p>	<p>Social and Behavioural Change Research: To improve social and behaviour research in PNG so that it complements epidemiological and other information and informs the development of strategies for behaviour change</p>
<p>Family and Community Support: To support and sustain a social and cultural environment that will enable families and communities to care for and support people infected and affected by HIV and AIDS.</p>	

With the National Strategic Plan as a guide, work in all focus areas has begun. In relation to research, the following work has been completed:

- A Monitoring and Evaluation Unit has been established at NACS
- HIV related Surveillance has been moved to the National Department of Health
- A Behavioural Surveillance Unit has been established at National Research Institute
- NACS has re-established the Research Advisory Committee with Research Guidelines and a process for peer review and coordination of research
- An Independent Review Group of international HIV experts has been established who review the National Response on a bi-annually basis – this group conducts higher level assessment of the performance of the national response to HIV in PNG

The following reports have been produced:

- 2007 National HIV and AIDS Estimation Report
- Social Mapping of 19 Provinces in Papua New Guinea
- High Risk Mapping Study
- PNGIMR 10 Province STI Study
- Milestone Reports from the NHASP
- Papua New Guinea UNGASS Report 2007
- Independent Review Group Report and Recommendations (Nov. 2007 and April 2008)
- Behavioural Surveillance Survey 1

The following policies and related documents have been developed:

- National Gender Policy and Plan on HIV and AIDS
- Minimal Standards for STI Services and Activities

- Standard Treatment Manual for STI and HIV
- Minimal Standards for STI, HIV and AIDS, Activities and Services
- National HIV and AIDS Surveillance Plan for 2006-2010
- HIV and AIDS Management Policy (HAMP Act)
- National HIV and AIDS Prevention Strategy (draft) 2008
- National HIV and AIDS Leadership Strategy (draft) 2008
- National Health Sector STI and HIV Strategic Plan 2008-2010

Quantity and Quality of Research

Quantity of research

Since the mid-late 1990s a number of HIV-related studies have been conducted, however some of these have not been made available to the RAC or other research boards. Between the years of 2002-2004 a total of 35 research applications were approved through the National HIV and AIDS Support Program (NHASP). These studies were mostly conducted by individual researchers. In May 2007, the Research Advisory Committee was re-established with a new membership. By the end of November 2007, 2 research proposals were approved based on relevance and research quality, and an additional 3 research proposals received conditional approval. The total 5 research proposals were social research studies and clinical studies. No epidemiology research proposals were submitted. A total of 7 proposals were approved between January and July 2008. **In total, 12 studies have been approved over the 14 months of the RAC's re-establishment.**

In total, NHASP/NACS have provided research grants for 37 proposals between the years of 2002-2007; averaging approximately 5 studies per year. Including the research studies funded by NHASP/NACS; over 70 HIV related research studies have been conducted in PNG over the past 9 years. These studies were conducted by donors and development partners, NGOs, universities, research institutes and individual researchers from outside PNG. A Bibliography is currently being developed by National Research Institute listing all accessible HIV related research studies.

Quality of research

While over 70 known research studies have been conducted over the past 9 years, research quality of these studies varies greatly. Many studies were conducted by individuals with limited experience and supervision. Other challenges related to research quality include:

- Few studies were conducted by trained professional researchers
- Limited engagement with international collaborations or HIV research experts
- Limited use of consistent and robust research methods, including lack of probability sampling for population based studies
- Majority of studies are cross-sectional studies with limitations in terms of

generalizability (there is a pressing need for cohort studies which can monitor research participants over time)

- Incomplete literature reviews without the inclusion of PNG research studies, or relevant international studies and limited critical appraisal
- Limited contextual feedback and critical appraisal of studies conducted by researchers outside of PNG
- Data analysis is basic with limited use of data analysis software such as SPSS and NVivo; and
- Lack of multi-disciplinary teams

While there are evident challenges in terms of research quality, recent initiatives have been put in place to strengthen research capacity, quality and relevance.

Research Advisory Committee: With the re-establishment of the Research Advisory Committee a new membership was recruited with a wider representation of PNG research institutes and universities, NGOs, NDOH, AusAID, NACS and Igat Hope (National NGO for People Living with HIV and AIDS). A research ethics and peer review process was established (as one was not previously in place), research guidelines were developed with dissemination at an Information Day and at a Social Research Day held at the PNG Medical Symposium Specialist Day in September 2007.

Research Advisor: Through the PNG-Australia HIV and AIDS program (Sanap Wantaim) a research advisor was recruited in 2007 to support the Research Advisory Committee, support Research Capacity Development and the development of the National Research Agenda.

Surveillance Technical Working Group: In 2007 a Surveillance Technical Working Group was formed to strengthen HIV sentinel surveillance and develop a new HIV Surveillance Plan for implementation. The new Surveillance Plan takes an integrated approach to second generation surveillance with biological, behavioural, and bio-behavioural research.

Behavioural Surveillance Specialist: Through support from the Asian Development Bank a Behavioural Surveillance Specialist was recruited in 2007 and seconded to the National Research Institute. Responsibilities of the Specialist include recruiting and management of the Behavioural Surveillance Team, conducting nation-wide HIV Behavioural Surveillance and fostering the development of research capacity.

HIV Epidemiologist: Through support from the Asian Development Bank a Behavioural Surveillance Specialist was recruited in 2007 and seconded to the National Department of Health.

Other efforts include the development of a **Monitoring and Evaluation Joint Program** rolled out across the country with the support of UNAIDS and Sanap Wantaim; a **HIV Social Research Cadet Program** based at the PNGIMR funded by AusAID (led by UNSW, NCHSR) and **technical support provided by WHO** with external technical oversight.

There are also current plans for a knowledge baseline and literature review of all HIV related research in PNG and discussions regarding a National Integrated Bio-Behavioural Population Survey.

National Research Agenda Workshop

In October 2007, the National AIDS Council Secretariat supported by a core-working group (comprising of representatives from AusAID, National Research Institute, University of Papua New Guinea, Asian Development Bank, UNAIDS, and National Department of Health) held a 3-day National Research Agenda workshop.

The aim of the National Research Agenda Workshop was to:

- Review HIV related research that had been conducted in Papua New Guinea in the past 9 years.
- Identify what has not been done i.e. gaps in knowledge; gaps in discipline (social and behavioural, epidemiological, clinical) and to discuss research that is planned.
- Facilitate group discussions and develop preliminary recommendations for a) research studies, b) priorities within the research identified as well as c) research capacity development

Process and Outcomes of the Workshop and Formation of the Agenda

Present at the workshop were over 200 participants including a wide range of stakeholders: clinical, social and epidemiological researchers (both from overseas and within PNG), representatives from all major academics and research institutes in Papua New Guinea, health care professionals and service providers working in the sector of HIV and AIDS and representatives of key community groups such as Friends Frangipani (Papua New Guinea's Sex Worker's Association) and Igat Hope.

In efforts to identify all HIV related research from the past 10 years, relevant researchers were approached and requested to present their studies at the workshop. In addition participants were asked to identify any PNG HIV related research they knew of prior to the workshop. Those identified were also approached to present at the workshop or send copies of their research. A total of 50 presentations were given representing research studies conducted in PNG. Those who were unable to attend were asked to send copies of their research or nominate someone to present on their behalf. At the end of the workshop participants were provided with a CD ROM of all presentations and copies of the full text research articles.

Presentations and discussions took place in 4 groups, each considering research in the context of social and behavioural research, clinical research, surveillance and epidemiology. These groups were:

- Society, Culture, Law & Order and Awareness
- Living with HIV and AIDS
- Women, Violence and Groups at Higher Risk
- Children and Youth

During the second and third day each group reviewed and considered research to date within their theme group. With the help of team leaders and rapporteurs each group discussed the quality and appropriateness of the studies presented, and identified research gaps and priorities. On the third day, identified gaps from each group were presented in a plenary session for all participants with opportunities for questions and comments. This session was also recorded by rapporteurs.

In summary, the information gathered from the workshop included: relevant research information presented on summaries from group discussions, priority areas for research identified by directed group discussion and feedback from the participants (via filled evaluations) and identification of research capacity needs and interest from questionnaires filled out by over 150 participants. **This information in addition to expert opinions, meetings with the National Research Agenda Working Group members, and further analysis of the literature has together contributed to the development of the Papua New Guinea National Research Agenda for HIV and AIDS.**

A Sustainable Approach and a Long Term Commitment

Based on the work done to date it has become clear that given the complexity of the HIV epidemic in Papua New Guinea, and increasing numbers of people diagnosed with HIV there is a need for a long term commitment both to conducting high quality research and strengthening research capacity within Papua New Guinean institutions to achieve an international standard in terms of quality and innovation. Strengthening such institutions and building research skills and confidence requires time and dedication. Furthermore, **while there are imminent research priorities to address in the immediate future, there is also a sobering reality regarding the need for future research in clinical intervention studies related to viral resistance to Antiretroviral Therapy and other treatment regimen. There is a requirement not just to address the needs and priorities of today, but to also build a strong foundation for the research of tomorrow.**

Papua New Guinea National Research Agenda for HIV and AIDS

Building on past HIV research initiatives, key strategic documents, research reports, the process and outcomes of the National Research Agenda Workshop, as well as consultation with stakeholders and a core working group the following National Research Agenda for HIV and AIDS has been developed. The overall goal of this research agenda is that of the

National Strategic Plan for HIV and AIDS in PNG 2006 – 2010. **This research agenda is the strategic plan and guide for all STI and HIV related research studies in PNG - including those requiring funds from NACS and those that do not. Each year research studies will be agreed upon based on the priorities highlighted in this document.**

The National Research Agenda aims to:

Strengthen the STI and HIV related evidence base in Papua New Guinea by directing and supporting the conduct of high quality STI and HIV related research for the next 5 years.

Specific Objectives of the Agenda:

- 1) Identify national research priorities and increase the number of research studies undertaken with the aim of:
 - a) Increasing knowledge of the drivers of the epidemic and understanding the lives of those directly infected and affected by HIV and AIDS.
 - b) Evaluating the effectiveness and appropriateness the National Response to HIV.
 - c) Measuring the impact and intersection of the epidemic on sectors and civil society.
- 2) Support the conduct of research by establishing a competitive process for large research and a small grants process, open to Papua New Guinean and International Researchers both processes addressing research priorities.
- 3) Identify and support processes for research dissemination, information sharing, and evidence based policy and practice.

AGENDA OBJECTIVE 1: PRIORITIZED AREAS OF RESEARCH

Subtheme 1

**Increasing knowledge of the drivers of the epidemic
and understanding the lives of those directly infected
and affected by HIV and AIDS**

It is often difficult to prioritize one important research topic over another, however based on the current situation it appears necessary to gain a strong evidence base in terms of 10 Core Components before focusing research efforts on other areas. **By building the evidence base in these core areas, there is hope of gaining a strong foundation to: a) guide the design, implementation and evaluation of current interventions and initiatives and b) plan and guide further studies, policies and practice.**

PRIORITIZED AREAS OF RESEARCH WITHIN SUBTHEME 1:

1. Behaviour related to Health, Illness and Disease
2. Sexual Behaviour
3. Cultural Practices
4. Gender
5. Religion and Spiritual Beliefs
6. Mobility and Migration
7. The Lives of Marginalized and Most At Risk Populations
8. The Lives of Young People
9. People Living With HIV and AIDS, their families and their communities
10. Economic and Political Environment

Types of Studies

Multi-disciplinary research teams are strongly encouraged, however due to the nature of the core components; there is a need for a focus and emphasis on Social and Behavioural Research, including Ethnographic Studies, Bio-behavioural studies, Health systems evaluations and contextual research. Literature reviews are also encouraged.

Methods: Mixed methods (qualitative and quantitative) are encouraged. Representative sampling is encouraged (where applicable), in the case of marginalized and vulnerable groups; Respondent Driven Sampling (RDS) is encouraged.

Timeline and Number of Studies in each of the prioritized areas

Given the cultural diversity of Papua New Guinea and the nature of the 10 prioritized areas it is clear that research studies on these topics could continue over many years. With that in mind, the following specific objectives are highlighted:

Objective 1: In 2009, 5 studies representing highlighted priorities areas should be initiated, through the large grants process. Studies which are 1 year in length should be complete final reports and dissemination by March 2010, multiple-year studies should provide a progress report by March 2010. (In the case that 10 studies are not initiated in 2009; there will be the option for carry-over into 2010 and 2011).

Objective 2: Between the years of 2010 – 2014, a minimum of 7 new or follow-up studies from each of the 9 prioritised areas should be initiated; all of these studies should be complete with final reports and dissemination by December 2014.

Objective 3: A good representation of geographical regions, urban, peri urban and rural setting as well as population based studies and participatory (action research) will be considered.

Subtheme 1

Prioritized Research Areas and Prioritized Studies

In 2009, 5 studies representing highlighted priorities should be initiated. Studies are listed in order of priority with the highest priority listed first and highlighted. All efforts should be made to commence the highlighted studies in 2009 and 2010. Studies which are 1 year in length should be complete with final reports and dissemination by March 2010, multi-year studies should provide a progress report by March 2010.

STUDIES ON BEHAVIOUR RELATED TO HEALTH, ILLNESS AND DISEASE

(With consultation and liaison with National HIV Surveillance Unit)

Prioritized Studies:

- Condoms: Understanding perceptions, influences on uptake, gender based negotiations, access and availability.
- Health Seeking Behaviour (Behaviour, knowledge and experiences related to accessing health centres, VCCT or NGOs providing health advice/services to address STI or HIV issues; with specific consideration to social and geographical status including sex, age, region).

STUDIES ON SEXUAL BEHAVIOUR AND HIGH RISK PRACTICES

Prioritized Studies:

- Exploring Multiple and Concurrent Sexual Relationships and links to HIV transmission
- Understanding sexual networks and the lives of those engaged in Transactional Sex
- Exploration and understanding the intersection of drug use, alcohol, violence and sexual behaviour
- Sexuality and sexual desire
- Exploration penile inserts, sexual aids and vaginal practices

STUDIES ON RELIGION AND SPIRITUAL BELIEFS

Prioritized Studies:

- Understanding the role, influence and beliefs of Evangelical Christian Churches specific to HIV and AIDS prevention, treatment and care
- Understanding the role, influence and beliefs of Mainstream Christian Churches specific to HIV and AIDS prevention, treatment and care

- The engagement of Churches in provision HIV and AIDS programs and activities
- Understanding beliefs in sanguma/sorcery and the impacts of beliefs on HIV prevention, treatment and care

STUDIES ON GENDER

(With consultation and liaison with National HIV Surveillance Unit)

(Generational Studies are encouraged)

Prioritized Studies:

- Understanding the links between gender-based-violence and HIV transmission across Papua New Guinea
- Understanding sexual negotiations (and life choices available) based on gender status
- Sexual violence (Understanding the factors that cause vulnerability, and reviewing the support and services for survivors)
- Understanding gender roles, masculinity, power, gender-based aggression and gendered substance abuse

STUDIES ON CULTURAL PRACTICES

While there will be cross over with the other prioritized areas, the focus here will be understanding dominant cultural practices by urban, peri-urban and rural setting and by region (cultural areas identified by the National study of Sexual Reproductive Knowledge and Behaviour by Carol Jenkins et al are encouraged).

Prioritized Studies:

- Links between HIV and marriage relationships, kinship, bride price (where applicable) and social change.
- Power: Demonstrations and perceptions of power in matrilineal and patrilineal societies
- Understanding social changes over the past 20 years and the current role of tradition, culture and community values
- Sexual initiation and debut in a cultural context
- Male circumcision in various cultural context (where applicable).
- Understanding annual cultural events and cultural activities during which increased sexual activity is promoted or occurs.

STUDIES ON MOBILITY AND MIGRATION

(With consultation and liaison with National HIV Surveillance)

Prioritized Studies:

- Understanding patterns of the epidemic and links to HIV transmission between international borders (Movement, high risk behaviour and HIV transmission specific to the borders).

-Understanding movement, high risk behaviour and HIV transmission in relation to:

- Transport and Economic Industries and Enclaves

-Understanding movement, high risk behaviour and HIV transmission in relation to:

- Common PNG Transport routes

STUDIES ON THE LIVES OF MARGINALIZED AND MOST AT RISK POPULATIONS

(With consultation and liaison with National HIV Surveillance)

Prioritized Studies:

-Exploring what factors create vulnerability to HIV transmission

-Understanding sexual networks and support networks of most-at-risk populations (Including but not limited to Sex Workers and MSM)

-Understanding the experiences and preferences of most-at-risk populations in terms of health and support services as well as prevention methods including condom use.

STUDIES ON THE LIVES OF YOUNG PEOPLE AND CHILDREN

(With consultation and liaison with National HIV Surveillance)

Prioritized Studies:

-Understanding the lives, experiences and support available for HIV Orphans and Vulnerable Children (Children with Special Need of Protection)

-Sexual Knowledge, Practices and Behaviour of young people in the general population (including experiences of drug use, sexual violence and family relationships)

-Sexual Knowledge, Practices and Behaviour of young people who are vulnerable or At-Risk (including experiences of drug use, sexual violence and family relationships, street life and early sexual debut)

-Impact of school fees and other family expenses on young people's decision making and sexual behaviour

-Incest and Child Abuse

-Intergenerational Sex

STUDIES ON THE LIVES OF PEOPLE LIVING WITH HIV AND AIDS, THEIR FAMILIES AND COMMUNITIES

(With consultation and liaison with Igat Hope)

Prioritized Studies:

-Understanding Stigma and Discrimination (at the individual, community and Public/Private Sector level)

-Experiences accessing treatment, care and support (including adherence to ART).

- Experiences and perception of community based models of community care and support
- Biological Resistance to ART
- Understanding the lives, the experiences and challenges of families and loved ones who are directly affected by HIV and AIDS
- Nutrition

STUDIES RELATED TO THE ECONOMICS, LEADERSHIP AND THE POLITICAL ENVIRONMENT

Prioritized Studies:

- Analysis of leadership and commitment within the national and provincial response
- Security and Youth Bulge-Elections
- Economic Development
- Poverty and HIV

AGENDA OBJECTIVE 1: PRIORITIZED AREAS OF RESEARCH

Subtheme 2

Evaluating the effectiveness and appropriateness of the National Response to HIV

The following are the 4 PRIORITIZED AREAS OF RESEARCH within Subtheme 2:

1. Evaluation of Prevention and Intervention Programs
2. Evaluation of Awareness Campaigns and Efforts
3. Evaluation of Treatment and Care Programs
4. Baseline studies of new interventions or prevention programs with priority to programs that are aim to be culturally relevant to the PNG context

Types of Studies

Rather than assessing specific NGOs and other sectoral programs, these studies are aimed to audit and assess the effectiveness of the common types of approaches which are being used by groups across the country. Multi-disciplinary research teams are strongly encouraged. Formative process and outcome evaluations are also encouraged

Methods

Social research methods should be used and should assess: **effectiveness and appropriateness, efficiency, cost-effectiveness, participant accessibility, participant satisfaction, evidence of behaviour change (where relevant) and evidence of international best practice.** Intervention studies (before and after intervention) are encouraged. Mix research methods (qualitative and quantitative methods) are strongly advised. Research reports should discuss international best practices and analyse applicability for the PNG context. For some of these studies bio-behavioural methods may need to included.

Timeline and Number of Studies in each of the prioritized areas

Given the magnitude of the HIV response in terms of prevention and interventions, and the limited number of evaluations conducted to date, a minimum of 2 (maximum of 4) evaluation studies should be initiated in 2009. An increased number of evaluation studies should be initiated in 2010-2012 guided by the foundation and findings from Subtheme 1. The following specific objectives are highlighted:

Objective 1: In 2009, 2 studies should be initiated. These studies should represent 1 study from each of the priority areas. Studies which are 1 year in length should be complete with final reports and dissemination by March 2010, multiple-year studies should provide a progress report by March 2010.

Objective 2: Between the years of 2010 – 2014, a minimum of 3 new or follow-up studies from each of the prioritised areas should be initiated; all of these studies should be complete with final reports and dissemination by December 2014.

Objective 3: All studies should aim to evaluate approaches and methods, and where possible analyse the discrete differences in delivery as evidenced by the different organizations. These studies should cover Papua New Guinea's geographical regions/cultural areas and be conducted in urban, peri-urban and rural settings.

Subtheme 2

In 2009, a minimum of 2 large grant studies (maximum of 4) should be initiated. These studies should represent 1 study from each of the priority areas. Studies which are 1 year in length should be complete with final reports and dissemination by March 2010, multiple-year studies should provide a progress report by March 2010.

STUDIES THAT EVALUATE PREVENTION AND INTERVENTION PROGRAMS

Prioritized Studies:

- Effectiveness and cost-efficiency of HIV Training Programs
- Accessibility, acceptability and courage for various subpopulations engaged in Prevention of Parent To Child Transmission (PTCT) programs
- Acceptability and effectiveness of Male Sexual Health Programs
- Cost effectiveness of various modes of HIV Rapid Testing provision
- Evaluation of structural interventions i.e. micro-financing
- Acceptability and effectiveness of Peer Education Programs, skills building and programs that promote empowerment of vulnerable groups

STUDIES THAT EVALUATE AWARENESS PROGRAMS

Prioritized Studies:

- Appropriateness and message penetration of IEC Materials, including behaviour change outcomes for various target groups
- Effectiveness, behaviour change and other consequences of ABC Campaigns and Messages for various subpopulations
- Quality, acceptability and accessibility of Community Theatre productions
- Effectiveness and cost efficiency of Community Conversations and Stepping Stones

STUDIES THAT EVALUATE TREATMENT, CARE AND SUPPORT PROGRAMS

Prioritized Studies:

- Evaluation of Provider Initiated Counselling and Testing initiatives (cost-effectiveness, efficiency, accessibility, patient satisfaction)
- ART Program (cost-effectiveness, efficiency, accessibility, patient satisfaction)
- Care and counselling programs (effectiveness and acceptability for various subpopulations)
- VCCT (quality, effectiveness and modes of provisions)
- Home Based Care and the role of family and community support (review of various models of care; quality, effectiveness)
- Provider Initiated Counselling and Testing (quality and outcomes for various subpopulations)
- Traditional Medicine Practitioners (health seeking behaviour of communities, roles of traditional medical practitioners for HIV education, counselling and care)
- Effective models for drop-in centres and support programs for PLHIV, Sex workers, MSM, youth (acceptability, acceptability)

-Different models of delivering care and support in rural areas

BASELINE STUDIES OF NEW PREVENTION AND INTERVENTION PROGRAMS WITH PRIORITY ON PROGRAMS THAT AIM TO BE CULTURALLY RELEVANT TO THE PNG CONTEXT

Prioritized Studies:

- Innovative approaches to prevention, counselling, treatment, care and support
- Exploring acceptability and feasibility of emerging male prevention technologies (Adult male circumcision), and female prevention technologies (Microbicides)
- Operational HIV Clinical Trials
- HIV Vaccine trials and introductory strategies
- Biodiversity, alternative and Traditional Herbs and Medicine

**AGENDA OBJECTIVE 1:
PRIORITIZED AREAS OF RESEARCH**

Subtheme 3

**Measuring the Impact and Intersection of the Epidemic on
Sectors and Civil Society**

PRIORITIZED AREAS OF RESEARCH WITHIN SUBTHEME 3 – By Sector

1. Agriculture
2. Economic
3. Education
4. Business
5. Law and Justice
6. Transport, Trade and Land
7. Health
8. Civil Society

Types of Studies

While multi-disciplinary research teams are strongly encouraged, due to the nature of the core components, there is a need for a focus and emphasis on economic analysis and well as social research methods (mixed methods) to assess the impact of the HIV and AIDS on the sectors and to assess HIV mainstreaming efforts. Follow up studies and cohort studies are encouraged (where relevant). **Where sectors have or over-time develop research priorities those shall be used to prioritize research studies.**

Timeline and Number of Studies in each of the prioritized areas

A minimum of 1 (maximum of 4) impact studies should be initiated in 2009. An increased number of impact studies should be initiated in 2010-2012 guided by the foundation and findings from Subtheme 1. Sectors are encouraged to lead and initiate research activities. The following specific objectives are highlighted:

Objective 1: In 2009, a minimum of 1 study (maximum of 4) should be initiated. These studies should represent 1 study from each of the priority areas. Studies which are 1 year in length should be complete with final reports and dissemination by March 2010, multiple-year studies should provide a progress report by March 2010.

Objective 2: Between the years of 2010 – 2014, a minimum of 2 new or follow-up studies from each of the prioritised areas should be initiated; all of these studies should be complete with final reports and dissemination by December 2014.

Objective 3: All studies should aim to measure impact and evaluate approaches and methods, and where possible analyse the discrete differences in delivery evidenced by the different organizations. These studies should cover Papua New Guinea's geographical regions and be conducted in urban, peri-urban and rural settings. Studies should also cover the national level, provincial and district level.

Subtheme 3

Prioritized Research Areas and Prioritized Studies

In 2009, a minimum of 1 study (maximum of 4) should be initiated. These studies should be across the various priority areas. Studies which are 1 year in length should be complete with final reports and dissemination by March 2010, multiple-year studies should provide a progress report by March 2010.

AGRICULTURE SECTOR

Priority Studies:

- Impact of HIV and AIDS on the livelihoods of farmers
- Degree of implementation, appropriateness and impact of HIV mainstreaming in the sector
- Measuring the impact of agricultural programs on HIV transmission or vulnerability

ECONOMIC SECTOR

Priority Studies:

- Impact of HIV and AIDS on rural economic enclaves
- Impact of HIV and AIDS on trade and transport
- Impact of HIV and AIDS on the national economy, including review of impact on the family and community level
- Measuring the impact of economic initiatives on HIV transmission or vulnerability
- Degree of implementation, appropriateness and impact of HIV mainstreaming in the sector

EDUCATION SECTOR

Priority Studies (Based on research priorities set by Department of Education):

- Teaching and Learning: implementation of the HIV/AIDS and RSH components of the personal development curriculum in PNG primary schools.
- Care and support for students and teachers affected and infected by HIV.
- Baseline data collection – KABP survey
- Analysis of response to HIV and implementation of the department policy and plans – how the department is managing the response (inclusive of child rights)
- HIV in the workplace – training audit, sexual harassment, violence and rape, school based counselling

BUSINESS SECTOR

Priority Studies:

- Impact of HIV and AIDS on private businesses
- Impact and evaluation of BAHA (Business Association for HIV/AIDS)
- Measuring the impact of business initiatives on HIV transmission or vulnerability
- Degree of implementation, appropriateness and impact of HIV mainstreaming in the sector

LAW AND JUSTICE SECTOR

Priority Studies:

- Impact of HIV and AIDS on military, police and correction facilities
- Impact, effectiveness and appropriateness of the HAMP Act
- Impact of law and justice programs and legislation on HIV transmission or vulnerability
- Degree of implementation, appropriateness and impact of HIV mainstreaming in the sector

TRANSPORT, TRADE AND LAND SECTORS

Priority Studies:

- Impact of HIV and AIDS on transport (land and sea),
- Impact of HIV and AIDS on trade
- Impact of HIV and AIDS on Land rights, ownership and negotiations
- Impact of transport, trade and land programs or initiatives on HIV transmission or vulnerability
- Degree of implementation, appropriateness and impact of HIV mainstreaming in the sector

HEALTH SECTOR

Priority Studies:

- Impact and demand of HIV and AIDS programs on the sector (in terms of service providers and on the National Department of Health, provincial and district health authorities)
- Impact of HIV on other diseases/health problems such as TB and Malaria, maternal health, child health (vulnerabilities to these diseases, allocation of the budget, and priorities of treatment, care and research)
- Degree of implementation, appropriateness and impact of HIV mainstreaming in the sector

CIVIL SOCIETY

Priority Studies

- Effects of HIV on civil society organisations
- Impact of Civil Society activities or initiatives on HIV transmission or vulnerability
- Effectiveness of engagement of PLHIV

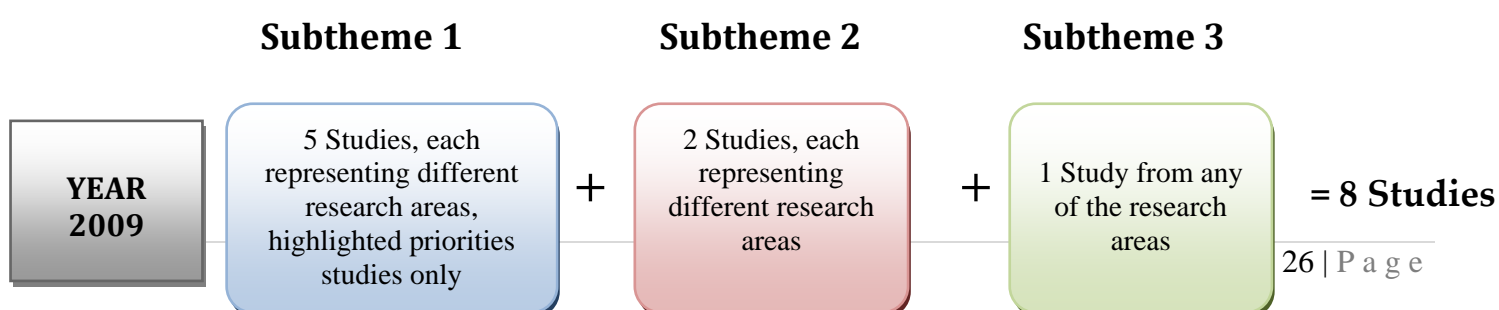
Table 2. Priority Areas for Research in 2009 based on Subthemes and Priority Studies

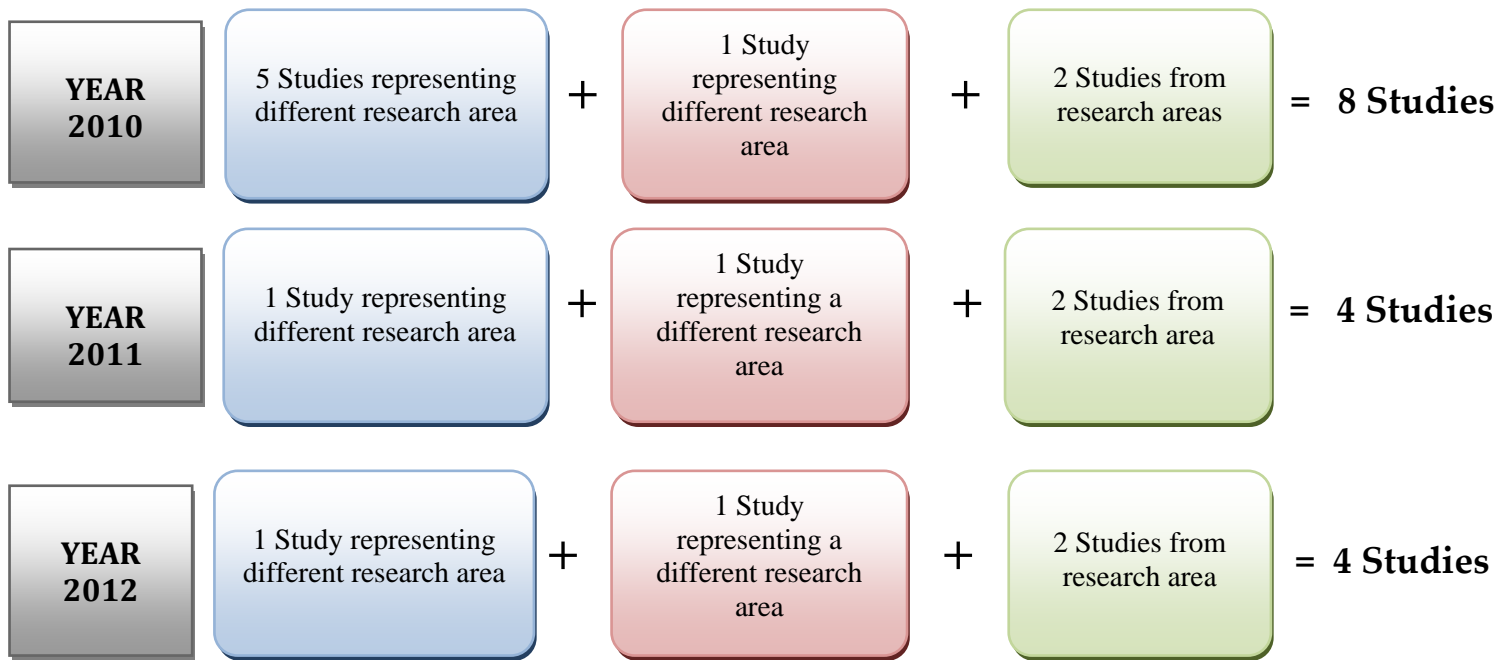
Priority Areas for Research in 2009		
Subtheme 1	Subtheme 2	Subtheme 3
Priority Studies: Total of 5 studies in 2009, one study from each of the Priority Areas. MUST BE THE HIGHLIGHTED STUDIES LISTED UNDER EACH PRIORITY AREA	Priority Studies: Total of 2 studies in 2009, one Study from each of the Priority Areas. CAN BE ANY OF THE PRIORITIZED STUDIES LISTED UNDER PRIORITY AREAS	Priority Studies: Total of 1 study from any of the Priority Areas
Behaviour related to Health,	Evaluation of Intervention	Agriculture Sector

<p>Illness and Disease: Condoms: Understanding perceptions, barriers to uptake, gender based negotiations; access and availability.</p>	<p>Programs and Prevention Programs</p>	<p>Economic Sector</p>
<p>Sexual Behaviour: Exploring Multiple and Concurrent Sexual Relationships and links to HIV transmission</p>		
<p>Dominant Cultural Practices: Links between HIV and marriage relationships, kinship, bride price and social change.</p>		
<p>Gender: Understanding the links between Gender Based Violence and HIV transmission</p>		
<p>Religion and Spirituality: Understanding the role, influence and beliefs of Evangelical Christian Churches specific to HIV and AIDS prevention, treatment and care</p>	<p>Evaluation of Awareness Campaigns and Efforts</p>	<p>Education Sector</p>
<p>Mobility and Migration: Understanding patterns of the epidemic and links to HIV transmission between Int'l borders and PNG.</p>		<p>Business Sector</p>
<p>The Lives of Marginalized and Most At Risk Populations: Exploring what factors create vulnerability to HIV transmission</p>	<p>Evaluation of Treatment and Care Program</p>	<p>Law and Justice Sector</p>
<p>The Lives of Young People: <i>Understanding the lives, experiences and support available for HIV Orphans and Vulnerable Children (Children with Special Need of Protection)</i></p>		<p>Transport, Trade and Land Sector</p>
<p>People Living with HIV, their families and their communities: Understanding Stigma and Discrimination <i>(at the individual, community and Public/Private Sector level)</i></p>		<p>Health Sector</p>
<p>Economics, leadership and the political environment: <i>Analysis of leadership and commitment within the national and provincial response</i></p>	<p>Baseline studies of New interventions or prevention programs with priority given to culturally relevant studies</p>	<p>Civil Society</p>

Diagram 1: Research Priorities for Grant Scheme (2009 – 2012)

Research Priorities by Subthemes and Years to be Funded Grant Scheme





NOTE: The diagram above only highlights the MINIMUM number of studies to be funded by the Research Grants Scheme each year; studies may be multi-year, and additional number of studies are encouraged.

AGENDA OBJECTIVE 2 PROCESS FOR APPLYING FOR RESEARCH GRANTS

Based on the current gaps in HIV-related knowledge and the need for increased quantity and quality of studies, a process for accessing large and small research grants has been developed. The need for research coordination, financial planning and greater international collaboration with experts, also supports the development of a competitive large grant program. In the past, smaller grants have created limitations in terms of planning and extended implementation. The large grant program allows for increased financial support enabling researchers to plan and implement studies which are rigorous and representative of

regions and the country of Papua New Guinea. In addition, the process of competitive application will also help to identify which studies have not been covered and plan to commission such studies.

Although the large grant program is competitive and the small grant program is non-competitive researchers within Papua New Guinea and abroad can apply through either process. Researchers based at a research or academic institution are encouraged to apply. In addition to national and international agencies, government or non-government organizations can also apply as long as research expertise can be demonstrated through the proposals applications. Inclusion of research capacity building, gender-mainstreaming, and meaningful inclusion of People Living with HIV and AIDS is strongly encouraged. For those who are applying for grants outside of PNG, strong collaboration with Papua New Guinean counterparts and relevant institutions is required. Details of the application process will be released with an annual Call for Expression of Interest and also within the NACS Research Guidelines which is available from the Grant's Department or Research Unit at the National AIDS Council Secretariat.

Research Ethics

Strong observation and adherence to the legal and human ethics (including child rights) must be demonstrated in research proposals and throughout all stages of research projects. Research proposals will be reviewed by the Research Advisory Committee (RAC) based on international and context specific research ethics guidelines. Copies of HIV Research Guideline can be received upon request from NACS Research Unit and/or Grants Department. **International researchers need to comply with all Papua New Guinean Laws during research activities in the country. This includes but is not limited to possessing a Research Visa for all research activities within Papua New Guinea. The National Research Institute can be contacted for further information and support related to Research Visas.**

Large Grants

**Large Grants (Successful Applicants will be awarded between \$50,000 - \$250,000 per year)
Budget: \$3, 250,000.00 (year one), \$4,000,000.00 per year (2010-2013)**

- Calls for Expression of Interest October 15, 2008, with a deadline for submission of December 15, 2008
- Calls for EOI will be sent out nationally and internationally
- Competitive Process (For priority areas where an appropriate EOI has not been identified, efforts will be made to commission the research)
- Proposals with a follow up/ multi-year component are encouraged

- The Committee for Strategic Research and Evidence Based Practice in partnership with the Research Advisory Committee will review and make recommendations on the large research proposals (technical assistance will be provided as needed).

Criteria and Guidelines

- Proposal must address priority areas for that year
- Proposals must meet RAC research criteria and guidelines
- Proposals must demonstrate that the Principle Investigators have proven success and ability to deliver the research projects with a high level of quality
- Capacity Building: Each proposal must demonstrate evidence of active engagement of Papua New Guinean researchers this includes engagement in research design, timeframe projections and budget in the proposal; and evidence of planned active involvement in the implementation, analysis, writing, dissemination and publication.

Small Grants

Small Grants (Successful Applicants will be awarded between \$5,000 - \$50,000 per year)

Budget: \$1,000,000.00 a year

- Can be applied for through NACS Grants Department
- Proposals will be peer reviewed and recommended by Research Advisory Committee (meets quarterly through the year)
- This process is designed for smaller studies which could complement studies from the Large Grants process; or for studies for pilot studies
- This process is ideal for proposals planned for a maximum of 1 year.

Criteria and Guidelines

- Proposals must address priority areas for that year
- Proposals must meet RAC research criteria and guidelines
- Proposals must demonstrate that the Principle Investigators have proven success and ability to deliver the research projects with a high level of quality
- Capacity Building: Evidence of research capacity building component. For proposals from international researchers a demonstration of inter-institutional linkage or collaboration with PNG institutions

AGENDA OBJECTIVE 3

PROCESS FOR RESEARCH DISSEMINATION, INFORMATION SHARING AND EVIDENCE BASED PRACTICE

RESEARCH DISSEMINATION

In the past, dissemination of HIV-related research has been poor. Researchers and stakeholders wanting to design evidence-based programs have experienced difficulty in terms of knowing what research has been done and how to access the relevant reports. As HIV-related research increases in Papua New Guinea there is an ever-pressing need to

develop processes and guidelines for disseminating research information and for communication as to where research information can be deposited, stored and accessed. There are some recent initiatives which have been developed such as the HIV research seminar and a bibliography of HIV-related research both coordinated at the National Research Institute, these processes should be considered and used.

Research Dissemination to Research Participants

An important and ethical component of a research project is the process of validation and dissemination of research findings and results to those who participated in the research study. As such, all efforts should be made to return results/findings to participants of the research and their communities. Sharing research findings with research participants should be the first point of dissemination and should be done in a timely manner and before research is disseminated to a wider audience. In all cases possible, research participants should also be provided with the opportunity to participate and contribute in the data analysis and to the final report.

Research Dissemination to Communities and Relevant Stakeholders

Another important component of the research projects includes dissemination of findings and recommendations to communities and relevant stakeholders. This is of specific relevance as HIV-related research in Papua New Guinea aims to provide greater understanding of the epidemic and guidance to an evidence-based response. As part of the research project, stakeholder workshops and forums in collaboration with NACS should be conducted to share with: researchers, those who are designing or delivering interventions or HIV-related programs (NGOs, CBOs, relevant health care professionals, public and private sector agencies, donors and development partners, academic and research institutes).

Research Dissemination to Government Agencies

The role of government agencies and policy makers cannot be understated, as they play an important role in formalising policies, procedures, guidelines and legislation. Research teams should aim and be supported to translate research findings and recommendations that can be used within this specific context. In addition to the ongoing, wide dissemination of finalised research reports; NACS and PACS will also provide government agencies with an annual summary and recommendations of research studies. Quarterly reports summarizing: submitted research proposals, studies which have commenced and completed studies will also be prepared and disseminated by the NACS Research Unit.

Research Dissemination Internationally

Another important area of research dissemination is to audiences beyond Papua New Guinea. This is in order to contribute to the larger regional and international STI and HIV evidence base, to provide information about the situation in Papua New Guinea, and to strengthen research collaborations. At present, a small amount of HIV-related research conducted in PNG is easily accessible at a regional or international level. Common modes to be further encouraged include presentations at international and regional conferences, publications in international and regional peer reviewed journals, as well as in grey literature.

Guidelines for Research Dissemination

(See NACS Grant's Research Guidelines for full list of guidelines and requirements)

- Research projects and proposal must include a strategy and budget for dissemination of research results
- Copies of all STI and HIV-related research reports should be sent to NACS Research Unit and Grants Department immediately after completion and validation with research participants. NACS RAC will review the report and provide recommendations to the team and to the NAC.
- Research reports should clearly indicate whether they have been externally funded and sent for noting OR whether the research is funded through the large or small grant scheme, to which additional requirements will apply.
- Research dissemination should be through modes of communication that are specific and relevant to the particular audiences. Information should be translated to relevant languages (where possible) with sensitivity to the use of scientific vs. laymen terms depending on the audience.

Modes to consider:

- Community forums or group discussions
 - Research seminars
 - Workshops or meetings
 - Media Releases (television, newspaper, radio) with the assistance and partnership of NACS Media Unit
 - Policy-briefing documents
 - Pamphlets and pictures to engage with low literate and illiterate populations
- The staff within the research unit at NACS will be available to support researchers in the various modes of research dissemination. Where possible technical support and workshops will also be made available.

RESEARCH DISSEMINATION OBJECTIVES AND INDICATORS

Objective 1: A copy of each research report of all HIV-related research studies conducted in Papua New Guinea will be sent to NACS Research Unit immediately after completion and validation with research participants.

Indicator: 1 copy of each research report held at NACS Research Unit and NACS Grant department and research projects listed on NACS Research Register.

Objective 2: All HIV related research conducted within Papua New Guinea is disseminated to research participants, community partners and relevant stakeholders including public and private sector.

Indicator: Report of dissemination events and processes from research team provided to NACS.

Objective 3: One Annual Research Summary and Recommendations Report to all National and Provincial Government Agencies as well as Sector agencies facilitated by NACS and PACS. (i.e. Law and Justice, Department of Education, Office of Higher Education, Office of Community Development, National Department of Health, National Statistics Office, Department of Agriculture).

Indicator: Copies of the report given to all relevant agencies and an electronic copy posted and updated on NACS website throughout the year.

Objective 4: One Annual Research Day/Symposium aimed at reporting on progress of the National Research Agenda and National Capacity Plan, including review of research studies conducted the previous year, relevant finding and recommendations.

Indicator: Report summarizing the meeting including evaluation of the meeting by participants submitted to the NAC

Objective 5: Quarterly reports summarizing research studies which have commenced and have been completed to be prepared and disseminated by NACS Research Unit

Indicator: Quarterly reports prepared and received to by relevant stakeholders

INFORMATION SHARING AND STORAGE

In addition to the dissemination of research results there is the need for systems to support information sharing and storage. Stakeholders and researchers currently experience difficulty knowing where to go to locate Papua New Guinean research documents. This is especially the case for grey literature and research findings which are not published in research journals. Comprehensive research databases for public access are currently not available.

Development of Databases

A central database is needed for the storing and accessing of HIV-related research literature. As the national HIV coordinating body, NACS website should be developed and maintained as the best place for accessing HIV related information, be supported for regular updating and I.T. support. The database will reflect both current research as well as past research work. The following is a list of information suggested for storing in such a database/information management system:

- PNG HIV-related research documents and HIV strategic documents
- Public access text and publications
- Links to electronic research databases/ information on which universities and research institutes where access can be requested
- Strategic research information (i.e research guidelines, RAC meeting dates, funding opportunities, upcoming national, regional and international conferences; guidelines for submitting to peer reviewed research journals)
- Contact information of key HIV researchers (with brief description of research expertise, interests, and current studies)

- Contact information of all Papua New Guinean research institutes and universities

EVIDENCE BASED PRACTICE

A key purpose of HIV research in Papua New Guinea is to guide the HIV national response, programs and support in the planning and development of evidence-based programs and activities. The following outlines key mechanisms to support this outcome:

National Strategic Plan (NSP) Annual Planning Process

A member of the technical working group, a representative from the research unit will assist in reviewing NGO grant proposals and national activities. Specifically this representative will provide guidance based on international best practice and research findings from high quality and relevant HIV research studies conducted in Papua New Guinea.

PNG Specific HIV Best Practice Guidelines

Guidelines based on the PNG context and PNG research will be developed to guide the various areas of the HIV response with the goal of increasing efficiency, relevance and effectiveness. Such guidelines may include, but are not be limited to: Prevention efforts such as administration of condoms, IEC materials, community led activities, HIV work place policies, treatment including prophylaxis and ART, nutrition for PLHIV, home based care, gender mainstreaming, HIV mainstreaming.

Database Deposits

Documents and guidelines highlighting HIV international best practice and Papua New Guinea guidelines will be deposited on the research database maintained on the NACS website. Future plans may build on the work and function of the database.

Management of the National Research Agenda

The achievement of the National Research Agenda planned for the next 5 years will be dependent on the management, monitoring and concerted efforts to implement the agenda. While the ownership of the plan should be shared by all stakeholders, and lead by the national government, the following will be responsible for monitoring and supporting the implementation of the plan:

Committee for Strategic Research and Evidence Based Practice

This committee will be established in the fourth quarter of 2008 following the launch of the National Research Agenda. As a subcommittee of the NACS Research Advisory Committee, meetings will be held on a quarterly basis with special meetings as required. Responsibilities include supporting the implementation of the National Research Agenda including the

provision of support in the commissioning of research, peer review of proposal in the large research grant program, and monitoring of the National Research Agenda against timelines and performance indicators.

Other responsibilities of the committee include encouraging the bi-directional link between HIV practitioners and research by providing avenues for Government and those involved in implementing HIV activities or practice to provide input or guidance into the annual selection of research. The committee will include members from: Government Sectors, NGOs, Researchers, Civil Society, PLHIV, NACS, Donors and Development Partners.

NACS Research Unit

Members of the NACS Research Unit will be actively engaged in supporting the implementation of the National Research Agenda. The Research Manager will advise and report to the Committee for Strategic Research and Evidence Based Practice and will represent NACS at all research related activities or committees.

Research Advisor

The Sanap Wantaim research advisor will provide strategic advice and support for the implementation of the National Research Agenda and technical support as needed.

Research Advisory Committee (RAC)

The Research Advisory Committee will continue to review and make recommendations on the small research grants program based on research priorities and continue to coordinate all HIV related research in PNG. As such, all HIV related research proposed for PNG should be sent to this committee regardless of the need for research grant support.

Support for Implementing the National Research Agenda

Important to the success of the National Research Agenda is the provision of research capacity building to various stakeholders, communities, those implementing HIV related activities and programs, researchers, research committees and policy makers. The National Research Capacity Plan will highlight new support in this important area and will be launched in the last quarter of 2009. The Committee for Strategic Research and Evidence Based Practice will also provide ongoing assessment of the need for additional human resources and technical support needed over time.

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