National Research Agenda for HIV and AIDS in 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.

This Research Agenda clearly outlines strategic HIV/AIDS research benchmarks for the National AIDS Council Secretariat, the National Government, Development Partners, Research Institutions and Stakeholders and any interested parties or individuals intending to conduct HIV/AIDS Research. The development of the NATIONAL RESEARCH AGENDA FOR HIV AND AIDS IN PAPUA NEW GUINEA, 2008 - 2013 supports the National Strategic Plan on HIV/AIDS 2006 - 2010 that captures the emphasis of research under Focus Areas 4 and the National Government’s Medium Term Development Strategy 2005 - 2010 that has elevated the priority of HIV/AIDS as one of the National Government’s Developmental Goals identified in Goal six of the MTDS.

As a result development support from the National Government and International Development Partners has increased significantly in HIV and AIDS Programs and particularly in the area of HIV/AIDS research.

We hope that this important document will guide further 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.

Hon. Sasa Zibe, Member of Parliament
Minister for Health & HIV/AIDS
Acknowledgement

I take this opportunity in acknowledging the tireless effort of the National Research Agenda Working Group in drafting and finalising the five year NATIONAL RESEARCH AGENDA FOR HIV and AIDS in PAPUA NEW GUINEA, 2008 - 2013. In recognising their contributions and efforts I would like to thank Dr. Joachim Pantumari, Dr. John Millan, Dr. Holly Aruwafu, Dr. Maxine Whittaker, Dr. Doani Esorom, Prof. Francis Hombhanje, Dr. Betty Lovai, Dr. Ismael Kitur, Ms. Nidia Raya-Martinez, Mr. Taoufik Bakkali and 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.

I also wish to acknowledge the contributions of all 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.

I warmly welcome researchers to submit equally prospective research proposals to address the gaps in HIV/AIDS research for HIV/AIDS resource planning and programming in Papua New Guinea.

Mr. Romanus Pakure  
Acting Director  
National AIDS Council Secretariat
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# ABBREVIATIONS AND ACRONYMS

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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABC</td>
<td>Abstain from sexual activity, Be faithful to one faithful partner or always use a Condom</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<td>CBO</td>
<td>Community Based Organization</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>FBO</td>
<td>Faith Based Organization</td>
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<td>GoPNG</td>
<td>Government of PNG</td>
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<td>HAMP</td>
<td>HIV and AIDS Management Policy</td>
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<td>HIV</td>
<td>Human Immunodeficiency Syndrome</td>
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<td>HRC</td>
<td>HIV Response Coordinator</td>
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<td>IMR</td>
<td>Institute of Medical Research</td>
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<td>K</td>
<td>Kina</td>
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<td>MARPs</td>
<td>Most at Risk Populations</td>
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<td>MTP</td>
<td>Medium Term Plan</td>
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<td>MRAC</td>
<td>Medical Research and Advisory Committee</td>
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<td>MSM</td>
<td>Men who have Sex with Men</td>
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<td>NAC</td>
<td>National AIDS Council</td>
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<td>NACS</td>
<td>National AIDS Council Secretariat</td>
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<td>NCD</td>
<td>National Capital District</td>
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<td>NDoH</td>
<td>National Department of Health</td>
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<td>NHASP</td>
<td>National HIV/AIDS Support Project</td>
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<td>NRI</td>
<td>National Research Institute</td>
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<td>NSP</td>
<td>National Strategic Plan</td>
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<td>NGO</td>
<td>Non Government Organization</td>
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<td>PAC</td>
<td>Provincial AIDS Committee</td>
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<td>PACS</td>
<td>Provincial AIDS Committee Secretariat</td>
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<td>PLHIV</td>
<td>People Living with HIV</td>
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<td>RAC</td>
<td>Research Advisory Committee</td>
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<td>RDS</td>
<td>Respondent Driven Sampling</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>WHO</td>
<td>World Bank Organization</td>
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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. These gaps relate to cultural beliefs and practices, sexual networks and people’s sexual behaviour. Research is required to understand particular vulnerable groups such as women, youth, those engaged in transactional sex, male to male sex, and those who are mobile. Religion, gender, sexuality and the lives of those living with HIV and AIDS require further study. Even as there is a need to understand sexual behaviour, beliefs and cultural practices; there is also a need to measure prevalence of HIV within particular groups and to measure the impact of initiatives such as awareness and intervention programs. At the national level a number of documents have been developed to guide the National Response to HIV and AIDS from which research can draw from. However, despite national efforts and past research, issues such as the quality and quantity of research 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 five years. Priority areas for research have been identified under three subtheme areas: 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 of the National Response to HIV; and iii) Measuring the impact 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 as a means of supporting efforts to increase 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 initiatives endeavour to increase the overall goal of strengthening evidence-based responses.
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. There has also been increasing efforts to understand the driving factors that contribute to HIV transmissions in Papua New Guinea; and 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 14 years, there have been challenges in building on these earlier studies. Reasons include the vast diversity of Papua New Guinean languages and cultures; mixed topographies and the large proportion of the population living in rural areas where transportation and access is limited. In addition, a small resource pool of qualified researchers and a lack of research processes for storing and disseminating research information have created further limitations in terms of research quality and quantity; and accessible research documents. Despite the challenges, research has been conducted and has paved the way for future studies.

Current Knowledge and Gaps

Despite 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). And therefore there is a need for further research into sexuality and sexual practices, and the meaning and ideologies behind these. Within the context of a generalized epidemic there is also a great need for population based studies of the general population and complementary research with Most at Risk Populations. (NACS 2007).

Across the country there is a high prevalence of sexually transmitted infections (Passey M 1998, Mgone C, 2002. NDoH 2007), indicating increased risk of HIV infection - as STIs are a cofactor to HIV transmission. Additionally, multiple and concurrent sexual partnerships are common practice, and have been identified as a key contributing factor to HIV transmission (AusAID 2006, NSRRT and Jenkins C, 1994, Worth 2006, Wardlow H, 2007, ). With basic knowledge of these dynamics, many questions remain regarding the sexual networks in which partnerships take place, as well as the beliefs and values related to sexuality, sexual practices and sexual desire in PNG.

In Papua New Guinea women are especially vulnerable due to gender inequality, gender-based violence, as well as having a lower financial income and lower educational levels compared to men. Gender inequalities and power dynamics impact on many aspects of women’s lives including sexual negotiations, livelihood choices and personal safety; and as such these dynamics act as both a cause and consequence of HIV (Hammer L 2004, Hammer 2006, Luker V 2002, Wardlow H, 2007, Worth 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 they can also experience sexual abuse (HELP 2005, Save the Children 2006, UNICEF 2006). While there is a need to understand more about the lives of women and young people, there is equally a need to understand more about the lives of men and the role of power and masculinities in relation to HIV related vulnerability and risk.

Mobility, migration and transactional sex place men and women at risk of HIV transmission (Caldwell, JC 2000, NACS and NHASP 2007, 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 PNG with possibly higher occurrences along particular routes and sites (NACS and NHASP 2007, NDoH 2007). In such contexts there is reported condom use. However consistent condom use is generally low, possibly due to availability, access, preference, general perceptions, cultures and beliefs (NACS and NHASP 2007, 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 (Eves R, 2003, Keck V, 2007,). Traditional cultural practices such as kinship, bride price, polygamy and marital relationships in addition to multiple current partnerships have been identified as contributing to power and sexual dynamics (Wardlow H, 2002a, Wardlow H, 2002b). Yet, in the midst of vast cultural diversity is also 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 multiple beliefs and conflicting value systems. As such, there is a need for further studies in order to understand the current role of culture and religion world views, conceptualization of sexuality and support to those most at risk and living with HIV, as well as studies on the national response to HIV prevention, treatment and care (Luker V, 2004, Dundon A, 2007). Inquiry into understanding the degree of impact and transformations occurring in the context of social change are necessary.

With an estimated 23,210 People Living with HIV (NDOH, 2008), there is a pressing need to understand more about the lives of PLHIV. Understanding their treatment, care and support needs, their experiences and the impact of stigma and discrimination is fundamental. There is a gap in knowledge regarding the factors and barriers that contribute to health and treatment-seeking behaviour of those living with HIV, as well as for those who have a sexually transmitted infection (Gustafsson B, 2007). Further gaps remain in our understanding of the availability and effectiveness of HIV and STI related services.

Whilst insights have been made, it is evident that there is still a lack of comprehensive understanding of the HIV epidemic in Papua New Guinea and the role of culture, behaviours, sexual networking, social dynamics and the complex nature of these drivers. While much past research has focused on “Groups at Higher Risk” and understanding the behaviours, knowledge and attitudes within these groups, there are large gaps in knowledge of the general population or across the wide range of geographies and regions of PNG. A
minimal number of research studies have been conducted in 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 many 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.

Response at the National Level

In 2006, building on accessible research findings and more recent work Papua New Guinea National AIDS Council launched a National Strategic Plan for HIV and AIDS, and the National Gender Plan which is accompanied by an Implementation Guide.

The National Strategic Plan consists of 7 priority focus areas: 1) Treatment, Counselling, Care and Support; 2) Education and Prevention; 3) Epidemiology and Surveillance; 4) Social and Behavioural Change Research; 5) Leadership, Partnership and Coordination; 6) Family and Community; and 7) 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

<table>
<thead>
<tr>
<th>National Strategic Plan Seven Focus Areas and their Relationship to Research</th>
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<tr>
<td><strong>Focal areas to be monitored by research and considered in research design</strong></td>
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<tr>
<td><strong>Treatment, Counselling, Care and Support:</strong> To decrease morbidity and mortality from HIV-related illness, improve the quality of lives of peoples living with HIV, and encourage access to VCT.</td>
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<tr>
<td><strong>Education and Prevention:</strong> 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.</td>
</tr>
<tr>
<td><strong>Leadership, Partnership and Coordination:</strong> To encourage politicians and leaders at all levels of society to give a high profile to HIV/AIDS and enhance coordination of development partners participation and resource mobilisation.</td>
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<tr>
<td><strong>Family and Community Support:</strong> 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.</td>
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With the National Strategic Plan as a guide, work in all focus areas has begun. In relation to research, the following have 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:

- Social Mapping of 19 Provinces in Papua New Guinea
- High Risk Mapping Study
- PNGIMR 10 Province STI Study
- 2007 National HIV and AIDS Estimation Report
- Milestone Reports from the NHASP
- Behavioural Surveillance Survey 1
- Papua New Guinea UNGASS Report 2007
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 2007-2010
- 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 early 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 the National Research Institute listing all accessible HIV related research studies.

**Quality of research**

While more than 70 known research studies have been conducted over the past 9 years, the 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
- Lack of sensitivity to ethics especially in regards to studies involving PLHIV
• 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 wider representation of PNG research institutes and universities, NGOs, NDOH, AusAID, NACS and Igat Hope (National NGO for People Living with HIV and AIDS). The new committee now represents a diverse level of expertise including experts in the area of gender and social development and with member who have expertise in applied research and academia. As part of the re-establishment of the research advisory committee a research ethics and peer review process has also been developed (as one was not previously in place); research guidelines were also designed with dissemination at an information day and at the HIV 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 HIV research capacity assessments of institutions; and to also support the development of the National Research Agenda for HIV and AIDS.

**Surveillance Technical Working Group:** In 2007 a Surveillance Technical Working Group was formed to strengthen HIV sentinel surveillance and to 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 an epidemiologist was recruited in 2007 and seconded to the National Department of Health surveillance team.
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, an 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 planned research.

- Facilitate group discussions and develop preliminary recommendations for a) research studies, b) priorities within the research identified and c) research capacity development

**Process and Outcomes of the Workshop and Formation of the Agenda**

There were over 200 participants present at the workshop 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. Participants were also 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 with a nominated representative to present on their behalf. A total of 50 presentations were given representing research studies conducted in PNG. 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 with opportunities for questions and comments. This session was also recorded by rapporteurs.

The information gathered from the workshop included: a summary of relevant research information presented from group discussions, recommended 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 the increasing numbers of people diagnosed with HIV there is a need for a long-term commitment to both to conducting high quality research and strengthening research capacity within Papua New Guinean institutions. This is needed 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 be addressed 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 Gender Plan for HIV and AIDS; and 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, 4 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 the end of the 12 month period. Multiple-year studies should
provide a progress report every 12 months. (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 settings as well as population based studies and participatory (action research) will be considered.

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**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 completed with final reports and dissemination by the end of the 12 month period. Multiple-year studies should provide a progress report by every 12 months.

**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 of the intersection of drug use, alcohol, violence and sexual behaviour
- Sexuality and sexual desire
- Exploration of 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 gender-based substance abuse

STUDIES ON CULTURAL PRACTICES
While there will be cross over with the other prioritized areas, the focus here will be on understanding dominant cultural practices by urban, peri-urban and rural setting and by region (cultural areas identified by the National Study of Sexual and Reproductive Knowledge and Behaviour in Papua New Guinea 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, sexual violence 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 (including experiences of drug use, sexual violence and family relationships)
-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
-“Positive Prevention” and the affects on PLHIV
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 for programs that 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. Mixed research methods (qualitative and quantitative methods) are strongly advised. Research reports should discuss international best practices and analyse applicability to 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 with the 12 month period, multiple-year studies should provide a progress report every 12 months.
**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 completed 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.

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**SUBTHEME 2**

PRIORITIZED RESEARCH AREAS AND PRIORITIZED STUDIES

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 completed with final reports and dissemination by the end of the 12 month period. Multiple-year studies should provide a progress report by every 12 months.

**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 including women
- 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; and the role of women (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 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, there is a need for a focus and emphasis on economic analysis and well as social research methods (mixed methods). These methods should be used to assess the impact of HIV and AIDS on the sectors, and to assess HIV mainstreaming efforts. Follow up studies and cohort studies are encouraged (where relevant). Where sectors already have research priorities or develop these over-time these will be used to prioritise future 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 completed with final reports and dissemination by the end of the 12 month period. Multiple-year studies should provide a progress report every 12 months.

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, provincial and district levels.

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 the end of the 12 month period. Multiple-year studies should provide a progress report every 12 months.

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 the 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, sexual violence, 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 (including the impact on women), 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 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 on HIV transmission or vulnerability
- Effectiveness of engagement of PLHIV
<table>
<thead>
<tr>
<th>SUBTHEME 1</th>
<th>SUBTHEME 2</th>
<th>SUBTHEME 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority Studies:</strong> Total of 5 studies in 2009, one study from each of the Priority Areas. <strong>MUST BE THE HIGHLIGHTED STUDIES LISTED UNDER EACH PRIORITY AREA</strong></td>
<td><strong>Priority Studies:</strong> Total of 2 studies in 2009, one study from each of the priority Areas. <strong>CAN BE ANY OF THE PRIORITIZED STUDIES LISTED UNDER PRIORITY AREAS</strong></td>
<td><strong>Priority Studies:</strong> Total of 1 study from any of the Priority Areas</td>
</tr>
<tr>
<td><strong>Behaviour related to health, illness and disease:</strong> Condoms: Understanding perceptions, barriers to uptake, gender based negotiations; access and availability.</td>
<td><strong>Sexual behaviour:</strong> Exploring multiple and concurrent sexual relationships and links to HIV transmission</td>
<td><strong>Dominant cultural practices:</strong> Links between HIV and marriage relationships, kinship, bride price and social change.</td>
</tr>
<tr>
<td><strong>Gender:</strong> Understanding the links between Gender-Based Violence and HIV transmission</td>
<td><strong>Religion and spirituality:</strong> Understanding the role, influence and beliefs of Evangelical Christian churches specific to HIV and AIDS prevention, treatment and care</td>
<td><strong>Mobility and migration:</strong> Understanding patterns of the epidemic and links to HIV transmission between Int’l borders and PNG.</td>
</tr>
<tr>
<td><strong>The Lives of marginalized and Most At Risk Populations:</strong> Exploring what factors create vulnerability to HIV transmission</td>
<td><strong>The lives of young people:</strong> Understanding the lives, experiences and support available for HIV Orphans and Vulnerable Children (Children with Special Need of Protection)</td>
<td><strong>People Living with HIV, their families and their communities:</strong> Understanding Stigma and Discrimination (at the individual, community and Public/Private Sector level)</td>
</tr>
<tr>
<td><strong>Economics, leadership and the political environment:</strong> Analysis of leadership and commitment within the national and provincial response</td>
<td><strong>Baseline studies of new interventions or prevention programs with priority given to culturally relevant studies</strong></td>
<td><strong>Evaluation of Intervention Programs and Prevention Programs</strong></td>
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<tr>
<td><strong>Evaluation of Awareness Campaigns and Efforts</strong></td>
<td><strong>Evaluation of Treatment and Care Program</strong></td>
<td><strong>Civil Society</strong></td>
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<td><strong>Agriculture Sector</strong></td>
<td><strong>Education Sector</strong></td>
<td><strong>Business Sector</strong></td>
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<td><strong>Economic Sector</strong></td>
<td><strong>Law and Justice Sector</strong></td>
<td><strong>Transport, Trade and Land Sector</strong></td>
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<td><strong>Health Sector</strong></td>
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Diagram 1: Research Priorities for Grant Scheme (2009 – 2012)

<table>
<thead>
<tr>
<th>YEAR 2009</th>
<th>Subtheme 1</th>
<th>Subtheme 2</th>
<th>Subtheme 3</th>
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<tbody>
<tr>
<td></td>
<td>4 studies, each representing different research areas, highlighted priorities studies only</td>
<td>2 studies, each representing different research areas</td>
<td>1 study from any of the research areas</td>
</tr>
<tr>
<td>YEAR 2010</td>
<td>4 studies representing different research area</td>
<td>1 study representing different research area</td>
<td>2 studies from research areas</td>
</tr>
<tr>
<td>YEAR 2011</td>
<td>1 study representing different research area</td>
<td>1 study representing a different research area</td>
<td>2 studies from research area</td>
</tr>
<tr>
<td>YEAR 2012</td>
<td>1 study representing different research area</td>
<td>1 study representing a different research area</td>
<td>2 studies from research area</td>
</tr>
</tbody>
</table>

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 allow for planning 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 proposal 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 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 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 the 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**

Successful applicants will be awarded between K150,000 – K750,000 per year

**Budget:** K5,250,000 maximum per year for 2009 and 2010, K3,000,000 maximum per year for 2011 and 2012.

- Calls for Expressions of Interest (EOI) will commence shortly after the National Research Agenda launch, followed by a call and submissions for full proposals
- Calls for Expressions of Interest will be sent out nationally and internationally
- A competitive process will be adopted (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 will be 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**

- Proposals must address priority areas for that year
- Proposals must meet Research Advisory Committee criteria and guidelines
- Proposals must demonstrate that the Principle Investigators have proven success and ability to deliver 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**

Successful applicants will be awarded between K15,000 – K150,000 per year

**Budget:** K1,050,000 per 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 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 on 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. In addition to the dissemination processes outlined below, research reports received by NACS will be launched on the NACS website and deposited in the resource centre.

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 possible cases, research participants should also be provided with the opportunity to participate in, and contribute to, in the data analysis and the final report.

Research Dissemination to Communities and Relevant Stakeholders
Another important component of 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 for evidence-based response. As part of the research project, stakeholder workshops and forums in collaboration with NACS should be conducted to share with all stakeholders. These would include researchers and 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 and 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 and details of studies which have commenced or been completed 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, only 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, and in grey literature.

Guidelines for Research Dissemination
(See NACS Grant’s Research Guidelines for full list of guidelines and requirements)
- Research projects and proposals 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 verses laymen terms depending on the audience.

Modes to consider:
  o Community forums or group discussions
  o Research seminars
  o Workshops or meetings
  o Media Releases (television, newspaper, radio) with the assistance and partnership of NACS Media Unit
  o Policy-briefing documents
  o 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 will be 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 to be held aimed at reporting on progress of the National Research Agenda and National Capacity Plan, including a review of research studies conducted the previous year, relevant findings 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 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 storing and accessing HIV-related research literature. As the national HIV coordinating body, the NACS website should be developed and maintained as the best place for accessing HIV related information. It should be supported by regular updating and I.T. support. The database will reflect both current and 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 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 and programs, and to support 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 and 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 include improving 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.
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.
REFERENCES


