



DEPARTMENT OF EDUCATION

HIV and AIDS POLICY

for the

NATIONAL EDUCATION SYSTEM

of

PAPUA NEW GUINEA

2012-2016





DEPARTMENT OF EDUCATION

HIV and AIDS POLICY
for the
NATIONAL EDUCATION SYSTEM
of
PAPUA NEW GUINEA

2012-2016

The printing and distribution of this policy was supported by AusAID. For more information, training and resources please contact: The HIV and Gender Unit, Department of Education, Fincorp Haus, 3rd Floor, A Wing, PO Box 446, Waigani, NCD
Telephone: 301-3509, 301-3510, Fax: 301-3500

ISBN 978-9980-86-451-2
National Library Service of Papua New Guinea

Published in 2012 by Department of Education, P.O. Box 446, Waigani, National Capital District, Papua New Guinea.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, photocopying or recording, without prior written permission of the publisher.

Copyright © Department of Education, Papua New Guinea 2012



Table of Contents

Acronyms.....3

Note on Terms Used in the Policy4

Minister’s Message5

Foreword.....6

Introduction.....7

Achievements and Challenges8

Basis of the Policy 10

Scope of the Policy 10

Goal of the Policy 10

Guiding Principles 11

Policy Statement 12

Key Strategies 21

Definitions of Key Terms 28

References and Notes..... 30

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
HAMP Act	HIV and AIDS Management and Prevention Act
HIV	Human Immunodeficiency Virus
LNG	Liquefied Natural Gas
NGO	Non-governmental Organization
PEP	Post-exposure prophylaxis
PNG	Papua New Guinea
SLIP	School Learning Improvement Plan
STI	Sexually Transmitted Infection
TVET	Technical and Vocational Education and Training
VCCT	Voluntary Confidential Counselling and Testing



Note on Terms Used in the Policy

UNAIDS publishes a list of preferred terminology related to HIV and AIDS. They do so because they believe that ‘language shapes beliefs and may influence behaviours. Considered use of appropriate language has the power to strengthen the global response to the epidemic.’ They revise their terminology guidelines regularly. The latest version is available at <http://www.unaids.org> under ‘Publications.’ The box below lists the terms used in this policy that UNAIDS recommends and explains why they are recommended. This information is provided here since many people are not aware of it.¹

Past Terminology – AVOID USING!!	Preferred Terminology – USE THESE TERMS
HIV/AIDS Only use ‘HIV and AIDS’ with care and consideration	Use the term that is most specific and appropriate in the context to avoid confusion between HIV (a virus) and AIDS (a clinical syndrome). Examples include ‘people living with HIV’, ‘HIV prevalence’, ‘HIV prevention’, ‘HIV testing and counselling’, ‘HIV-related disease’, ‘AIDS diagnosis’, ‘children orphaned by AIDS’, ‘AIDS response’, ‘national AIDS programme’, ‘AIDS service organization’. Both ‘HIV epidemic’ and ‘AIDS epidemic’ are acceptable, but ‘HIV epidemic’ is a more inclusive term.
AIDS virus	There is no AIDS virus. The virus that causes AIDS is the human immunodeficiency virus (HIV) . Please note that ‘virus’ in the phrase ‘HIV virus’ is redundant. Use ‘HIV’.
AIDS-infected	No one is infected with AIDS; AIDS is not an infectious agent. AIDS describes a syndrome of opportunistic infections and diseases that can develop as immunosuppression deepens along the continuum of HIV infection from acute infection to death. Avoid ‘HIV-infected’ in favour of person living with HIV or HIV-positive person (if serostatus is known).
AIDS patient	Use the term ‘patient’ only when referring to a clinical setting. Use patient with HIV-related illness (or disease) as this covers the full spectrum of HIV-associated clinical conditions.
AIDS test	There is no test for AIDS. Use HIV test or HIV antibody test . For early infant diagnosis, HIV antigen tests are used.
AIDS victim	Use person living with HIV . The word ‘victim’ is disempowering. Use AIDS only when referring to a person with a clinical diagnosis of AIDS.
Risk of AIDS	Use ‘ risk of HIV infection ’ or ‘ risk of exposure to HIV ’ (unless referring to behaviours or conditions that increase the risk of disease progression in an HIV-positive person).
High(er) risk groups; vulnerable groups	Use key populations at higher risk (both key to the epidemic’s dynamics and key to the response). Key populations are distinct from vulnerable populations, which are subject to societal pressures or social circumstances that may make them more vulnerable to exposure to infections, including HIV.
Commercial sex work	This says the same thing twice in different words. Preferred terms are sex work , commercial sex , or the sale of sexual services .
Prostitute or prostitution	These words should not be used. For adults, use terms such as sex work , sex worker , commercial sex , transactional sex , or the sale of sexual services . When children are involved, refer to commercial sexual exploitation of children .
Intravenous drug user	Drugs are injected subcutaneously, intramuscularly, or intravenously. Use person who injects drugs to place emphasis on the person first. A broader term that may apply in some situations is person who uses drugs .
Fight against AIDS	Use response to AIDS or AIDS response .
Evidence-based	Use evidence-informed in recognition of other inputs to decision-making.
HIV prevalence rate	Use HIV prevalence . The word ‘rate’ implies the passage of time and should not be used in reference to prevalence. It can be used when referring to incidence over time e.g. incidence rate of 6 per 100 person-years.



Minister's Message

In 2005, the Department of Education was the first sector to develop a policy to address the HIV epidemic. That policy, recognized as comprehensive and forward-thinking, was accompanied by an ambitious implementation plan for 2007-2012. Much has been achieved during the last five years of implementation and the Department of Education of PNG is a recognized leader in the response to the epidemic across the Pacific. Nonetheless, we cannot become complacent. The HIV epidemic continues to threaten the health and development of our people, particularly our young people. To reverse the course of the epidemic and safeguard our future, we must renew our commitment to working together to prevent new infections and to caring with compassion for those who have HIV or have been affected by the epidemic.

The document you hold in your hands represents the first step in that renewed commitment. It provides a clear policy statement as well as principles and strategies to guide the work on HIV of all those involved in the national education system. An STI and HIV Implementation Plan for 2012-2016 and policy implementation guidelines for the national, provincial and local levels are being developed.

This new policy and its strategies reflect the laws of Papua New Guinea regarding HIV and AIDS and child protection and the National HIV and AIDS Strategy for 2011-2015. In accordance with the National Strategy, the Department of Education is shifting its emphasis away from awareness to the provision of more comprehensive, deeper education that is focused substantially on gender and human rights. The Department of Education's workforce policy on HIV and AIDS is incorporated in Section 3 on Prevention, Care and Support of the Education Workforce.

What to do about HIV can be a divisive subject in our country due to our diverse cultures. While we respect the views and rights of different communities and groups in PNG, we also recognise that we cannot please everyone. Given the HIV situation we are facing, we have based this policy on the principles of public health. The Department is emphasizing evidence-based, scientific education in schools that also explores values and their implications for behaviour, and develops intrapersonal and relationship skills.

Our children are our future. So we should be deeply concerned that the HIV epidemic is heavily affecting young people in PNG. In 2010, 26% of new infections reported were among those 15-24 years old and a further 22% were among those 25-29. To address this, we must face reality when it comes to our young people's behaviours and ensure they have the ability and the means to protect themselves now and in the future.

I endorse this policy for immediate implementation at all levels of the national education system. Together we can be successful in pushing back the epidemic.

Honorable Theo Zurenouc, MP
Minister of Education
March 2012



Foreword

This policy, the Department's second HIV and AIDS Policy, is the result of an extensive process of assessment and consultation. An assessment was undertaken in 2011 of the implementation of the first Policy at the national, provincial, district and school levels. A high-level Policy Review Committee provided oversight and extensive input and guidance on the revision of the policy. The staff working in the HIV and Gender Unit organized numerous consultations with our partners and other concerned parties. These included the church agencies, NGOs, UN agencies, donors, the Department of Health, the Department of Community Development, the National AIDS Committee Secretariat, the Department of Education's HIV team, other national staff members and provincial education officers. A consultative meeting was held with HIV positive parents to understand their experiences with the education system and their concerns and needs regarding their children's education. A couple of HIV positive teachers were also interviewed. Everyone who participated in the assessment of the previous policy also gave their input.

The final draft of the revised policy was circulated widely for comment. All input and comments were seriously considered by the Policy Review Committee. The revised policy was discussed and endorsed by the Secretary's Staff Meeting (SSM) in November 2011 and discussed at the National Education Board Meeting in February 2012. The National Education Board, including church members, endorsed the policy in full.

While the revised policy is an important step, it is only the starting point for our work over the next five years. To be effective, we require the strong commitment and active participation of every person at every level of the national education system, including you. First, as participants in the education sector, it is your responsibility to identify your role in the response to HIV and to play it. If you are a teacher, you must teach your students about HIV and help them develop the right attitudes and skills they need to avoid infection and to treat those who are affected with empathy; if you are a school administrator, you must include HIV-related activities in your School Learning Improvement Plan (SLIP) and in your budget; if you are working in human resources, you must know and strictly adhere to the laws about HIV and employment. Wherever you work and however you are engaged with the sector, you have a key role to play. Second, as an individual, you must act to protect yourself, your family and your community from HIV while at the same time, providing care, support and compassionate understanding to those who have HIV or whose lives have been affected by the epidemic. With the treatments now available in PNG, people with HIV can live long and productive lives. So we must support them to get treatment and to stay in school or at work.

Together, we can succeed by containing the threat of HIV on the health of the people, especially children, in Papua New Guinea.

Dr. Musawe Sinebare, PhD
Secretary for Education



Introduction

Following the introduction of the HIV and AIDS Management and Prevention Act (HAMP Act) in 2003, the Ministry of Education took the lead in developing a sector-wide policy as part of the national response to HIV. The first *HIV/AIDS Policy for the National Education System of Papua New Guinea* was published in 2005 and covered a period of 5 years, ending in 2010. The policy was revised in 2011 after consultation with and input from a full range of stakeholders. This document is the second HIV and AIDS policy of the Department of Education.

The national education system has an important role to play in the national response to the HIV epidemic, particularly given its reach. The system serves nearly 1.7 million students and employs over 36,000 teachers in 6,852 elementary schools, 3,677 primary schools, 218 secondary schools, 139 vocational schools, 7 technical and business colleges and 12 teachers colleges.

The *National Education Plan 2005-2014* acknowledges HIV as one of the greatest challenges to the health and future of the nation. It recognizes that an HIV and AIDS policy for education is essential and demonstrates the commitment of the education system to play its role in HIV prevention, and in care and support for its employees and for young people.

HIV was first identified in Papua New Guinea in 1987. By the end of 2010, a total of 31,609 cases of HIV had been reported nationally.² Of these, 5% were in children 14 years old and younger; and 21% were among young people aged 15-24. Of cases detected in 2010, 4% were below the age of 15; 8% were between the ages of 15 and 19; and 18% were between the ages of 20 and 24. In 2010, nearly half (49%) of all new HIV infections reported were in young people between the ages of 10 and 29.³ These data show that many Papua New Guineans with HIV are infected when they are school-aged or shortly after they leave school.

The estimated number of cases in the country by the end of 2009, including undetected cases, was 34,100. The estimated number of children under the age of 15 living with HIV was 3,100. With an estimated prevalence of 0.9% nationally and prevalence of over 1% in the Highlands and Southern regions, the HIV epidemic in Papua New Guinea is now of considerable magnitude.⁴ Papua New Guinea remains the country with the highest rate of HIV in the Pacific.

In Papua New Guinea, HIV is mainly spread through unprotected sexual contact. The following factors are primarily responsible for the spread of HIV in our country:

- Having more than one sexual partner
- Having a partner who has or has had more than one sexual partner
- High rates of untreated sexually transmitted infections (STIs)
- Low condom use
- Sexual relationships that involve the exchange of money, food, transportation, gifts or other goods
- Sexual relationships between people from different age groups.

Other factors that contribute significantly to Papua New Guinean's vulnerability to HIV include:

- Gender inequality
- Physical and sexual abuse
- Alcohol and drug use and abuse
- Increasing mobility, particularly when a person travels away from his or her family and has access to money when they are away.

If HIV continues to spread, it could have a critical impact on the national education system in Papua New Guinea. The impact will be greatest in two areas:



Education workforce: The rate of infection in the education workforce is likely to be the same as or greater than the rate in the general adult population. The education workforce is susceptible to HIV infection particularly because they are mobile and often have increased access to money when they travel. Education employees who become infected will eventually require care, support and treatment. They may fall ill and be unable to work and, without the proper treatment, they may die early. In addition, more of the education workforce will be affected by the epidemic, if more of their family members become infected.

Students: Young people are particularly likely to engage in risky sexual behaviours because of their inexperience, ignorance, lack of access to condoms, and lack of power in many relationships. In addition, they may be involved in many of the behaviours that are responsible for increasing the epidemic listed above. For example, some young people, especially girls, become involved in relationships from which they receive benefits – such as money, school fees, gifts of clothing, jewellery, cell phones or food and shelter – often with older men, who are riskier partners. In a study in Port Moresby, sex workers reported that 42% of their clients are students.⁵ Given this risk taking, more students may become infected with HIV. Indeed nearly one-third of reported HIV cases among women are in the 15-24 age group.⁶ In addition, more students will become affected because one or more of their family members has HIV. Some students have had to leave school because of stigma and discrimination, because their families can no longer afford to cover the costs, or because they are needed at home to provide care. Girls are most affected by this since they are generally the first to be taken out of school by parents. Should HIV increase significantly, literacy levels, particularly amongst girls, may decline and a proportion of the next generation will be lost to the community and to the workforce. Lastly, children born with HIV are reaching school-age. Depending on their situation, these children may require extra care and support from the education system.

The HIV epidemic thus has the potential to negatively affect the supply, quality and demand for education in Papua New Guinea, threatening the goals and targets of the National Education Plan 2005-2014. The loss of an educated and experienced workforce cannot easily be compensated for, so it is essential that the Department act proactively to reduce the susceptibility of its workforce to HIV. In addition, the Department of Education is uniquely placed to reach a large and ever-growing proportion of children and young people during their formative years. It has a duty to ensure that they have the knowledge, attitudes, understanding and skills they need to protect their health throughout life.

Achievements and Challenges

In the last five years since the Department's first HIV and AIDS Policy was launched, much work has been done and there have been considerable achievements. Significant achievements include:

- The development of a five-year implementation plan for 2007-2012 to go with the HIV and AIDS Policy;
- The establishment of an HIV and Gender Desk with a full-time officer to work on HIV and an informal HIV team with members from different divisions of the Department;
- The inclusion of HIV awareness and education in trainings, workshops and meetings at all levels of the education system, resulting in considerable HIV awareness among teachers and staff;
- The development and implementation of a personal development curriculum that includes education on HIV. The curriculum is mandatory from Grades 5 to 12 and HIV-related content is included in assessments and examinations;
- The development of personal development syllabuses and teachers' guides as well as other related teaching and learning materials which have been disseminated nationally to all schools;
- The development of a mandatory HIV course for all Primary Teacher's Colleges, coupled with teaching and learning materials and training for lecturers at teachers' colleges and other teacher training institutions;



- The development and approval of a Behaviour Management Policy for schools, which aims to promote positive student behaviour through the collaborative efforts; to enable all stakeholders to understand and exercise their rights and responsibilities in managing student behaviour; and to enable schools to create a fair, caring and safe learning environment for students and teachers;
- The initiation of a training program for school counsellors.

While much progress has been made, there nonetheless remains a lot to do. Some key challenges are:

- Improving the understanding of the contents of the HIV and AIDS Policy and of roles and responsibilities for implementing it among education officers, school heads and teachers;
- Up-dating the personal development curriculum and increasing the integration of HIV and gender into other subjects;
- Improving the quality of HIV education, especially the effective use of student-centred teaching and learning strategies and methods to develop students' ability to think and reason;
- Increasing and improving the implementation of HIV education at technical and vocational education and training (TVET) schools;
- Building the capacity of the vast number of teachers who were already teaching in schools when the personal development subject was introduced so that they can teach HIV effectively and comfortably;
- Ensuring access to adequate teaching and learning materials and their even distribution; and ensuring teachers are aware of the materials that are available at their schools and know how to use them;
- Increasing the supervision of personal development lessons.

This policy provides guidance to the national education system's efforts to address the HIV epidemic in Papua New Guinea. It calls on all of us to increase our leadership and to work together to prevent new infections and to care for our brothers and sisters who are living with or affected by HIV. In particular, ensuring that our young men and women are given correct and complete information is essential. Thus, we must talk openly and honestly with them about relationships, sex and sexuality, and the behaviours that put them at risk and those that will protect them from HIV. We must address attitudes and beliefs that are putting Papua New Guineans at risk. In particular, we have to address gender inequities and fight violence and rape as a part of the response to HIV. We must also face the reality that some young people will have sex and ensure that they have access to the means of protection. We must also fight stigma and discrimination against people living with HIV and their families, and promote values of unconditional love, care and tolerance, which are the foundation of our Christian faith and Melanesian way of life.



Basis of the Policy

This policy and its accompanying strategies are based on and in line with some key existing laws and national strategies enacted and approved by the Government of Papua New Guinea. Specifically, the policy takes as its starting point, the HIV and AIDS Management and Prevention (HAMP) Act and the Lukautim Pikinini (Child) Act 2009.

The strategies outlined in this policy are based upon those in the *National HIV and AIDS Strategy for 2011-2015*, which calls for the following:

- A strong focus on scaling-up a comprehensive prevention response, moving beyond awareness, and prioritising evidence-informed interventions. A comprehensive approach to prevention of sexual transmission of HIV includes a focus on delaying the sexual debut of young people, reducing the number of sexual partners, promoting correct and consistent condom use, and testing and treatment for STIs and HIV.
- Ensuring a stronger emphasis on gender issues and tackling gender-based violence by fully integrating gender into all aspects of the national response.
- Promoting the meaningful involvement of people living with HIV and key affected populations.
- Placing a greater emphasis on the roles, rights and responsibilities of young men and women in all aspects of the national response.

Scope of the Policy

This policy applies to all students, teachers, lecturers, teacher trainers, trainee teachers, managers (including Boards of Management, Boards of Governors and Governing Councils), administrators, and professional, support and ancillary staff at the national, provincial, and district levels of the national education system. It also applies to all consultants and contractors engaged by the Department of Education and organizations and volunteers working in a Department of Education workplace. This Policy should also be used as a guide for other education institutions and schools outside the national education system.

This policy incorporates and represents the workplace HIV and AIDS policy for all education sector workplaces.

Goal of the Policy

In accordance with the vision of the *National Education Plan 2005-2014*, *Universal Basic Education Plan* and *Papua New Guinea (PNG) Vision 2050*, the goal of the policy is for the national education system, together with other stakeholders, to participate effectively in Papua New Guinea's multi-sectoral response aimed at **reducing the spread and decreasing the impact of STIs and HIV** through the development, implementation, monitoring and evaluation of a comprehensive, relevant and forward-thinking response to HIV and STIs at all levels of the national education system.



Guiding Principles

Principle 1: Respect for human rights

The policy, its strategies and implementation activities must respect and promote the rights of every person as outlined in the PNG National Constitution, the Universal Declaration of Human Rights, to which Papua New Guinea is a signatory, and the HAMP Act. This includes, among others, the right to education, health and dignity as well as the right to access the means to protect oneself, to privacy (including the confidentiality of HIV test results), and freedom from discrimination and stigma related to HIV. All members of the education system are responsible for upholding and respecting the rights of others.

Principle 2: Equality, respect and fairness

All students, teachers, school board members, trainee teachers, and public servants, including managers, administrators and support staff at all levels of the national education system, have the same rights, opportunities and responsibilities, and must be treated with respect in a fair, honest and transparent manner regardless of gender, sexual identity, race, age, actual or perceived HIV status or that of a family member, academic level, disability, religion, and family, economic and/or cultural background.

Principle 3: Evidence-informed approaches and prioritisation

All HIV interventions must be informed by evidence from surveillance, social, behavioural and other research. International best practices will be adapted to incorporate what is shown to be effective in Papua New Guinea. Interventions and resource allocation will be prioritised based on the available evidence.

Principle 4: Context and cultural practices

Information, education, counselling, care and support must be sensitive to the age, gender, language, culture and social circumstances of all persons. Cultural traditions and beliefs will be respected and promoted, except where they increase risk and vulnerability to HIV infection, interfere with HIV prevention and treatment efforts, cause additional hardship and harm to people living with or affected by HIV or infringe on human rights.

Principle 5: Values and religion

The values of unconditional love, care, compassion and tolerance form the foundation of the HIV response. Churches, their agencies and faith-based organisations are important partners of the Department and programs will support the messages of churches except where they interfere with human and legal rights and evidence-informed prevention and treatment.

Principle 6: Care and support

In addition to the core functions of teaching and learning, schools shall also provide care and support for all children with special needs.

Principle 7: Personal responsibility

Every person is morally required to protect themselves and legally and morally required to protect others from HIV infection. Intentional transmission of HIV to another person is a serious criminal offence under the HAMP Act and the Lukautim Pikinini Act.⁷ People with knowledge about sexual and reproductive health and HIV have a moral responsibility to share that knowledge with the whole community.

Principle 8: Involvement of people living with HIV and AIDS

While respecting confidentiality, people living with HIV and AIDS will be encouraged and supported to be involved in the national education system's response to HIV.



Principle 9: Staff and student participation

All staff and students in the national education system will be encouraged and supported to be active participants in the planning and implementation of activities to address the HIV epidemic.

Principle 10: Consultation and partnerships

The policy will be implemented by the national education system in consultation and partnership with communities and stakeholders (such as other governmental departments, non-governmental organizations, and faith-based organizations). The policy recognises the importance of maintaining partnerships with parents, other members of the school community and all agency partners.

Principle 11: Empowerment and Accountability

All teachers, managers, administrators and support staff at all levels of the national education system are responsible for and empowered to implement this policy and its strategies and, as such, are to be held accountable for its implementation or non-implementation.

Policy Statement

The HIV and AIDS Policy for the National Education System of Papua New Guinea has four main sections, which, taken together, provide an effective response to HIV. These sections are: 1) Prevention for students; 2) Care and support for students; 3) Prevention, care and support of the education workforce; and 4) Managing education's response to HIV.

The Department of Education's HIV and AIDS Policy is as follows:

Section 1: Prevention for Students

Objectives

- Students will acquire the knowledge, attitudes, understanding and motivation and develop the skills needed to be free from STIs, HIV and unwanted pregnancy for life.
- Students will be supported to develop healthy, safe behaviours and to change unhealthy and risky ones.
- Learning institutions will ensure access to the means of protection from STIs and HIV.

1.1 Access to STI and HIV Education and Information

- 1.1.1. *Comprehensive gender- and rights-based sexual and reproductive health education:* All students must receive high-quality, comprehensive, evidence-informed, age-appropriate education to enable them to safely manage their sexual and reproductive health throughout life, including remaining free from STIs, HIV and unwanted pregnancy, starting from Grade 3. Education shall emphasise the equality of all persons in relationships and in general.
- 1.1.2. *Education on gender that challenges gender inequality:* Because gender equality is fundamental to addressing the greater vulnerability of women and girls to HIV, special attention must be given to addressing gender inequities in all education programs and activities, including those addressing HIV. All education institutions are required to promote gender equality and actively challenge harmful gender norms and behaviours, including those that put Papua New Guineans at risk for STIs and HIV.
- 1.1.3. *Education that challenges harmful norms:* All education institutions shall work to break down cultural barriers and actively challenge harmful cultural and social norms and behaviours that put Papua New Guineans at risk for STIs and HIV, with specific attention to populations with a higher level of risk for HIV.



- 1.1.4. *Curriculum review and revision:* Curriculum and teaching and learning documents addressing HIV shall be reviewed at least every five years to ensure that they remain up-to-date with new scientific findings, new information and evidence from PNG, and best practice.
- 1.1.5. *Examinable subject:* HIV-related content must be included in assessments and examinations at all levels.
- 1.1.6. *Capacity building:* All teachers and lecturers responsible for providing education on sexual and reproductive health issues, including STIs and HIV, shall be well trained to provide gender- and rights-based sexual and reproductive health education, using student-centred, interactive methods that promote discussion, personal reflection and critical thinking. All student teachers at teachers' colleges shall be fully trained to teach sexual and reproductive health, including HIV. Universities with Faculties or Departments of Education shall train teachers to teach personal development, including sexual and reproductive health.
- 1.1.7. *Encourage guidance by parents:* Parents and guardians must be encouraged and assisted by educational institutions to provide their children with guidance on sexuality and to teach their own family and religious values and morals.

1.2 Access to Protection

- 1.2.1. *Access to condoms:* All learning institutions shall ensure that male and female condoms are easily accessible to students through partnerships with the Provincial AIDS Committee and/or a local health centre. All secondary schools, TVET institutions and colleges shall make male and female condoms easily available to students on campus.⁸
- 1.2.2. *Prevention of violence:* School boards, staff, students and the school community at all learning institutions shall actively work together to prevent all forms of violence through education, awareness, and the implementation of policies and rules.
- 1.2.3. *Protection from sexual abuse and rape:* Schools and institutions with student boarders shall make additional provisions for the protection of female and male students from sexual abuse and rape. This includes, but is not limited to, protection from rape for students going to the river to bathe and protection from sexual abuse, including rape, by other students, teachers or staff in dormitories.
- 1.2.4. *Non-tolerance of violence:* Learning institutions must not tolerate any form of violence, including but not limited to, sexual harassment, abuse or exploitation; discrimination; and bullying. Any person who has committed any of the above must be subject to disciplinary procedures in accordance with the Behaviour Management Policy for students and Teaching Service Act for teachers.⁹
- 1.2.5. *Links to child protection officer:* All schools shall establish a relationship with the nearest child protection or welfare officer or volunteer and refer students for welfare or legal support as required by the Lukautim Pikinini Act.

1.3 Healthy and Safe Learning Institutions

- 1.3.1. *Health promotion:* All schools shall include health promotion and HIV-related activities in their School Learning Improvement Plans (SLIPs).
- 1.3.2. *Universal infection control precautions:* All learning institutions shall minimise the risk of HIV transmission by adopting universal infection control precautions in all blood-related incidents and accidents. Infection control measures must be universally applied and carried out regardless of the known or unknown HIV status of the individuals concerned. All persons should be considered as potentially infected and their blood and body fluids treated as such.



- 1.3.3. *Prevention after possible exposure to HIV:* All learning institutions shall ensure access to post-exposure prophylaxis (PEP, medication taken after possible exposure to HIV) by forming a partnership with a health centre that can provide it.
- 1.3.4. *Maintenance of first aid kits:* All learning institutions shall purchase and maintain at least two first aid kits, which include latex or rubber gloves, and disinfectant. First aid kits and cleaning equipment must be accessible at all times.

Section 2: Care and Support for Students

Objective

All schools and institutions shall be positive, supportive, and healthy learning environments where all students, including those living with and affected by HIV, can continue to learn and can access counselling, care and support, including support for access to treatment.

2.1 Access to Education

- 2.1.1. *Universal access to education:* Every person of school age, including all vulnerable children and children with special needs as defined by the Lukautim Pikinini Act must have access to education.¹⁰ Access to education must not be affected by the person's actual or presumed HIV status or the status of their family members.
- 2.1.2. *Support for continuation of education:* Students living with and affected by HIV shall be encouraged and supported to continue their education as long as possible. Where necessary this shall include special arrangements to cover the costs of schooling (e.g. arranging school fee support from the Department of Education, waving school fees, organizing community support or assisting parents and students to access support from non-governmental organizations (NGOs)); flexible learning arrangements for students unable to attend on a regular basis; and transfers to new schools.

2.2 Supportive Environment

- 2.2.1. *Positive school and learning environment:* All schools and learning institutions shall provide a positive environment for students affected by and living with HIV – one that is free from stigma and discrimination based on actual or presumed HIV status.
- 2.2.2. *Protection from discrimination:* All students must be protected from all forms of discrimination, including discrimination based on gender and/or on their actual or presumed HIV status or that of their family members. Students living with or affected by HIV must not be treated differently from other students in a way that disadvantages or harms them in schooling, school-based activities or accommodation.
- 2.2.3. *Protection from stigmatisation:* Students who are living with or affected by HIV must not be stigmatised. In other words, people must not do or say anything to cause or encourage people to hate, ridicule, become violent towards or stay away from a student living with, thought to be living with or affected by HIV. People must not blame or talk badly about students living with or affected by HIV.
- 2.2.4. *Access to counselling:* All students shall have access to a trained counsellor who can provide them with guidance on behaviour, including those that could put them at risk for HIV, and assist them to deal with and solve problems, including dealing with all forms of discrimination, stigma and traumatic experiences.



- 2.2.5. *Grievance procedures:* All students shall have access to effective grievance procedures in case of discrimination, stigmatisation or unauthorized disclosure of confidential health information. Any staff or student who has stigmatised or discriminated against a student on the grounds of their actual or presumed HIV status or who violates this policy shall be subjected to disciplinary procedures in accordance with the Behaviour Management Policy (for students) or the PNG Teacher's Association's Code of Ethics and the Teaching Service Commission Act (for teachers).

2.3 Care and Support

- 2.3.1. *HIV testing:* No learning institution is permitted to require a student to undergo an HIV test for any reason. However, students should be encouraged to access voluntary confidential counselling and testing (VCCT). No student is compelled to disclose their HIV status (in accordance with the HAMP Act).
- 2.3.2. *Confidentiality of HIV information:* If a student or guardian voluntarily discloses information about his or her HIV status, it must be kept strictly confidential according to the law. The person to whom the information was disclosed must not share this information with *any other person* unless they have the *written* permission of the person concerned or their legal guardian (in the case of a child aged 12 or less) or if legally required, as indicated in the HAMP Act and the Lukautim Pikinini Act.¹¹ In the case of children 12 years and under where the legal guardian has given consent, the best interest of the child shall guide decisions concerning disclosure to others. Unauthorised disclosure of HIV- or AIDS-related information could give rise to legal liability.
- 2.3.3. *Access to counselling, support and treatment:* All students living with or affected by HIV in the national education system shall have access to counselling and support services through a formal link between schools and VCCT centres or a health centre and/or through a buddy system with a teacher or counsellor at school. Students receiving medical treatment for HIV shall be supported and accommodated to receive treatment and to comply with its requirements.
- 2.3.4. *Provision of referrals:* All schools shall be prepared to provide referrals for testing, counselling, treatment, protection, care and support services related to STIs, HIV and violence to any student, parent or community member who needs them.

Section 3: Prevention, Care and Support of the Education Workforce

Objectives

- All education sector work environments are proactive in the prevention of HIV in the workforce.
- Every person is treated according to fair labour practices and adheres to the provisions of the HIV and AIDS Management and Prevention Act (HAMP Act).
- All education sector work environments are responsive to the needs of employees living with or affected by HIV and provide care and support, including support for access to treatment.

A. Prevention in the Workforce

3.1 Access to STI and HIV Education and Information

- 3.1.1. *Prevention education:* All employees at every level of the national education system shall receive information and education to enable them to remain free from STIs and HIV. Education shall be evidence-informed and, in accordance with the National HIV Strategy, include reducing the number of sexual partners, promoting correct and consistent condom use, getting tested and treated for STIs and HIV, and encouraging women to get tested when they are pregnant.



- 3.1.2. *Promotion of gender equality:* All employees at every level of the national education system shall receive education on gender issues that prepares them to actively promote gender equality and to challenge harmful gender norms, including those that put people in Papua New Guinea at risk for STIs and HIV.
- 3.1.3. *Challenging harmful norms:* All employees at every level of the national education system shall receive education on HIV that enables them to actively challenge harmful cultural and social norms that put people in Papua New Guinea at risk for STIs and HIV.
- 3.1.4. *Prevention of violence:* All education sector workplaces shall actively work to prevent all forms of violence through education, awareness, and policies.

3.2 Access to Protection

- 3.2.1. *Access to condoms:* Access to male and female condoms for staff is required at all education sector workplaces, including teaching institutions.
- 3.2.2. *Zero tolerance of violence:* Education sector workplaces must not tolerate any form of violence, including but not limited to sexual harassment, abuse or exploitation; discrimination; and bullying. Any employee who has committed any of the above must be subject to disciplinary procedures in accordance with the Public Service Management Act and the Public Service General Orders, or the Teaching Service Act and the Education Act.^{12,13,14,15}
- 3.2.3. *Intentional transmission of HIV:* Education sector staff must not knowingly and/or intentionally transmit HIV to another person.

3.3 Workplace Safety

- 3.3.1. *Universal infection control precautions:* All education workplaces shall minimise the risk of HIV transmission by adopting universal infection control precautions in all blood-related incidents and accidents. Infection control measures must be universally applied and carried out regardless of the known or unknown HIV status of individuals concerned. Everyone should be considered as potentially infected and their blood and body fluids treated as such. Staff in each workplace shall be provided with adequate information to apply universal precautions.
- 3.3.2. *Prevention after possible exposure to HIV:* All education workplaces shall ensure access to post-exposure prophylaxis (PEP, medication taken after possible exposure to HIV) by forming a partnership with a health centre that can provide it.
- 3.3.3. *First aid kits and training:* All education sector workplaces shall purchase and maintain adequate first aid kits, which include latex or rubber gloves, and disinfectant. First aid kits and cleaning equipment must be accessible at all times. First aid officers shall be trained.

Care and Support for the Workforce

3.4 Fair Labour Practices

- 3.4.1. *Non-discrimination:* No employee may be treated differently from other employees in a way that disadvantages or harms them in recruitment, appointment, benefits including accommodation, deployment and promotion; in contracts; in involvement in work-based activities, travel or training; and in access to resources on the basis of their actual or presumed HIV status or that of someone with whom they are associated.
- 3.4.2. *Continuation of employment:* Employees living with HIV must be retained on the job as long as they are able to work and encouraged and supported to do so. The only criterion is fitness for



work. If their health deteriorates or if they have special work-related needs, these shall be met within reason and in consultation with the staff person concerned. These may include flexible work arrangements for staff unable to attend on a regular basis or assignment of different responsibilities.

- 3.4.3. *Cessation of employment:* If a worker with an HIV-related condition is too ill to continue to work and alternative working arrangements including extended sick leave have been exhausted, the employment relationship may cease in accordance with anti-discrimination and labour laws and with respect for general procedures and full benefits.
- 3.4.4. *Voluntary testing:* No workplace is permitted to require a job applicant, teacher, employee, contractor or member of a governing body to undergo an HIV test for any reason. However, education sector staff should be encouraged to know their HIV status. To eliminate paediatric HIV, all pregnant employees and pregnant spouses of education sector staff shall be encouraged to attend antenatal care and to get tested for STIs and HIV.¹⁶
- 3.4.5. *HIV test results:* Education sector staff must not request the results of another staff person or student's HIV test from a doctor or clinic or any other person.
- 3.4.6. *Grievance and disciplinary procedures:* Any employee who has experienced HIV-related discrimination in the education system shall have access to effective grievance procedures. Any employee who has discriminated against someone on the grounds of perceived or actual HIV status or who violates this policy must be subjected to disciplinary procedures in accordance with Public Service Management Act and the Public Service General Orders, or the Teaching Service Act and the Education Act.^{17,18,19,20}

3.5 Supportive Work Environment

- 3.5.1. *Positive work environments:* All education workplaces shall provide a positive work environment for employees living with and affected by HIV – one that is free from stigma and discrimination based on actual or presumed HIV status.
- 3.5.2. *Protection from discrimination:* All employees must be protected from all forms of discrimination, including discrimination based on their actual or presumed HIV status or that of their family members.
- 3.5.3. *Protection from stigmatisation:* Employees who are living with or affected by HIV must not be stigmatised. This means that no one shall do or say anything to cause or encourage people to hate, ridicule, become violent towards or stay away from an employee living with, thought to be living with or affected by HIV. People must not blame or talk badly about employees living with or affected by HIV.

3.6 Care and Support for Workforce

- 3.6.1. *Disclosure and confidentiality:* No employee is compelled to disclose their HIV status. If an employee voluntarily discloses information about their HIV status, that information must be kept strictly confidential. The person to whom the information was disclosed must not share that information with *any other person* unless they have the *written permission* of the person concerned or if legally required, as indicated in the HAMP Act.²¹ Unauthorised disclosure of HIV- or AIDS-related information could give rise to legal liability.
- 3.6.2. *Referrals and treatment support:* All education sector workplaces shall be prepared to provide formal referrals for testing, counselling, treatment, care and support services related to HIV to any employee who needs them. Teachers and other employees in need of medical treatment for HIV



shall be supported and accommodated to receive that treatment and to comply with its requirements, including job transfers to areas where such medical care is available.

Section 4: Managing Education's Response to HIV and AIDS

Objective

Sufficient management structures and systems and staff are in place and partnerships are developed and sustained at all levels of the national education system to implement this policy effectively.

4.1 Supportive Management Structures

- 4.1.1. *Staffing and integration:* All levels of the national education system shall establish and maintain adequate management and support structures to implement this policy effectively. This includes adequate staff positions and the integration of HIV-related responsibilities into the relevant job descriptions of existing positions at all levels and across the Department of Education, including all managers. Provinces, districts, colleges and schools may use existing staff to coordinate and monitor the implementation of the policy and the mainstreaming of HIV responsibilities at their level. Each Provincial Education Office shall appoint an HIV Focal Point and at least one staff member of the Provincial Education Offices shall be an active member of the Provincial AIDS Council.
- 4.1.2. *Technical review:* All HIV-related proposals, projects and publications at the national level must be reviewed for technical accuracy and signed off by the senior staff and/or technical adviser of the HIV and Gender Unit prior to the Secretary's approval. The HIV and Gender Unit must also have the opportunity to vet all proposals to ensure HIV is adequately addressed. At the provincial level, the Provincial AIDS Committee must provide a technical review and sign off on HIV-related proposals, projects and publications.

4.2 Planning and Budgeting

- 4.2.1. *Mainstreaming of HIV:* All levels of the national education system and all divisions of the Department of Education shall include work on HIV appropriate to their roles and responsibilities in their regular work and plans.
- 4.2.2. *Planning and budgeting:* Management structures at all levels of the system shall plan activities and budget resources to implement this policy with the technical support of the HIV and Gender Unit. The HIV and Gender Unit shall also plan with other stakeholders.
- 4.2.3. *Commitment of funds:* The Department of Education and Provincial Education Offices shall commit their own funds to supplement donor funds and show their commitment to reducing the impact of HIV and AIDS.

4.3 Implementation of the Policy & Reporting

- 4.3.1. *Implementation plans:* All levels of the national education system shall develop and enact their own implementation plans on STIs, HIV and AIDS that are consistent with this policy and its national implementation plan with assistance from the HIV and Gender Unit and/or their Provincial AIDS Committee. Implementation plans should include indicators and targets to measure progress.
- 4.3.2. *Implementation guidelines:* Implementation of the policy shall be supported by guidelines developed by the Department in consultation with stakeholders.



- 4.3.3. *Capacity building:* The national education system shall build the capacity of all persons participating in the implementation of this policy through appropriate training and development.
- 4.3.4. *Reporting:* All levels of the national education system are required to report on the implementation of the HIV and AIDS policy in their annual reports. Divisions of the Department of Education shall report to the Top Management Team through the HIV and Gender Unit. Schools shall report to the Provincial Education Office and the Provincial Education Office shall report to their Provincial AIDS Committee and copy their reports to the national HIV and Gender Unit at the Department of Education. The national Department of Education shall report to the National AIDS Committee Secretariat through the HIV and Gender Unit.

4.4 Monitoring, Evaluation and Research

- 4.4.1. *Monitoring and evaluation:* Implementation of the policy shall be monitored and evaluated and the information gathered used for future planning, resource allocation and management.
- 4.4.2. *Research ethics and approvals:* All research related to HIV must be conducted in accordance with internationally accepted ethical principles and with national HIV and AIDS research ethics and guidelines and must respect the rights, privacy and confidentiality of every person involved. Any research on HIV in the national education system must be approved by the Department's Research Steering Committee as well as by the HIV and AIDS Research Advisory Committee of the National AIDS Committee Secretariat.
- 4.4.3. *Dissemination of research results:* The Department of Education shall disseminate the results of any research done on HIV within the national education system to all stakeholders.
- 4.4.4. *Use of evidence:* The implementation of the policy shall be informed by best practice, by the HIV epidemic in PNG, and by the results of monitoring and/or operational and evaluation research.

4.5 Advocacy, Communication and Public Education about the Policy

- 4.5.1. *Staff support:* Staff at all levels of the national education system shall publicly support the policy.
- 4.5.2. *Role models and advocates:* Staff at all levels of the national education system shall act as good role models, advocate for, and share information about the education sector's response to HIV.
- 4.5.3. *Inclusion of HIV issues on agendas:* HIV issues shall be included on the agenda of all meetings, conferences, workshops and trainings, including pre-service and in-service trainings, of the national education system.

4.6 Develop and Sustain Partnerships

- 4.6.1. *Partnerships:* The national education system shall establish, manage and sustain partnerships with stakeholders, such as churches and NGOs, at the national, provincial and district levels to assist with implementing its response to HIV.
- 4.6.2. *Coordination of Partnerships:* Any person or organization planning to work in schools on sexual and reproductive health and HIV-related issues must provide its plans and copies of the materials for its work to the Provincial HIV Focal Point and to the HIV and Gender Unit of the national Department. Their plans and materials must be endorsed by the Provincial Education Adviser. All partners shall report on their HIV activities to the Provincial Division of Education or the national Department.



- 4.6.3. *Engagement of people living with HIV:* The Department of Education shall work closely with organizations of people living with HIV, including current and former teachers living with HIV, on the implementation of the policy at the national and sub-national level.
- 4.6.4. *Engagement of sectoral and development partners:* All levels of the national education system shall encourage their sectoral and development partners to participate in the implementation of this policy in accordance with their roles and responsibilities.
- 4.6.5. *Support for the national response:* The Department of Education shall work closely with the National AIDS Council Secretariat, Provincial AIDS Committees and other government and non-governmental organisations in support of the multi-sectoral response to HIV. Provincial Education HIV Focal Points shall participate in the development of the Provincial Annual Activity Plans for HIV coordinated by the Provincial AIDS Committees.

4.7 Review of the Policy

- 4.7.1. *Policy review:* This policy shall be reviewed and updated every five years to ensure it remains current and relevant to the needs of the system and the trends of the HIV epidemic in PNG.



Key Strategies

The following section outlines the key strategies or actions that the Department will undertake in the four areas of the policy statement: Prevention for students; Care and support for students; Prevention, care and support of the education workforce, and Managing education's response to HIV.

Key strategies for section 1: Prevention for students

1.1 Access to STI & HIV Education and Information

- a. Review and revise personal development and HIV curricula for primary, secondary and TVET schools to up-date them and ensure they are in line with this policy. Specifically, they should:
 - Provide comprehensive gender-focused and rights-based sexual and reproductive health education, which includes STIs, HIV and AIDS education and support the development of protective behaviours and behaviour change for young people already at risk;
 - Include sexuality, character development, knowledge, attitudes and beliefs, feelings, values, motivations, related rights and responsibilities, and life skills;
 - Specifically address gender-related vulnerabilities to HIV and strongly promote equal rights in relationships, the right to bodily integrity and freedom from violence, and the right to protect oneself from HIV;
 - Address risky and safe behaviours and vulnerabilities to HIV specific to Papua New Guinea as well as groups in PNG with a higher level of risk;
 - Be in line with current evidence and the National HIV and AIDS Strategy 2011-2015, e.g. include a focus on delaying the sexual debut of young people, promoting correct and consistent condom use, reducing the number of lifetime sexual partners, testing and treating STIs, and HIV testing including for pregnant women as well as addressing the role of alcohol and drug use and relationships with power inequities.
 - Include skills to build confidence and comfort talking about sexuality.
- b. Continue to develop new teaching and learning materials related to personal development, sexual and reproductive health and HIV in a systematic and coordinated way, including teacher resource books and student books which go together.
- c. Integrate HIV education into all appropriate curriculum areas and subjects at all levels of schooling.
- d. Monitor the implementation of the personal development curriculum, particularly the teaching of sexual and reproductive health including HIV, and the integration of HIV into SLIPs at the school level.
- e. Review all curricula and participate in all curriculum revisions to ensure that they adequately promote gender equality and challenge harmful gender, cultural and social norms and behaviours that put Papua New Guineans at risk for HIV.
- f. Assess how pre-service and in-service teacher training prepares teachers to effectively teach about gender equality and revise courses as need to ensure that student teachers are adequately prepared.
- g. Procure personal development and HIV-related materials for primary and secondary schools that are in line with the revised curriculum and this policy.
- h. Include HIV-related content in the Grade 8, 10 and 12 exams.
- i. Review the Primary Teacher's Colleges' HIV course and materials to ensure that it adequately prepares trainee teachers to provide high-quality, comprehensive, evidence-informed HIV education that is gender-focused and rights-based.
- j. Review the Teacher Training HIV and In-service Framework & Modules and develop a national in-service training plan.
- k. Up-date, revise and pilot test in-service teacher training materials and processes to ensure that they effectively prepare teachers to deliver the sexual and reproductive health components of the personal development curriculum using student-centred, interactive methods that promote discussion, personal reflection and critical thinking; and after assessment, scale up effective pilots.



- l. Include modules on how to effectively integrate HIV into lessons on other topics in the teacher training program.
- m. Use agencies with relevant expertise to supplement and build teacher capacity to deliver HIV education in accordance with the national in-service training plan.
- n. Develop evidence-informed materials (such as pamphlets, posters, newsletters) on HIV and distribute them to all schools and institutions.
- o. Circulate new information on HIV and STIs annually.
- p. Work in partnership with other stakeholders, such as the National AIDS Council Secretariat, to ensure that schools receive HIV information materials, such as posters and pamphlets.
- q. Develop HIV workshop materials for provincial officials and teachers to use with school boards, parents and community members, including parent and citizen committees.

1.2 Access to Protection

- a. Monitor all schools to ensure that they provide students with information on where they can get male and female condoms in the area.
- b. Work with Provincial AIDS Committees and the Department of Health to ensure that condoms are easily available to young people and provided to learning institutions.
- c. Establish partnerships with health facilities and relevant community-based organisations and NGOs, including youth groups, to support the provision of prevention services and counselling, STI treatment and post-exposure prophylaxis to students.
- d. Provide learning institutions with support (such education materials, awareness workshop materials, activity packages) to enable them to actively work to prevent all forms of violence.
- e. Provide safe washing facilities and, if necessary, protection from rape for students going to the river to bathe, and take action to ensure that dormitories are safe from sexual abuse, including rape, by other students, teachers and staff.
- f. Continue to roll-out the implementation of the Behaviour Management Policy through workshops and trainings at the provincial and school levels.
- g. Monitor the implementation of the Behaviour Management Policy, with particular attention to how schools are actually handling cases of violence.
- h. Develop a Teacher's Code of Conduct for all teachers with the Teaching Service Commission.
- i. Ensure that schools and the national education system enforce the criminal code.
- j. Establish partnerships with the welfare office at the provincial level to create referral pathways for survivors of violence and abuse and request that the child protection or welfare officer visit the schools.
- k. Work together with the Department of Community Development to ensure that schools have access to the information they need on the Lukautim Pikinini Act in an appropriate format.

1.3 Healthy and Safe Learning Institutions

- a. In partnership with the Department of Health, ensure that training is provided to head teachers, principals and school managers on health promoting schools.
- b. Provide all learning institutions, staff and students with information about universal infection control precautions.
- c. Inform all schools and institutions of the requirement to procure and maintain two first aid kits that include latex or rubber gloves and disinfectant.
- d. Monitor staff and students' access to information on universal infection control and school first aid kits.



Key strategies for section 2: Care and support for students

2.1 Access to Education

- a. Advocate, promote and support girls' education in particular, since every year of education helps to protect girls from HIV.
- b. Set up systems to provide support to cover the costs of schooling for vulnerable children and children with special needs (as defined by the Lukautim Pikinini Act), such as scholarships from the Department of Education, school fee waiver programs, and community support programs, and facilitate access to NGO support programs.
- c. Develop clear pathways for parents, guardians, and students to access support to cover the costs of schooling and communicate this to schools, NGOs and the public at large.
- d. Educate school heads and school counsellors about how to encourage and support students living with and affected by HIV to continue their education as long as possible, including flexible learning arrangements for students unable to attend on a regular basis.
- e. Implement flexible learning arrangements for students with health problems, including HIV, that cause them to be unable to attend school on a regular basis.
- f. Advocate for the maintenance of fee-free education as necessary.

2.2 Supportive Environment

- a. Educate all students at schools about HIV-related stigma and discrimination; living, working with and supporting people living with and those affected by HIV; and the rights and lives of people living with HIV.
- b. Educate all staff at schools about HIV-related stigma and discrimination; living, working with and supporting people living with and those affected by HIV; and the rights and lives of people living with HIV.
- c. Train teachers and appropriate school personnel to provide an inclusive and supportive environment, free from discrimination and mistreatment related to HIV.
- d. Train school counsellors to provide counselling and support to HIV-positive and affected students and those affected by sexual abuse and assault.
- e. Monitor schools to ensure that they directly address and refuse to tolerate all forms of stigma and discrimination, including those related to HIV and to gender, through monitoring of the implementation of the Behaviour Management Policy and reporting on how cases are handled.
- f. Communicate regularly with NGOs of people living with HIV and parents or guardians of students living with or affected by HIV to ensure that they are not treated differently from other students in a way that disadvantages or harms them in the education system and that they are not stigmatized.
- g. In cases of discrimination or stigmatisation, work with the institutions and persons concerned to correct the problem and to provide education to prevent a recurrence.
- h. Establish linkages with HIV-related NGOS and the Provincial AIDS Committees to assist with HIV-related programs and use them to assist with resolving problems with HIV-related stigma and discrimination.
- i. Provide information and education to all school heads to ensure they understand the Department's policy regarding testing, care and support, confidentiality of health information.

2.3 Care and Support

- a. Provide information at the school level on available testing, counselling, treatment, and support and care services within the community for students, parents and other family members.²²
- b. Establish full-time school counsellor positions at all schools and continue to train school-based counsellors, including on HIV and on gender issues.
- c. Develop an HIV and gender training module for school counsellors to build their capacity to provide information and guidance on sexual health issues, including comprehensive STI and HIV prevention information and counselling.
- d. Together with NGOs of people living with HIV and parents and guardians of students living with HIV, develop information for schools on actions they can take to support students living with and affected by HIV.



- e. Meet regularly with NGOs of people living with HIV and parents and guardians of students receiving medical treatment for HIV to ensure that schools are providing the necessary support for them to receive treatment and to comply with its requirements.

Key strategies for section 3: Prevention, Care and Support of the Education Workforce

A. Prevention in the Workforce

3.1 Access to STI and HIV Education and Information

- a. Conduct HIV education workshops for all employees to provide them with information and motivate them to change risky behaviours and remain free from STIs and HIV. Education must be evidence-informed and apply the prevention guidelines of the National HIV and AIDS Strategy for 2011-2015, including a specific focus on reducing the number of sexual partners, promoting correct and consistent condom use, getting tested and treated for STIs and HIV, especially for pregnant women, as well as addressing the role of alcohol and drug use and relationships with power inequities.
- b. Provide all employees with education on gender issues that prepares them to actively promote gender equality, to challenge harmful gender, cultural and social norms, including those that put Papua New Guineans at risk for HIV.
- c. Develop, distribute and regularly up-date information materials on HIV for education sector workplaces.
- d. Establish partnerships at the school and community level to provide HIV education for employees and school boards, including information on prevention, care and treatment.

3.2 Access to Protection

- a. Make male and female condoms available in all education sector workplaces.
- b. Develop and implement workshops and education programs on the different forms of violence, including sexual harassment and abuse in the workplace, their prevention, and what to do if they occur, including related Department policies for discipline.
- c. Monitor education sector workplaces to ensure that they do not tolerate any form of violence, including but not limited to sexual harassment, abuse or exploitation; discrimination; and bullying; and that any employee who has committed any of the above has been subjected to disciplinary procedures in accordance with the Public Service Management Act, the Education Act and Teaching Service Act.

3.3 Workplace Safety

- a. Incorporate HIV prevention strategies in the Department's Occupational Health and Safety Guidelines.
- b. Provide staff with adequate information to apply universal infection control precautions.
- c. Establish a formal referral linkage with a health facility that provides post-exposure prophylaxis (PEP, medication taken after possible exposure to HIV) and provide staff with information on how and where to access this service.
- d. Procure and maintain basic first-aid kits that include rubber or latex gloves and disinfectant in each workplace.
- e. Ensure that at least two staff are trained in first aid in each workplace and have regular refresher courses.
- f. Monitor the maintenance and accessibility of first aid kits.

B. Care and Support for the Workforce

3.4 Fair Labour Practices

- a. Conduct workshops for all managers, human resources staff and others who have a role in employment on the Department's HIV and AIDS Policy with a particular focus on this section (Prevention, Care and Support of the Education Workforce); and the requirements of the HAMP Act and all related government, legislative and ethical guidelines and policies, including Codes of Conduct.



- b. Establish standard procedures to support employees with chronic or long-term illnesses including HIV. These may include alternative or flexible working arrangements and other arrangements to enable them to receive treatment and comply with treatment regimes.²³
- c. Develop, distribute and make available materials that inform all employees of their rights and responsibilities, and grievance procedures in case of violations of the Department's HIV and AIDS Policy and the HAMP Act.
- d. Appoint employees living with and affected by HIV to jobs in locations where they or their family members can access treatment for HIV and AIDS.
- e. Ensure all pregnant staff and partners have access to antenatal care and provide all staff with information on the importance of the prevention of parent to child transmission.
- f. Review current grievance procedures in the education system and disciplinary procedures for those who have discriminated against an employee for a reason related to HIV. If necessary, establish grievance procedures that respect confidentiality particularly for employees who have experienced HIV-related discrimination. Ensure that all education workplaces enforce zero tolerance and directly address all forms of stigma and discrimination, including those related to HIV and to gender, through monitoring of the implementation of the Teaching Service Act and Education Act and of the handling of incidents that occur.

3.5 Supportive Work Environments

- a. Review systems to maintain the confidentiality of personal information, including all confidential medical information including HIV-related information, of all employees at all levels of the education system.
- b. Educate all education sector employees about: HIV-related stigma and discrimination; living, working with and supporting people living with and those affected by HIV; and the rights and lives of people living with HIV.
- c. Train managers to provide an inclusive and supportive work environment, free from discrimination and mistreatment related to HIV.
- d. Communicate regularly with teachers and other staff living with or affected by HIV to ensure that they are not treated differently from other employees in a way that disadvantages or harms them and that they are not stigmatized.
- e. In cases of discrimination or stigmatisation, work with the institutions and persons concerned to correct the problem and to provide education to prevent a recurrence.
- f. Establish linkages with HIV-related NGOS and the Provincial AIDS Committees to assist with HIV-related programs and use them to assist with resolving workplace problems with HIV-related stigma and discrimination.

3.6 Care and Support for the Education Workforce

- a. Establish linkages with facilities offering voluntary testing and counselling, treatment, care and support services and provide staff with regularly up-dated information about those services and referrals as needed.
- b. Support all teachers and other employees living with or affected by HIV in the national education system to access counselling, support, care and treatment and to comply with its requirements.
- c. Monitor the systems to maintain the confidentiality of personal information, including all medical information, of all employees.

Key strategies for section 4: Managing Education's response to HIV

4.1 Establish Adequate, Supportive Management Structures

- a. Establish a high-level HIV and AIDS Policy Management Committee at the national level to provide corporate leadership, coordinate, monitor and ensure the implementation of this policy.
- b. Establish an HIV and Gender Unit that will be responsible for the day-to-day management and coordination of all work on HIV at the national, provincial and district levels; providing technical guidance and review to divisions and provinces; building capacity for the implementation of the policy;



- mobilizing resources for HIV activities; monitoring and evaluation; and maintaining relationships with stakeholders.
- c. Create and fill adequate staff positions to implement the policy, including a National Coordinator and support staff.
 - d. Establish a formal HIV Team at the national level that will provide day-to-day leadership and coordination and will manage the implementation, monitoring and evaluation of HIV-related activities in their division in collaboration with the HIV and Gender Unit and the HIV and AIDS Policy Management Committee.
 - e. Integrate HIV-related responsibilities into the job descriptions of the relevant existing positions across the Ministry of Education, including all managers and HIV team members.
 - f. Include HIV-related activities in the performance assessment process of key responsible staff and, if possible, in the template for all education employees.
 - g. Establish and appoint HIV Focal Points for the Division of Education at the provincial level and provide them with training to enable them to perform their responsibilities. Most affected provinces may decide to have full-time Provincial HIV Coordinators.
 - h. Ensure that the Provincial HIV Focal Points are active members of the Provincial AIDS Council.
 - i. Educate all provincial staff about their responsibilities to implement this policy and to assist the HIV Focal Points.
 - j. Identify or develop appropriate mechanisms and structures to coordinate and monitor the implementation of the policy at provincial, district, college and school levels.
 - k. Issue a circular on the policy that informs all national staff of the need to have their HIV-related proposals, projects and publications reviewed for technical accuracy and signed off by the senior staff and/or technical adviser of the HIV and Gender Unit and other key changes in the policy of which they need to be aware.
 - l. Establish and fill a position at the national level to organise and manage programs for most vulnerable children.

4.2 Undertake Planning and Budgeting

- a. Ensure that HIV is included in all education plans at the national, provincial, district and school levels.
- b. Undertake annual planning of HIV activities within the Department of Education at the national, provincial, district and school levels.
- c. Undertake annual planning with partners, such as NGOs and churches, working on HIV in the education system.
- d. Budget adequate funds for the implementation of the HIV and AIDS policy at the national, provincial, district and school levels.
- e. Monitor and report on the amount of funds allocated and spent on the implementation of the HIV and AIDS Policy in the Department of Education annually.
- f. Seek and advocate for adequate resources from the Government of PNG, stakeholders and donor agencies to support the implementation of this policy.

4.3 Support the Implementation of the Policy

- a. Develop and publish a national implementation plan for this policy with indicators and targets to measure progress.
- b. Develop and distribute the guidelines for the implementation and monitoring of the policy in all Department of Education workplaces, including guidelines for the national, provincial and school and college level. Guidelines will identify the different roles and responsibilities of the various stakeholders.
- c. Conduct information sessions and workshops on this policy and its implementation plan, the HAMP Act and the Lukautim Pikini Act for provincial officials, Department of Education employees, partners and stakeholders.
- d. Provide training and support to key personnel at the national and provincial level to ensure they have the understanding and capacity to implement the policy.
- e. Develop and enact implementation plans to address the HIV epidemic at the provincial, district and schools levels that are consistent with this policy and its national implementation plan and include indicators and targets.



- f. Report on the implementation of the policy in the annual reports of all levels of the national education system and copy these reports to the national HIV and Gender Unit and Provincial AIDS Committees.
- g. Report on the education sector's activities to address HIV to the National AIDS Council Secretariat.
- h. Make reports accessible to stakeholders and the public.

4.4 Undertake Monitoring, Evaluation and Research

- a. Collect and analyse information and report on the implementation of this policy in the national education system in partnership with relevant agencies and all stakeholders.
- b. Support and organize the collection and analysis of HIV program data needed by NACS and by the HIV and Gender Unit to measure the progress towards targets in the implementation plan.
- c. Coordinate and collaborate with other stakeholders on research related to HIV and education.
- d. Disseminate and share the results of any research conducted within the national education system to all stakeholders.
- e. Monitor and evaluate the implementation of the policy at all levels of the national education system with relevant agencies.
- f. Use the results of monitoring and research for future planning, resource allocation and management.

4.5 Undertake Advocacy, Communication and Public Education about the Policy

- a. Publish and distribute the policy and implementation plan to all leaders, managers and stakeholders in the national education system.
- b. Undertake activities to ensure that all of those who are responsible for implementing the policy understand its content and their roles and responsibilities at the national provincial, district, college and school level.
- c. Advocate for and educate school staff, school boards, parents and communities about the policy and the need for HIV prevention and care at the school level.
- d. Include HIV and AIDS on the agenda of all meetings, conferences, workshops and in-services of the national education system.

4.6 Develop and Sustain Partnerships

- a. Encourage sectoral and development partners to participate in the implementation of this policy in accordance with their roles and responsibilities.
- b. Issue a circular to other government authorities, such as the Department of Health, the Department of Community Development, the National AIDS Council Secretariat and Provincial AIDS Committees, indicating what partnerships are required.
- c. Work closely with the National AIDS Council Secretariat and other government and non-government organisations in support of the multi-sectoral response to HIV.
- d. Work closely with Igat Hope and their network of people living with HIV groups to engage them in the education sector response to HIV.
- e. Support current and former teachers living with HIV to network with each other, provide peer support to each other and to engage in the education sector response to HIV.
- f. Participate in the development of Provincial Annual Activity Plans for HIV coordinated by the Provincial AIDS Committees.

4.7 Review the policy

- a. Review and up-date this policy in 2016 to ensure it remains current and relevant to the needs of the education system and the trends of the epidemic. Involve people who designed the policy, implementers and stakeholders in the review of the policy.



Definitions of Key Terms

Acquired Immune Deficiency Syndrome (AIDS): A cluster of medical conditions, often referred to as opportunistic infections and/or cancers, which are the result of HIV having broken down the body's immune system, and for which, to date, there are treatments but, no cure.

Caregiver: A person who has assumed responsibility for the day-to-day care of a child.

Child: A person under the age of 18 years.

Child in need of protection: Any child who is at risk of being abused or who is experiencing violence, abuse, neglect or exploitation.

Confidential: Done or communicated in private with trust or faith that the person will keep the information a secret.

Discrimination: Treating a person differently from other people in a way that disadvantages him or her based on a particular characteristic of that person, in this case their HIV status or presumed HIV status, including discrimination on the grounds of sexual orientation or behaviour.

Gender: Socially determined differences between men and women, such as differences in social roles, norms and relations. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are affected by age, class, race, ethnicity and religion, and by the geographical, economic and political environment.

Human Immunodeficiency Virus (HIV): A virus that damages the human immune system, ultimately resulting in AIDS if left untreated.

Intentional transmission: A person who knows that he or she is HIV positive who does not take all reasonable care to prevent transmission to other people, including not informing an intended sexual partner that they have HIV, not informing a person with whom they intend to share an instrument that pierces the skin, such as a needle or tattooing instrument of their HIV status, and not using condoms when having sexual intercourse.

Key populations at higher risk: Groups of people who share a common HIV risk behaviour and often another defining characteristic, for example selling sex, where there is an increased risk of HIV infection. In PNG, key populations at higher risk are: women and men involved in sex work and transactional sex; men who have sex with men; migrant workers and enclave workers; prisoners; and mobile men with money, such as public servants, police, politicians, landowners, cash crop buyers and sellers, transport sector workers, and businessmen.²⁴

Learning institution: Schools, colleges, universities and other institutions that provide education or training, other than an institution that is conducted for private purposes, is not open to the public, or is not intended to give qualifications for public recognition.

Mainstreaming HIV in education: To integrate HIV into the regular work of all parts of the national education system (e.g. its divisions, branches, teaching and other institutions) according to their responsibilities so that it becomes the responsibility and regular work of all rather than a separate program that is the responsibility of only a few staff.

Person affected by HIV: A person whose life has been changed in any way by HIV and AIDS.

Person living with HIV: A person who is infected with HIV.



Post-exposure prophylaxis: Preventive measures taken after someone has been exposed to an infectious agent. For HIV, medicines that are taken immediately after a person may have come in contact with HIV that make it less likely that they will become infected with the virus.

Reasonable accommodation: Any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment.

Screening: Measures whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication.

Sex: Biological differences between men and women.

Sexual debut: The first time a person has sexual intercourse.

Sexually transmitted infections (STIs): Infections that are primarily transmitted through sexual behaviour. They include, among others, syphilis, chancroid, chlamydia, and gonorrhoea.

Stigma: A powerful, negative social label that radically determines the way individuals view themselves and are viewed by others.

Stigmatisation: To do or say something in public to cause or encourage people to hate or ridicule another person or a group of people, in this case people living with or affected by HIV.

Sub-national level: The provincial, district and local government levels; or generally, places outside of Port Moresby.

Termination of employment: Dismissal from work at the initiative of the employer.

Universal precautions: A simple standard of infection control practices to be used to minimize the risk of blood-borne pathogens, such as HIV.

Vulnerability: Social or economic circumstances, societal pressures, cultural practices or norms, or work situations that make people more susceptible to the risk of infection.

Workplace (for the education sector): Any non-domestic place where someone undertakes education sector work. This includes corridors and staircases that are part of a school or building or place that has facilities that are used as a part of education sector work.



References and Notes

- ¹ UNAIDS (2011). *UNAIDS Terminology Guidelines, Revised Version October 2011*. Geneva, Switzerland.
- ² National Department of Health, STI, HIV and AIDS Surveillance Unit, *The 2010 STI, HIV and AIDS Annual Surveillance Report* (Port Moresby, Papua New Guinea: Department of Health, 2012) 7.
- ³ National Department of Health, STI, HIV and AIDS Surveillance Unit, *The 2010 STI, HIV and AIDS Annual Surveillance Report* (Port Moresby, Papua New Guinea: Department of Health, 2012) 10.
- ⁴ National Department of Health and the National AIDS Council Secretariat, *Papua New Guinea HIV prevalence: 2010 Estimates* (Port Moresby, Papua New Guinea: Department of Health, 2011)
- ⁵ Kelly, A., Kupul, M., Man, W.Y.N., Nosi, S., Lote, N., Rawstorne, P, Halim, G., Ryan, C. & Worth H. (2011). *Askim na save (Ask and understand): People who sell and/or exchange sex in Port Moresby. Key Quantitative Findings*. Papua New Guinea Institute of Medical Research and the University of New South Wales: Sydney, Australia.
- ⁶ National Department of Health, STI, HIV and AIDS Surveillance Unit, *The 2010 STI, HIV and AIDS Annual Surveillance Report* (Port Moresby, Papua New Guinea: Department of Health, 2012) 11.
- ⁷ See Lukautim Pikinini (Child) Act 2009, Section XVI, paragraph 133, III-Treatment of Children, page 66.
- ⁸ Studies of the effects of condom distribution on sexual behaviour have found that the distribution of condoms does not result in earlier intercourse, more acts of intercourse or more partners. In fact, research results indicate that sexual activity overall is reduced. (Smoak, N.D., et al, (2006). *Sexual Risk Reduction Interventions Do Not Inadvertently Increase the Overall Frequency of Sexual Behaviour: A Meta-analysis of 174 Studies with 116,735 Participants*, Journal of Acquired Immune-deficiency Syndrome 2006; 41: 374-384.)
- ⁹ Measures for students are described in *Behaviour Management: A guide for schools*, pages 64-65.
- ¹⁰ See *Protection, Care and Support for Children Vulnerable to Violence, Abuse, Exploitation and Neglect in the Context of the HIV Epidemic in Papua New Guinea: 4 Year National Strategy 2008-2011*, pages 25-26 for definitions.
- ¹¹ Section 20 of the HAMP Act specifies that a person providing treatment, care or counselling services to a person with HIV may tell a sexual partner of the person who has HIV, IF: a) requested to do so by the person with HIV; b) if the person with HIV has not changed their behaviour after counselling and has refused to tell their sexual partners themselves or c) there is a real risk that their sexual partner will become infected with HIV.
- ¹² Independent State of Papua New Guinea, *Public Service General Orders*, (Port Moresby, Papua New Guinea: 1 October 2007).
- ¹³ Independent State of Papua New Guinea, *Public Service (Management) Act 1995 (Consolidated to No. 24 1998)*, (Port Moresby, Papua New Guinea: 1998).
- ¹⁴ Independent State of Papua New Guinea, *Teaching Service Act 1988 (Consolidated to No. 20 of 1995)*, (Port Moresby, Papua New Guinea: 1995).
- ¹⁵ Independent State of Papua New Guinea, *Education Act 1983 (Consolidated to No. 13 of 1995)* (Port Moresby, Papua New Guinea: 1995).
- ¹⁶ Mandatory testing is illegal according to the HAMP Act.
- ¹⁷ Independent State of Papua New Guinea, *Public Service (Management) Act 1995 (Consolidated to No. 24)* (Port Moresby, Papua New Guinea: 1998).
- ¹⁸ Independent State of Papua New Guinea, *Public Service General Orders* (Port Moresby, Papua New Guinea: 1 October 2007).
- ¹⁹ Independent State of Papua New Guinea, *Teaching Service Act 1988 (Consolidated to No. 20 of 1995)* (Port Moresby, Papua New Guinea: 1995).
- ²⁰ Independent State of Papua New Guinea, *Education Act 1983 (Consolidated to No. 13 of 1995)* (Port Moresby, Papua New Guinea: 1995).
- ²¹ See footnote 7 for details on informing sexual partners.
- ²² Depending on the circumstances of the province, these services may include: reproductive and sexual health information and services; voluntary counselling and testing; post-exposure prophylaxis; medical care for HIV and AIDS, such as antiretroviral therapy; HIV and sexual assault counselling; grief and bereavement counselling; counselling for positive living; and care and support services, such as home-based care.
- ²³ Refer to Department of Education Flexible Employment Policy.
- ²⁴ National AIDS Council of Papua New Guinea, *Papua New Guinea National HIV and AIDS Strategy 2011-2015* (Port Moresby, Papua New Guinea: 2010) 63.