

IMPROVING ACCESS AND OUTCOMES THROUGH THE INTEGRATION OF VERTICALLY FUNDED HIV SERVICES RUN BY CHURCH HEALTH SERVICES INTO NATIONAL PRIMARY HEALTH CARE STRUCTURES IN PAPUA NEW GUINEA.

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Background/Purpose: Many HIV testing and treatment centres in Papua New Guinea (PNG) are funded by external donors, run by non-government organizations including the church health services, and operate as standalone HIV clinics. Reductions in external aid funding mechanisms necessitate the structural and financial integration of stand-alone HIV services into sustainable national health systems. This approach has proven to increase the access and reach of HIV services.

Approach: The *Sexual and Reproductive Health Integration Project (SRHIP)* aims to integrate 24 stand-alone HIV services run by Catholic and Anglican health service providers, distributed throughout eighteen provinces, into broader nationally supported primary health care systems within three years. The scope and quality of services at each site are being assessed, with probable enablers and barriers to integration identified. Project staff then meet with Health Managers of each site to develop integration proposals that will be considered by the relevant dioceses or health authorities. Different integration modalities, or other sustainable options, may be required at different sites.

Outcomes/impact: The transition builds on strengths of current facility operations and increases quality, scale-up and efficiency for long-term sustainability. This will increase access to testing and treatment for priority populations, ensure continued treatment for at least 10,000 PLHIV, and enable better ongoing support for their sexual and reproductive health.

Innovation and significance: Changes to the funding environment for HIV responses globally, along with advances in treatment and technology, demand innovative approaches to continued efficient and sustainable delivery of essential Sexual and Reproductive Health services. Ensuring patients, particularly those from priority populations, are consulted and engaged throughout changes to health systems enables their literacy to navigate altered structures. This minimizes loss to follow-up and patient drop-out. The solutions will be neither linear nor short-term, and will need to be developed with reference to the whole health system.