

Country progress report - Papua New Guinea

Global AIDS Monitoring 2019



the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the needs of older people, and the UK Government has set out a strategy for the 21st century (Department of Health 2001). The strategy is based on the principle of 'active ageing', which is defined as 'the process of optimising opportunities for health, participation in society and security in old age' (Department of Health 2001, p. 1).

The strategy is based on three pillars: health, participation and security. The Department of Health has set out a number of objectives for each pillar, and has identified a number of key areas for action. The key areas for action are: health, participation, security, and the environment (Department of Health 2001).

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- X. AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Overall

Fast-track targets

Progress summary

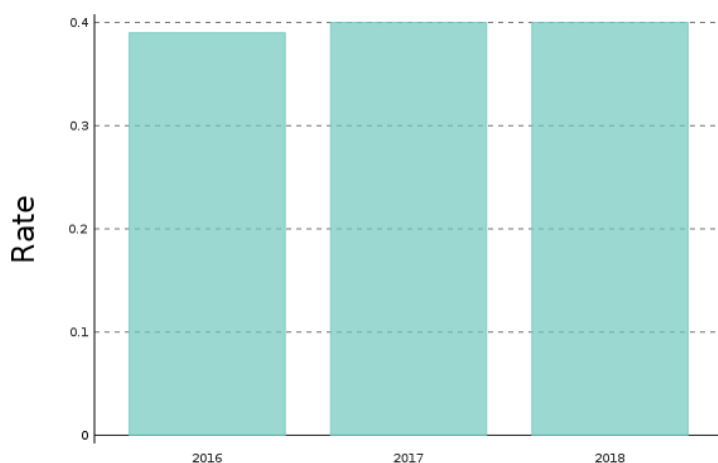
The epidemic in Papua New Guinea can be best described as a mixed epidemic, with sexual transmission as the primary mode of transmission. More populous urban areas carry disproportionately more prevalent HIV infection in key populations (sex workers, MSM and transgender people) and rural areas, characterised by geographical 'hotspots', are more likely to have epidemics fuelled by high levels of (unprotected) sexual activity with high sexual partner turnover and concurrency.

In Papua New Guinea the current national prevalence of HIV in 2018 was estimated at 0.83 percent with approximately 47,412 people currently living with HIV. The previous estimates though based on limited data had lower HIV prevalence in 2015 (0.8%) and much higher prevalence in 2016 (0.89) compared to 2017 which was 0.9%. Data suggests that the PNG epidemic is largely concentrated in the four Highlands provinces along with National Capital District, and Manus province where HIV prevalence has increased 0.75% in 2017 to 1.18% in 2018. However, data of specific provinces should be used with caution as lot of mobility happens particularly within highland provinces and the neighboring provinces of NCD where people access services irrespective of their usual place of residence.

The recently conducted Integrated Bio-Behavioral Survey (IBBS) among female sex workers and males having sex with males in the capital city Port Moresby recorded a prevalence of 14.9 and 8.5 percent respectively with low condom use. HIV Prevalence amongst FSW in Lae and Hagen were 11.9% and 19.6% respectively.

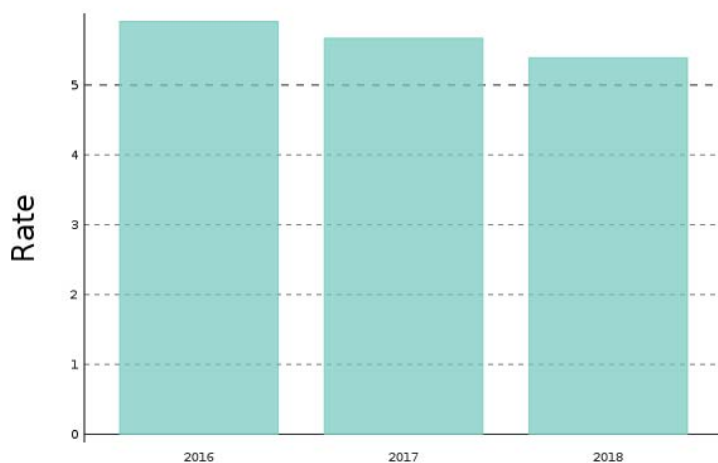
3.1 HIV incidence rate per 1000, Papua New Guinea (2016-2018)

Number of people newly infected with HIV in the reporting period per 1000 uninfected population



1.7 AIDS mortality per 100.000, Papua New Guinea (2016-2018)

Total number of people who have died from AIDS-related causes per 100 000 population



HIV testing and treatment cascade

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

The country has made great progress in increasing the number of PLHIV on treatment. Out of the 47,412 estimated PLHIV in PNG, there are about 29,420 PLHIV currently on treatment, which gives a coverage of 62% compared to 59% in 2017. Overall the Coverage for ART has increased from 52%, 59% to 62% in 2016, 2017 and 2018 respectively.

The ARV programme has been rolled out in all 22 provinces with 166 health facilities now providing ARV by populations compared to 120 in 2017. The HIV Patient database (HPDB) has increased 17 to 31 , improving the quality of patient care and enhancing patient monitoring. The new care and treatment guidelines have been approved for test and treat and are being implemented.

The challenges in monitoring of patients to improve retention are now being addressed through the improvements done in the electronic patient database for better tracking of the patients while community based organizations are strengthening the peer networks and using it for enhancing patient retention. Viral load monitoring is done only in the capital city, being rolled out to four major ART sites. Viral load testing has started in NCD. The limited data from these sites shows a viral load suppression between 70-80%. VL testing rollout in PNG is planned.

Policy questions (2018)

Is there a law, regulation or policy specifying that HIV testing:

a) Is mandatory before marriage

No

b) Is mandatory to obtain a work or residence permit

Yes

c) Is mandatory for certain groups

Yes

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

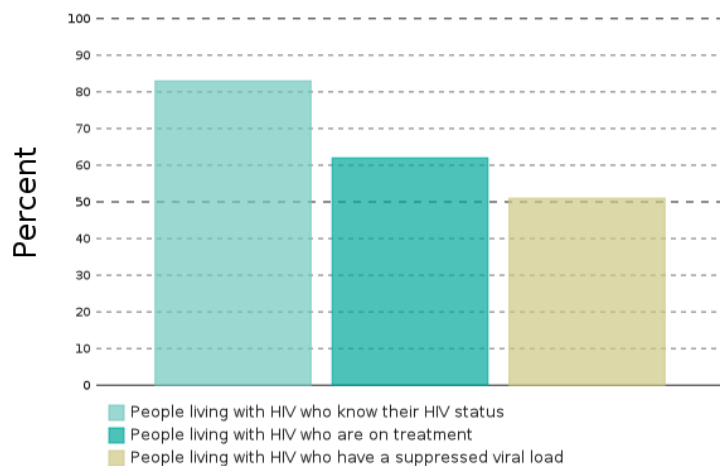
a) For adults and adolescents

Yes, fully implemented

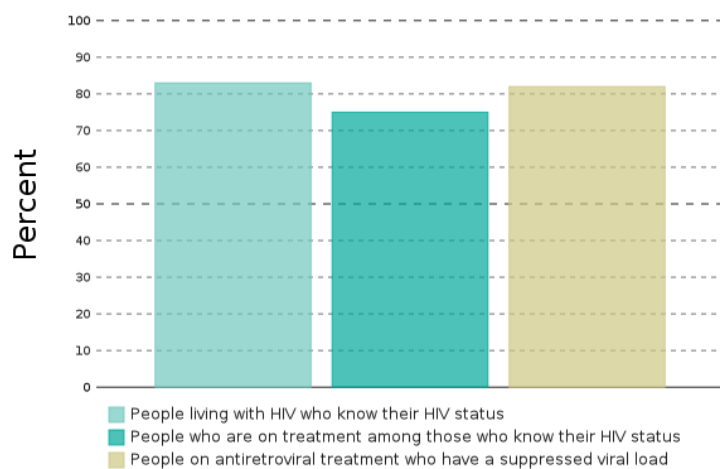
b) For children

Yes, fully implemented

HIV testing and treatment cascade, Papua New Guinea (2018)

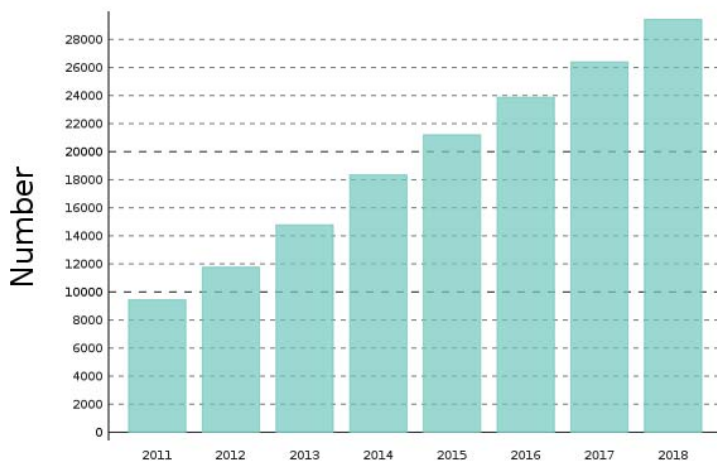


Progress towards 90-90-90 target, Papua New Guinea (2018)



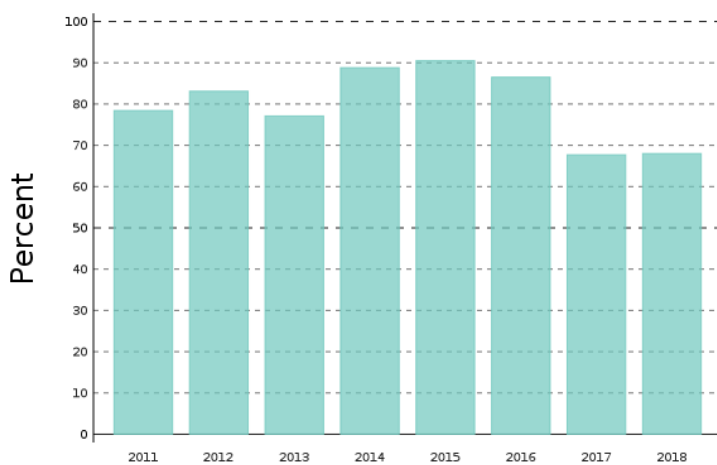
1.2 People living with HIV on antiretroviral therapy, Papua New Guinea (2011-2018)

Number of people on antiretroviral therapy at the end of the reporting period



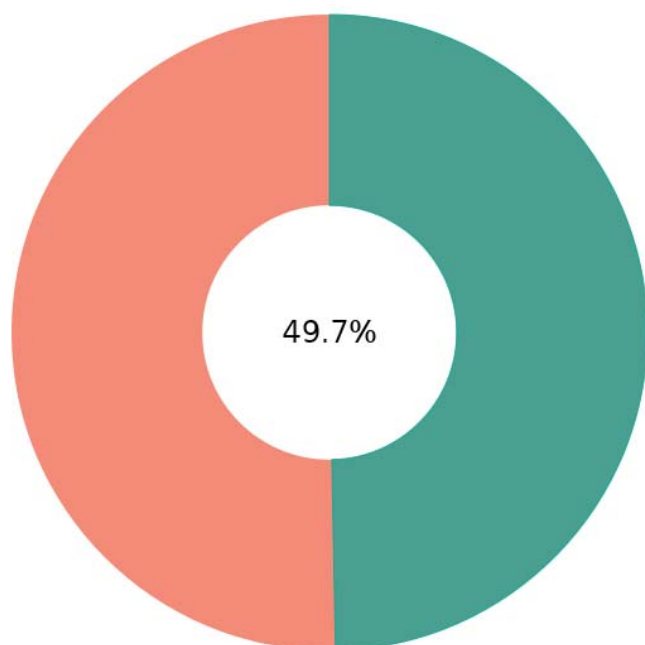
1.3 Retention on antiretroviral therapy at 12 months, Papua New Guinea (2011-2018)

Percentage of adults and children living with HIV known to be on antiretroviral therapy 12 months after starting



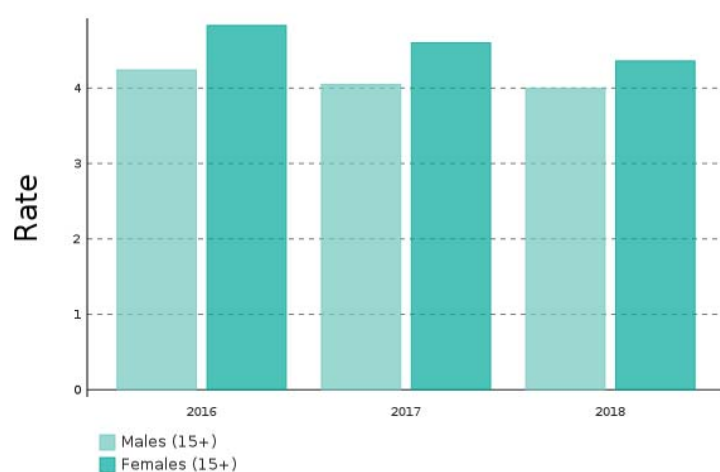
1.5 Late HIV diagnosis, Papua New Guinea (2018)

Percentage of people living with HIV with the initial CD4 cell count <200 cells/mm³ during the reporting period



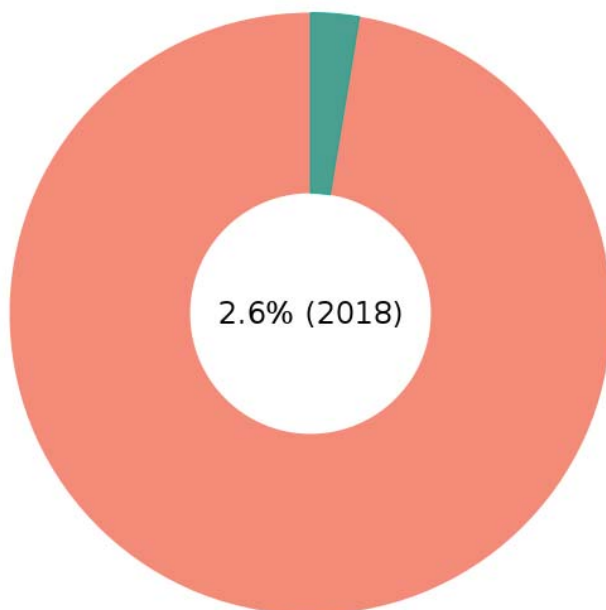
1.7 AIDS mortality rate per 100 000, Papua New Guinea (2016-2018)

Total number of people who have died from AIDS-related causes per 100 000 population



1.8 HIV testing volume and positivity, Papua New Guinea

Percentage of HIV -positive results returned to people (positivity) in the calendar year



Number of HIV tests conducted = 219 545

Prevention of mother-to-child transmission

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

While significant progress has been made in the management of the HIV in the country, the PPTCT program still has many challenges. In total, ANC coverage for at least four visits was 55% and 53% of all births are delivered where delivered by a skilled health personnel (UNICEF - <https://data.unicef.org/country/png/>). Not all babies born in PNG have contact with the primary health care system in ANC, during labour or the post-natal period. However, it remains very important for the HIV/AIDS and STIs program to ensure that all mothers presenting to health facilities have access to high-quality PPTCT services. This is a crucial area that needs strengthening if PNG is going to succeed in ensuring an HIV free generation.

A total of 71 748 women were tested for HIV in ANC and labour ward in 2018. Of these, 566 (0.8%) were confirmed HIV positive. The proportion of pregnant women that are receiving ART for PPTCT has been steadily rising over the recent years. Between 2010 and 2018, PPTCT coverage has increased from 6% to 68% respectively. This is largely due to the success in the decentralization of ART services.

Despite these notable successes, a large number of pregnant HIV positive women fail to get ART after presenting to health facilities. There is an urgent need to close the taps and ensure that all HIV positive pregnant women access ART. Most mothers are likely to be highly motivated to take ART because they do not want to transmit HIV to their unborn child. The program needs to avail PPTCT services to such women and in so doing help the country move slowly towards the elimination of vertical transmission.

All exposed infants are expected to have the early-infant diagnosis (EID) of HIV done between 4 – 6 weeks or at the earliest opportunity thereafter. This is because mortality for HIV infected children is highest during the first few years of life. Early identification of those infected and prompt initiations on ART is very important for the program as it helps minimize mortality.

In PNG, the coverage of EID for exposed infants has been fluctuating and has declined over the last three years. In 2017, only 35% of the exposed infants had EID done. This poor coverage can be attributed to several issues mostly related to poor awareness among HCWs,

logistical challenges in sending DBS samples or receiving results on time. Some communities are also very remote and difficult to access which makes it difficult for HCWs to adequately monitor the mother-baby pair. In addition to all this, the surveillance system currently in place to record and report PPTCT is weak and needs strengthening. The program also needs more support and commitment from all stakeholders to strengthen its coordination role and address these challenges.

Policy questions (2018)

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

Yes

Target(s) for the mother-to-child transmission rate and year: -

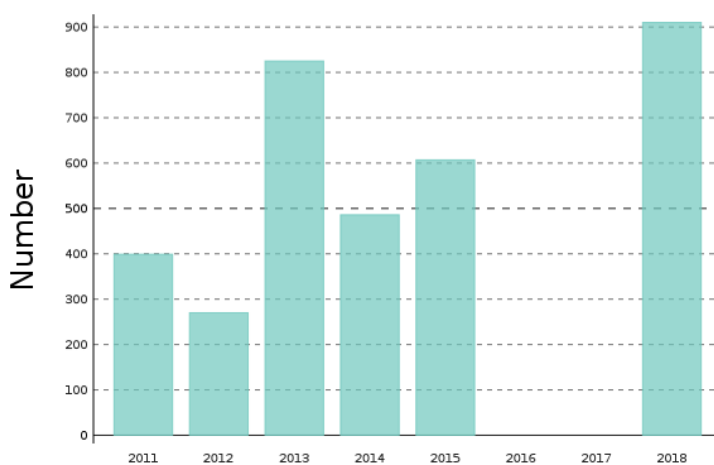
Elimination target(s) (such as the number of cases/population) and year: -

Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat all, regardless of age; Implemented countrywide (>95% of treatment sites)

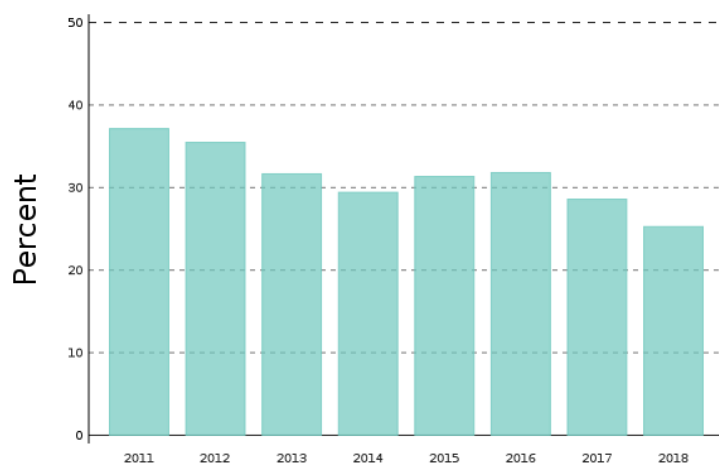
2.1 Early infant diagnosis, Papua New Guinea (2011-2018)

Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



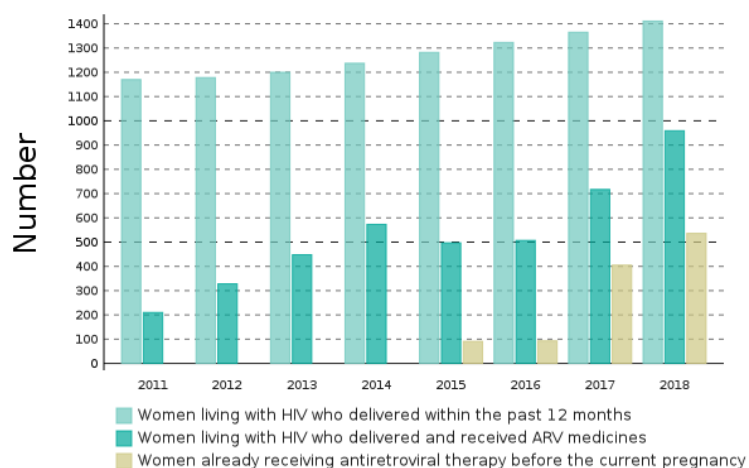
2.2 Mother-to-child transmission of HIV, Papua New Guinea (2011-2018)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



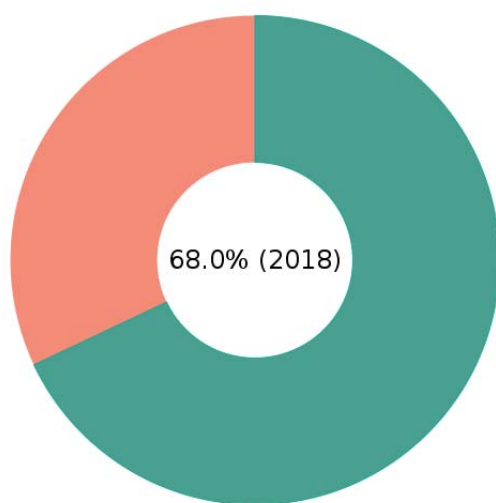
2.3 Preventing mother-to-child transmission of HIV, Papua New Guinea (2011-2018)

Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



2.3 Preventing mother-to-child transmission of HIV, Papua New Guinea (2017-2018)

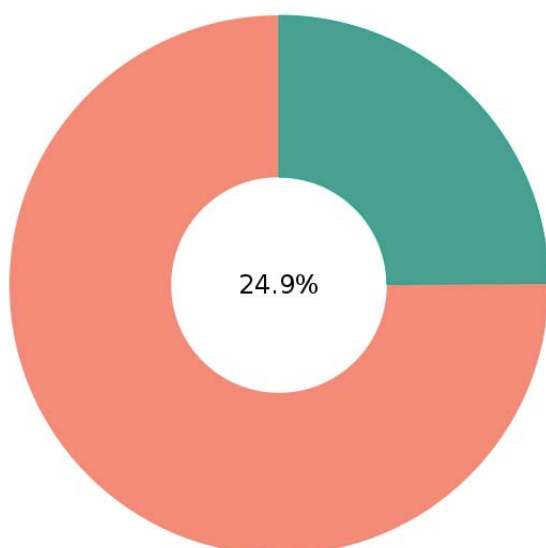
Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



↑ 52.54% (2017)

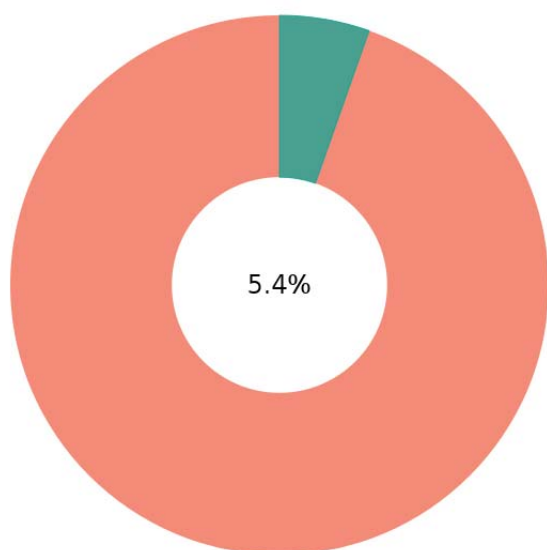
2.4 Syphilis among pregnant women, Papua New Guinea (2018)

Percentage of pregnant women tested for syphilis



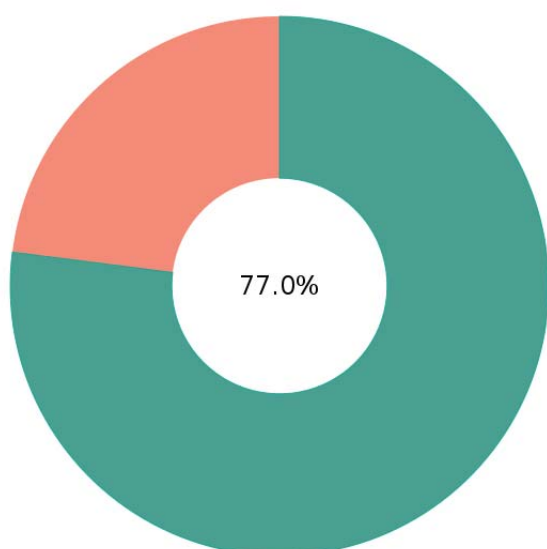
2.4 Syphilis among pregnant women, Papua New Guinea (2018)

Percentage of pregnant women tested positive for syphilis



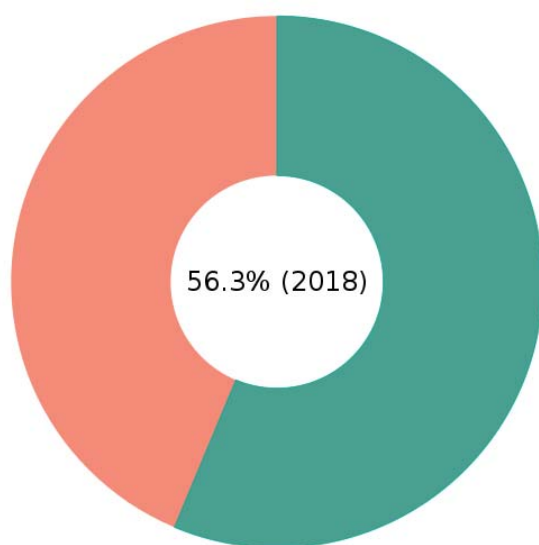
2.4 Syphilis among pregnant women, Papua New Guinea (2018)

Percentage of pregnant women on treatment among those who tested positive



2.6 HIV testing in pregnant women, Papua New Guinea (2017-2018)

Percentage of pregnant women with known HIV status



↑ 0% (2017)

HIV prevention; Key populations

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

The country has a considerable epidemic among key populations (Sex Workers (SWs), men who have sex with men (MSM), and Transgender (TG)) for which only limited data is available. Targeted Integrated Biological Behavioural Surveillance Surveys (IBBS) among female sex workers and men who have sex with men including TG populations, were carried out in three sites in PNG: Port Moresby, Lae and Mt.Hagen. The results of these studies have shown that the HIV prevalence among the FSWs in POM were 14.9%, Lae 12.9% and Mt Hagen 19.6%. HIV prevalence among MSM/TGs in Port Moresby and Lae were 8.5% and 7.1% respectively.

Global Fund and PEPFAR focused intervention among key populations in 5 high burden provinces since 2015. In the GF supported KP interventions 4,693 FSW, 1042 MSM, and 170 TGs reached through peer outreach and in PEPFAR supported KP programme reached 5,066 key populations, 5203 receiving testing services and results, 372 newly enrolled in care, 316 newly initiated ART and 250 receiving GBV care in 2016.

Policy questions: Key populations (2018)

Criminalization and/or prosecution of key populations

Transgender people

Neither criminalized nor prosecuted

Sex workers

Selling sexual services is criminalized, Buying sexual services is criminalized, Ancillary activities associated with selling sexual services are criminalized, Ancillary activities associated with buying sexual services are criminalized, Profiting from organizing and/or managing sexual services is criminalized, Other punitive and/or administrative regulation of sex work

Men who have sex with men

Yes, penalty not specified

Is drug use or possession for personal use an offence in your country?

Drug use or consumption is specified as a criminal offence, Possession of drugs for personal use is specified as a criminal offence

Legal protections for key populations

Transgender people

Other non-discrimination provisions specifying gender diversity

Sex workers

-

Men who have sex with men

-

People who inject drugs

-

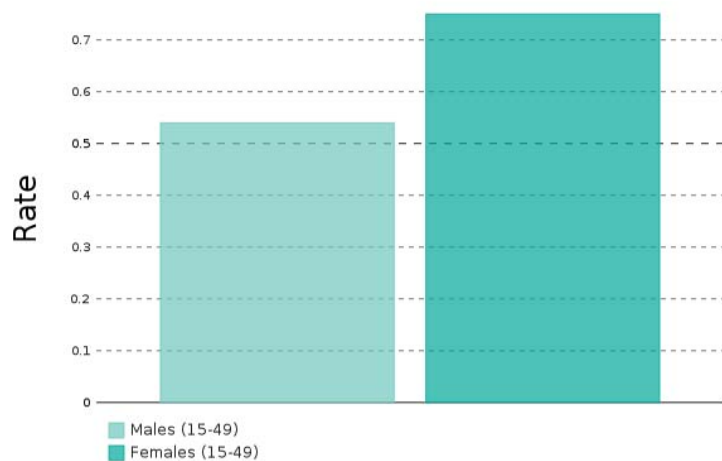
Policy questions: PrEP (2018)

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

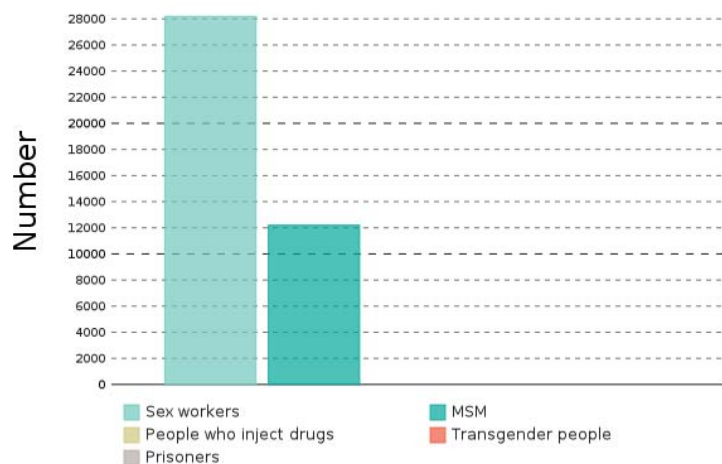
Yes, PrEP guidelines have been developed but are not yet being implemented

3.1 HIV incidence rate per 1000, Papua New Guinea (2018)

Number of people newly infected with HIV in the reporting period per 1000 uninfected population

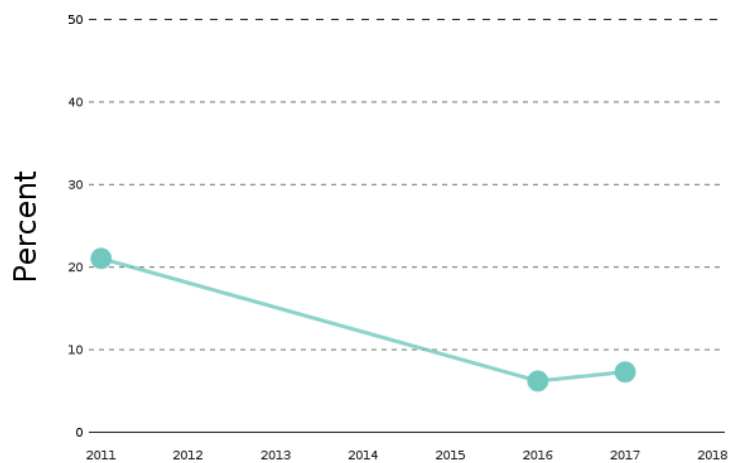


3.2 Estimates of the size of key populations, Papua New Guinea



3.11 Active syphilis among sex workers, Papua New Guinea (2011-2018)

Percentage of sex workers with active syphilis



Gender; Stigma and discrimination

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

The Government of Papua New Guinea recently launched the country's first national strategy to prevent and respond to Gender Based Violence (GBV).

The National Strategy to Prevent and Respond to Gender Based Violence, 2016-2025 provides a roadmap to guide an inclusive government-led approach in implementing all legislation, policies and programmes and was recently launched in the presence of government officials, donors, NGOS and stakeholders. It is expected that the HIV programme will significantly benefit out of the strategy to prevent all forms of violence against PLHIV and key populations.

Policy questions (2018)

Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV

Yes

Does your country have legislation on domestic violence*?

Yes

What protections, if any, does your country have for key populations and people living with HIV from violence?

General criminal laws prohibiting violence

Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population

Programmes to address intimate partner violence*

Programmes to address workplace violence

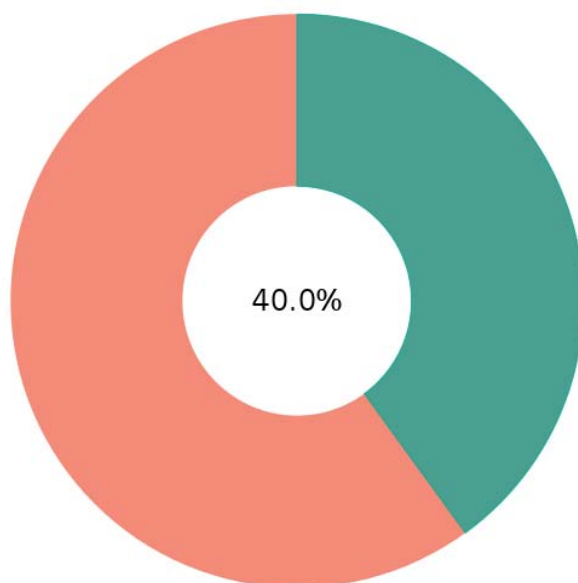
Interventions to address police abuse

Interventions to address torture and ill-treatment in prisons

Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

Yes, policies exists and are consistently implemented

Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



Knowledge of HIV and access to sexual reproductive health services

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

PNG lacks specific programs targeting young / adolescent girls.

Policy questions (2018)

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:

a) Primary school

Yes

b) Secondary school

Yes

c) Teacher training

Yes

Social protection

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Policy questions (2018)

Does the country have an approved social protection strategy, policy or framework?

Yes, and it is being implemented

a) Does it refer to HIV?

No

b) Does it recognize people living with HIV as key beneficiaries?

No

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

Yes

d) Does it recognize adolescent girls and young women as key beneficiaries?

Yes

e) Does it recognize children affected by HIV as key beneficiaries?

Yes

f) Does it recognize families affected by HIV as key beneficiaries?

Yes

g) Does it address the issue of unpaid care work in the context of HIV?

Yes

Community-led service delivery

Ensure that at least 30% of all service delivery is community-led by 2020

Progress summary

The Government of Papua New Guinea recently launched the country's first national strategy to prevent and respond to Gender Based Violence (GBV).

The National Strategy to Prevent and Respond to Gender Based Violence, 2016-2025 provides a roadmap to guide an inclusive government-led approach in implementing all legislation, policies and programmes and was recently launched in the presence of government officials, donors, NGOs and stakeholders. It is expected that the HIV programme will significantly benefit out of the strategy to prevent all forms of violence against PLHIV and key populations.

Policy questions (2018)

Does your country have a national policy promoting community delivery of antiretroviral therapy?

No

What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

Empowerment and access to justice

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

UNAIDS, UNFPA and the Parliamentary Working Group on Population and Sustainable Development, the Safe Motherhood Alliance of PNG, the PNG Development Law Association, the MSM/TG national umbrella organizations (Kapul Champions, Friends Frangipani), are supporting an initiative to review and potentially address legal impediments to accessing essential services for sex workers. In 2016, UNAIDS distributed respective Information, Education and Communication (IEC) materials for Parliament and a Bill submission and the Law repeal for legalizing sex work in PNG. However, the submission was never approved.

UNAIDS assisted Civil Society engagement through forming a PNG NGOs Coalition, supported the Key Population Community in seeking and altering the new funding sources, brokered a partnership with PNG Government body, National Capital District Commission (NCDC), drafted proposal for more than 100,000 USD to receive NCDC support to KP networks and the Development Lawyers Association to implement the key interventions aimed on creating demand for service and an enabling environment for the protection of the human right to Health, HIV/AIDS treatment, sexual and reproductive health, women rights, and access to free legal service for their peers.

Policy questions (2018)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at scale at the national level

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

Ombudsman Commission,NACS,Human Rights Commission,Office of the Public Prosecutor,NDoH,Human Rights Track

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

Complaints procedure

Mechanisms of redress

Procedures or systems to protect and respect patient privacy or confidentiality

What barriers in accessing accountability mechanisms does your country have, if any?

Mechanisms do not function

Awareness or knowledge of how to use such mechanisms is limited

AIDS out of isolation

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

The country has prioritized TB/HIV linkages in the 9 high TB burden provinces. In 2018, among 26,316 TB cases notified 14,770 were tested for HIV (56.1%). Among those tested 1,104 were found HIV positive (7.5%) and 4905 of them (82%) were put on ART. Data from the HPDB sites (31) shows that in 2018, of the 3,074 newly enrolled PLHIV, 370 (12%) were started on IPT.

Policy questions (2018)

Is cervical cancer screening and treatment for women living with HIV recommended in:

a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

Yes

b) The national strategic plan governing the AIDS response

No

c) National HIV-treatment guidelines

Yes

What coinfection policies are in place in the country for adults, adolescents and children?

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis

Hepatitis B screening and management in antiretroviral therapy clinics

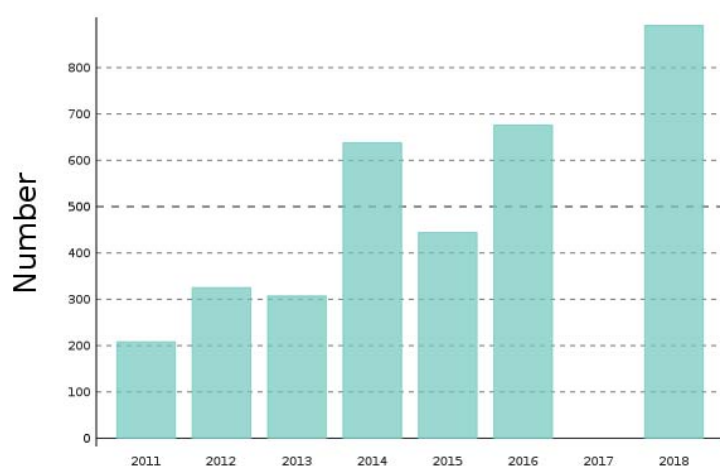
Hepatitis C screening and management in antiretroviral therapy clinics

Hepatitis B vaccination provided at antiretroviral therapy clinics

Hepatitis C treatment (direct-acting antiviral agents) provided in antiretroviral therapy clinics

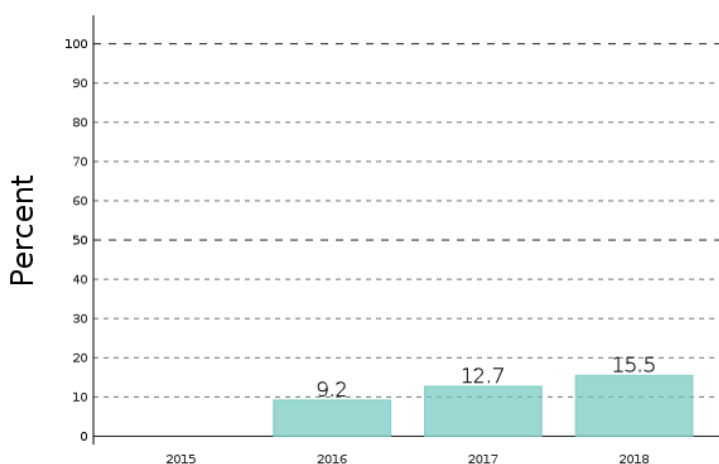
10.1 Co-managing TB and HIV treatment, Papua New Guinea (2011-2018)

Percentage of estimated HIV-positive incident tuberculosis (TB) cases (new and relapse TB patients) that received treatment for both TB and HIV



10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Papua New Guinea (2015-2018)

Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period



10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Papua New Guinea (2015-2018)

Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period

