I. THE CURRENT SITUATION

Epidemiology

- The official estimated size of the combined MSM and TG population is unknown, as no proper size estimation studies have been conducted. The PNG National AIDS Council reported in 2008 that the estimated population size was 3000. *(Reference: 15)*

- The country-wide HIV prevalence rate for MSM and TG is reported as 4.3% in the 2010 UNGASS report. It has also been reported that 0.2% of total report HIV cases were in MSM. In more than half of the HIV cases, the route of transmission is unknown. *(3,19,22,23)*

- The HIV prevalence in MSM is 2.6 times higher than the general population prevalence rate of 1.5%-1.8%. The general population prevalence is predicted to rise to 10% in the adult population by 2015. PNG is considered to have a generalized HIV epidemic. *(6,15,19,23)*

- PNG accounts for approximately 99% of the HIV cases in the Pacific Islands. *(7)*

- In a 2005 study of 223 MSM in Port Moresby, high rates of STIs were found. These included: 27.9% had urethral discharge, 23.9% had genital ulcers, 9.3% had anal discharge, and 9.5% had anal ulcers. *(20)*

Behaviour, Knowledge and Social Research relating to HIV

- In 2005, 92% of 223 MSM in Port Moresby had sex with another man in the past month and 65.7% reported multiple anal sex partners in the past month. *(20)*

- PNG UNGASS reports indicated that the percentage of MSM who used a condom at the last occasion of anal sex with a male partner decreased from 88% in 2008 to 51.4% in 2010. *(15,23)*

- The data on consistent condom use is mixed. The 2005 study of 223 MSM found only 16.3% consistently used condoms with non-paying male partners. A 2005 NGO study found that 34.8% used condoms consistently with male sex workers. However, other figures are higher, such as 71% with regular paying male clients, 77% with one-time paying male clients, 68% with non-paying sex partners, and 58% with women. *(11,12,20)*

- PNG UNGASS reports indicated that the proportion of MSM tested for HIV in the previous 12 month and who knew their result increased from 41.67% in 2008 to 67% in 2010. In 2008, the testing rate was lower for MSM under 25 (39.15%) than for men aged 25 years and up (45.95%). *(15,23)*

- In 2008 and 2010, the UNGASS reports stated that approximately 70% of MSM correctly identified ways of preventing sexual transmission of HIV and rejected major misconceptions. The 2005 study of 223 MSM found that 29.4% thought that mosquitoes can transmit HIV. *(15,20,23)*

- Many MSM in PNG also have sex with women. In 2005, 25% of 223 MSM in Port Moresby were married. In 2007, a survey of MSM found that more than 75% had sex with both men and women, and did not identify with being “homosexual”. The 2008 UNGASS report stated that 63% of MSM had had sex with women in the past month, and the 2005 study of 223 MSM found that 48% had had sex with women in the past month. *(12,15,20,21)*

- Being paid for sex is relatively common among MSM in PNG. 47% of MSM had a regular paying client in the past month, and 42% had sex in the past month with a one-time paying client. In 2006, 57.6% used a condom at the last occasion of anal sex with a one-time paying client, while 32.5% used condoms consistently with one-time client/s. *(11,20)*

- In 2005, studies showed that 29% of MSM believed themselves to be at high risk of HIV infection, while 67% believed themselves not to be at high risk. *(12,20)*

- In 2005, 61.6% of 223 MSM had ever used lubricant when having anal sex, and 33% of this group had ever used appropriate water-based lubricant. *(20)*

- Low education and high unemployment have been found to be risk factors for HIV amongst MSM. *(20)*
Legal Situation and Law Enforcement Authorities

- Sex between males is illegal. The Criminal Code (Sections 210, 212) retains the offences of sodomy and indecent dealings between males. Charges have rarely been laid in recent years, and advocacy for decriminalization is occurring. (18)
- Sex work is illegal. (10)
- There are no laws protecting MSM/TG.
- HIV tests cannot be admitted as evidence in court, meaning that MSM can disclose sexual behaviour to health care workers. (18)
- The HAMP Act 2004, Part II forbids discrimination against an individual infected by or affected by HIV. (7)
- It has been reported that MSM/TG and HIV project workers face problems with law enforcement authorities. There have been documented cases of harassment of transgenders, raids of nightclubs, harassment of male sex workers, and harassment of peer educators. (14,18)
- The legal system has been classified as “prohibitive in high intensity” and “highly repressive” by two UN legal review studies. (5,18)

MSM Community, other Social Research and Stigma/Discrimination

- There is very little information about the MSM and TG community in PNG. (14)
- Most MSM do not identify as “gay or homosexual men”. (16,21)
- Studies of MSM are likely to sample the most visible MSM, often with non-heterosexual identities. For example, the 2005 study of 223 MSM had a sample that identified as 10% heterosexual, 23% gay/homosexual, and 67% bisexual. (20)
- In 2005, the study of 223 MSM in Port Moresby reported that 58.5% of MSM had been forced to have sex. (20)
- The same study found that 37.3% of MSM had been discriminated against. (20)

II. THE RESPONSE TO HIV

Government Response

- There is no specific program line for MSM in the National Strategic Plan. (14)
- The current NSP ends in 2010.
- In 2008 and 2010, the government reported on 4 out of the 5 UNGASS indicators directly relevant to MSM. (1,15,23)
- No funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria funds have been earmarked for specific MSM programs. (14)
- In 2006, it was reported that there was no MSM-related leadership or spokespeople in PNG. However, there is now one female politician openly calling for legal reforms regarding MSM. (17)
- In the 2008 UNGASS report, the National AIDS Council estimated that over 75% of services to MSM were provided by civil society organisations and not the government. (15)

Community-based Response

- MSM are very informally organised. (14)
- There do not appear to be any MSM-specific community based organisations, and most MSM work appears to be conducted by international NGOs. (4)
- There are no specific services for positive MSM. (4)

Support from multi-laterals and international NGOs

- International and local NGOs conduct most MSM and TG programs in PNG. For example, these include: the Save the Children Poro Sapot project, HOPE Worldwide PNG, and the PNG Red Cross. (4,18)

Strategic Information

- There is very little ongoing research on MSM/TG in PNG. (14)
- There is very little in the academic literature on MSM/TG in PNG.
- In 2006, the ongoing national surveillance system did not include MSM, nor did it include behavioural surveillance. (14)

Health System

- The Poro Sapot Project runs the only health clinic in the Pacific (as of 2007) that specifically targets MSM. (2)
National and International Networks

- There does not appear to be a national MSM network.
- PNG is represented in the "Pacific Sexual Diversity Network" for organisations working with MSM and TG in the Pacific sub-region.

III. THE RESULTS

Coverage of prevention

- Coverage estimates of prevention activities are rare. The National AIDS Council reported for UNGASS in 2008 and 2010 that approximately 10% of MSM were reached by prevention activities. (10,15,23)

- The 2005 study of 223 MSM in Port Moresby reported that only 21.1% had never been contacted by a peer educator, which would suggest a high coverage at 79% of respondents. (20)

Resource Estimation and Gaps

- In 2006, it was estimated that USD $2.5 million would be needed to achieve 60% coverage with peer education, outreach, VCT, and condom/lubricant distribution. (13)
IV. RECOMMENDED RESPONSES

List of recommended actions

- Remove laws impeding effective HIV prevention, including anti-sodomy laws, laws against sex between men, and laws affecting sex workers.
- The to-be-developed National strategic plan 2011-2015 should include a costed comprehensive response for MSM and TG.
- More systematic and regular surveillance of HIV rates, risk behaviors and MSM communities.
- Fully fund prevention programs, including condom and lubricant provision, peer education and outreach, community development, mass media, and individual counseling.
- Develop the capacity of MSM community-based organizations to provide advocacy and peer-based programs.
- Scale up MSM-friendly VCT and sexual health screening centers.
- Expand care, treatment and support facilities for HIV-positive MSM and TG.
- Address stigma and discrimination toward PLHIV in MSM communities.
- Specific prevention activities should focus on transgender people.

V. REFERENCES

All references are available at:
www.apcom.org/snapshots2010.html

Contact details of UNAIDS office in Papua New Guinea are available at: