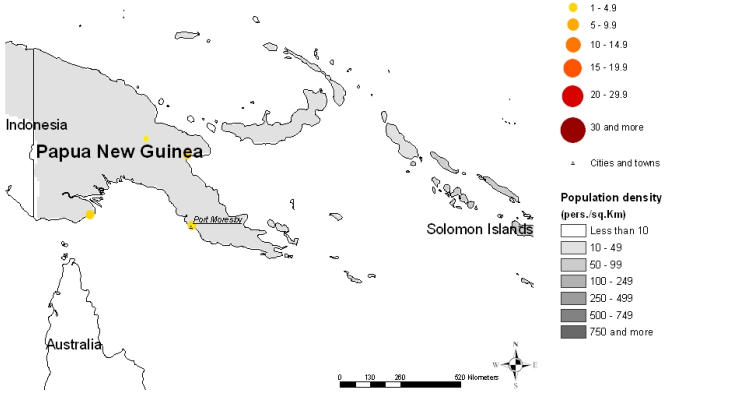
PAPUA NEW GUINEA

December 2005

Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 2 000
Antiretroviral therapy target declared by country: none declared



Map Data Source:
WHO/UNAIDS Epidemiological Fact Sheets and the United States Census Bureau
Map production:
Public Health Mapping & GIS
Communicable Diseases (CDS)
World Health Organization

World Health Organization

SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	5.8	United Nations
Population in urban areas (%)	2005	13.2	United Nations
Life expectancy at birth (years)	2003	60	WHO
Gross domestic product per capita (US$)	2002	507	OECD
Government budget spent on health care (%)	2002	13	WHO
Per capita expenditure on health (US$)	2002	22	WHO
Human Development Index	2003	0.523	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

°°=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* National estimates indicate that in 2004, the number of people living with HIV/AIDS was between 25 000 and 69 000. HIV/AIDS estimates are currently under review. WHO/UNAIDS will provide updated HIV/AIDS estimates in May 2006.

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2004	0.9 - 2.5%	National AIDS Council
Estimated number of people living with HIV/AIDS (0-49 years)	2003	7800 - 28 000*	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	320	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	2 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Dec 2005	62	National AIDS Council
HIV testing and counselling sites: number of people tested at all sites	2005	1858	National AIDS Council
Knowledge of HIV prevention methods (15-24 years)% - female°		NA	
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female°°		NA	
Reported condom use at last higher risk sex (15-24 years)% - male°°		NA	

3. Situation analysis

Epidemic level and trend and gender data
The first case of HIV infection in Papua New Guinea was detected in 1987. By June 2005, 12 341 people had been reported to be living with HIV/AIDS. The country is facing a generalized epidemic with rapidly increasing prevalence in a difficult socioeconomic context. A national epidemiological consensus meeting in November 2004 estimated an average prevalence rate of 1.7%, and between 25 000 and 69 000 people with 15-49 years were living with HIV/AIDS. Prevalence rates among women attending antenatal care services are estimated to vary between 1% and 4%. Available data suggests that the epidemic is predominantly transmitted through heterosexual contact (84%), fuelled by high-risk behaviour including widespread commercial and casual sex. Approximately 93.1% of current reported cases are adults. The epidemic is concentrated in Port Moresby and other towns, along major transport routes, and around mines and plantations. Reported HIV cases indicate that men and women are equally affected overall, with more women reported as infected among people younger than 30 years and more men among people older than 30 years.

Major vulnerable and affected groups
The spread of HIV in Papua New Guinea is affected by a variety of factors, ranging from individual risk behaviour such as low levels of condom use in casual partnerships to the wider socioeconomic and political context that has created an environment in which high-risk behaviour is widespread. A high incidence of sexual aggression and other forms of violence against women appears to be fuelling the growth of the epidemic.

Policy on HIV testing and treatment
Voluntary counselling and testing for HIV is currently available in clinical and non-clinical settings. In clinical settings, voluntary counselling and testing sites are mostly located in clinics treating sexually transmitted infections. The HIV Prevention and Management Act of 2003 stipulates the provision of pretest and post-test counselling. Access to voluntary counselling and testing services in Papua New Guinea is limited. The National Strategic Plan on HIV/AIDS for 2004-2008 plans to expand access to such services in the country, especially at the provincial and district levels, with the aim of establishing at least two easily accessible sites for voluntary counselling and testing services in each province by 2008. Guidelines on voluntary counselling and testing for HIV are being updated in accordance with international standards. The National Strategic Plan on HIV/AIDS for 2004-2008 also acknowledges the importance of ensuring the clinical management of opportunistic infections and providing antiretroviral therapy to people living with HIV/AIDS, and its objectives include increasing the capacity of public and private hospitals, developing training tools and improving laboratory diagnostic capacity to expand access to antiretroviral therapy. Guidelines on antiretroviral therapy have been developed in accordance with international standards, and a plan for scaling up care and treatment is being developed.

Antiretroviral therapy: first-line drug regimen, cost per person per year
The estimated cost for the first-line drug regimen is less than US$ 1.00 per person per day. Availability of a second-line drug regimen is limited.

Assessment of overall health sector reponse and capacity

The health system in Papua New Guinea faces many challenges, especially in rural and remote areas. The country's health status steadily improved during the 1980s but has been declining since the early 1990s. In 2000, life expectancy at birth was estimated to be 52.5 years for men and 53.6 years for women, with a healthy life expectancy of 45.5 years according to WHO. About 50% of all mortality is due to communicable disease, with malaria being the leading cause of all outpatient visits and the second leading cause of hospital admissions and deaths. HIV is now the leading cause of adult mortality at Port Moresby General Hospital. The Government of Papua New Guinea has made a formal commitment to facilitate an integrated and coordinated response to the HIV/AIDS epidemic. A National AIDS Council was established in 1997, and the National Strategic Plan on HIV/AIDS for 2004-2008 is being implemented. The Plan focuses on seven priority areas of intervention: treatment, counselling, care and support; education and prevention; epidemiology and surveillance; social and behavioural change research; leadership, partnership and coordination; family and community; and monitoring and evaluation. An integrated and multisectoral approach has been adopted to effectively address the socioeconomic and gender dimensions of the epidemic and its impact at the individual, family, organizational and community levels. A National Action Plan for Scaling up Care and Treatment, based on the National Strategic Plan on HIV/AIDS for 2004-2008, is being developed. Recently, Papua New Guinea adopted the WHO Integrated Management of Adult and Adolescent Illness (IMAI) strategy as a training approach to scale up the human resources required for HIV treatment. Through WHO support, health care workers from public, private and faith-based organizations have been trained to provide HIV care and treatment. Financial commitments from the Global Fund to Fight AIDS, Tuberculosis and Malaria and from other donor partners will also help address the lack of adequate capacity. An anti-discrimination act was adopted in 2003 to protect the fundamental rights of people living with HIV/AIDS. The Government of Papua New Guinea works closely with churches and nongovernmental organizations to implement the national response.

Critical issues and major challenges
The main barrier to scaling up care and treatment in Papua New Guinea is the lack of trained human resources. Capacity-building for scaling up care and treatment is required in both managerial and technical areas and will require the support of and coordination of many different partners. Moreover, the country lacks health infrastructure and financial resources, especially outside major cities, to adequately address the growing epidemic. Rapid expansion of HIV/AIDS care and treatment will require special attention and innovative solutions to ensure that services reach the predominantly rural population, especially in remote areas. Close to 87% of the population lives outside urban areas, which have limited infrastructure and face significant logistical constraints in terms of both transport and procurement systems. Community-based service models need to be developed to ensure maximal access. Voluntary counselling and testing facilities need to be expanded further, and issues related to stigma and discrimination and lack of awareness about HIV need to be urgently addressed. Political instability, socioeconomic unrest and the prevalence of sexual violence also fuel the spread of the epidemic.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

• With considerable support from international donors, including the Australian Agency for International Development and the Japanese International Cooperation Agency, as well as from United Nations agencies and some international nongovernmental organizations, total financial resources available to the National AIDS Programme for HIV/AIDS interventions are estimated to be close to US$ 15 million per year.
• Papua New Guinea submitted a successful funding proposal to the Global Fund in Round 4 with a total funding request of US$ 30 million for scaling up HIV/AIDS prevention, care and treatment through an intensified multisectoral community-based programme and two-year approved funding of US$ 8.5 million. As of December 2005, US$ 2.6 million has been disbursed for implementation of activities.

5. Treatment and prevention coverage

• In 2005, WHO/UNAIDS estimated that the total treatment need in Papua New Guinea was 2000 people.
• Access to services for prevention, treatment, care and support remains very limited. Available services are often difficult to access, are often inadequately equipped in term of staffing and diagnostic supplies and medications, and user charges are generally required for diagnosis and treatments other than antiretroviral drugs. There are few examples of effective interventions for prevention reaching out the most vulnerable communities such as sex workers or mobile populations.
• In March 2004, the National Department of Health developed a pilot care project to expand access to antiretroviral therapy in the country with support from the Asian Development Bank and WHO. Treatment is currently provided free of charge in four centres: two are part of a national pilot care project and the other two are managed by a faith-based organization. As of December 2005, 320 people were reported to be receiving antiretroviral therapy and 550 were on a waiting list and are being monitored in the country. A very small number of people living with HIV/AIDS are also accessing treatment through private providers both within Papua New Guinea and in Australia. The National Strategic Plan on HIV/AIDS for 2004-2008 aims to make antiretroviral therapy available and accessible to at least 10% of the people in need of treatment by 2005 and 25% by 2008. The Global Fund Round 4 proposal aims to provide antiretroviral therapy to 3000 people by the end of the second year of implementation of the project and 7000 people by the end of the fifth year.
• Few testing and counselling centres are operating. Of the 62 voluntary testing and counselling sites, few provide testing services and the remaining provide counselling and refer clients to sites where testing can be done. The demand for testing is low due to stigma, lack of HIV awareness and the lack of availability of treatment. A wide-reaching voluntary counselling and testing programme was launched in 2005. It is designed to encourage participation and to provide anonymous, confidential testing and treatment services.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management
The National Department of Health is responsible for the overall coordination and management of activities, including the national antiretroviral therapy programme. The National AIDS Council, which includes members from nongovernmental organizations, faith-based organizations and the private sector, coordinates the multisectoral response. Provincial AIDS committees have also been established in each of the 20 provinces to coordinate HIV/AIDS activities at the provincial level. WHO, UNAIDS, the Asian Development Bank, the Australian Agency for International Development and other donor partners support the National Department of Health in planning and coordinating activities.

Service delivery
The National Department of Health provides leadership in HIV/AIDS prevention, treatment and care. The Central Public Health Laboratory is the reference laboratory for HIV confirmatory tests. The Procurement Center of the National Department of Health is responsible for procuring drugs and medical supplies. The Australian Agency for International Development provides support for building laboratory capacity, training, voluntary counselling and testing and treatment of sexually transmitted infections. The Japanese International Cooperation Agency provides support for building human resource capacity. WHO provides normative guidance for expanding care and support, including the provision of antiretroviral therapy, and also supports the training of health workers and procurement of drugs and diagnostics. UNICEF provides support for preventing mother-to-child transmission.

Community mobilization
A range of nongovernmental organizations, including faith-based organizations and organizations of people living with HIV/AIDS, work alongside the government to provide health services to communities, especially in rural and remote areas. International nongovernmental organizations such as Family Health International, the Red Cross/Red Crescent, Save the Children Fund and HOPE Worldwide support community-based programmes.

Strategic information
The National Department of Health provides leadership for surveillance with support from WHO. UNAIDS provides support for coordinating the overall national monitoring and evaluation plan.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far
• Supporting the development of a drug procurement and supply management plan and the procurement of antiretroviral drugs for the national pilot care project
• Facilitating the development of a national plan for scaling up HIV/AIDS care and treatment
• Providing technical support for the development of national guidelines for antiretroviral therapy, including first-line and second-line treatment and antiretroviral therapy for children
• Supporting planning for building national human resource capacity, including developing a training plan and supporting the training of health care workers
• Providing support for strengthening laboratory services
• Providing support for developing the Global Fund proposal and for implementing activities
• Supporting the development of a funding proposal to Japan's Trust Fund for Human Security and the Asian Development Bank to support the national HIV/AIDS response
• Establishing an HIV/AIDS team in the WHO Country Office to support the government and other partners

Key areas for WHO support in the future
• Providing support for implementing the national plan for scaling up HIV/AIDS care and treatment
• Providing technical support for developing national guidelines for HIV/AIDS care and treatment for different levels of the health care system, including for preventing mother-to-child transmission, treating opportunistic infections and post-exposure prophylaxis
• Providing support and technical assistance for training health care workers guided by the WHO Integrated Management of Adult and Adolescent Illness strategy and for coordinating other various training initiatives to ensure harmonization with the national plan for scaling up HIV/AIDS care and treatment
• Providing continuing support for procuring antiretroviral drugs, reagents and other supplies related to HIV/AIDS treatment
• Supporting the development of a national monitoring and evaluation system for HIV/AIDS, including antiretroviral therapy
• Providing support for strengthening laboratory services and blood safety
• Providing support for implementing the Global Fund grant
• Providing support for increasing community participation in HIV care, treatment and prevention

Staffing input for scaling up HIV treatment and prevention

• Current WHO Country Office staff responsible for HIV/AIDS include one international HIV/AIDS Country Officer, one staff member working on HIV therapy and one staff member working on nursing and human resource development.

This country profile was developed in collaboration with national authorities, the WHO Country Office for Papua New Guinea and the WHO Regional Office for the Western Pacific.