



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	5.8 million (mid-2007)
Estimated Population Living with HIV/AIDS**	46,275 (end 2006)
Adult HIV Prevalence**	1.28% (end 2006)
HIV Prevalence in Most-At-Risk Populations***	Sex Workers: 14% (Port Moresby) (2006)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy****	8% (end 2006)

*US Census Bureau **National AIDS Council & National Department of Health, Papua New Guinea
UNAIDS *WHO/UNAIDS/UNICEF. Towards Universal Access, April 2007

With 1.28 percent of the adult population estimated by UNAIDS to be HIV-positive in 2006, Papua New Guinea has one of the most serious HIV/AIDS epidemics in the Asia-Pacific subregion. Although this new prevalence rate is significantly lower than the 2005 UNAIDS estimate of 1.8 percent, it is considered to reflect improvements in surveillance rather than a shrinking epidemic. Papua New Guinea accounts for 70 percent of the subregion's HIV cases and is the fourth country (after Thailand, Cambodia, and Burma) to be classified as having a generalized HIV epidemic.

Papua New Guinea's first case of HIV was reported in 1987, and since then, HIV prevalence has risen dramatically. According to UNAIDS, HIV cases in the country have been increasing at a rate of 30 percent annually since 1997. From 2002 on, at least 2,000 new

infections have been reported annually. In 2006, for instance, Papua New Guinea had 4,017 new confirmed cases of HIV, a 30 percent increase from 2005. There is a sharp increasing trend in the projected number of new infections, particularly in rural areas. The National AIDS Council and National Department of Health of Papua New Guinea estimate that 46,275 people were HIV-positive by the end of 2006.

The mode of transmission of HIV/AIDS in Papua New Guinea is predominantly heterosexual activity, with most cases occurring among people aged 20 to 40, according to a 2006 report by the National AIDS Council Secretariat and National Department of Health. The ratio of HIV-infected women to men is about one to one. Those most at risk include sex workers, their clients, and the partners of clients. In 2006, HIV prevalence of 14 percent was found among female sex workers in Port Moresby, according to UNAIDS. Transactional sex is common, particularly in rural and peri-urban areas, where a 2006 study found that 55 percent of women interviewed had exchanged sex for money, goods, or both, and 36 percent of men had paid for sex. According to the Papua New Guinea Institute of National Affairs, the spread of HIV/AIDS has typically occurred in areas surrounding mining and logging sites as well as along transportation routes. Children under age 18 are particularly vulnerable to HIV/AIDS. UNICEF reports that 10,946 children were HIV-positive, and 9,400 were orphaned by AIDS as of 2005.

A number of factors contribute to Papua New Guinea's growing HIV epidemic. Papua New Guinea shares an island with Papua, Indonesia, which has the highest HIV prevalence in Indonesia (4 percent) and has close to a third of all Indonesia's HIV cases. The proximity of Papua New Guinea to a high-prevalence neighboring region is cause for concern. Condom use is low, with only 24 percent of young men and 13 percent of young women in Port Moresby using condoms, according to UNAIDS. Other factors include a high proportion of the population that is of reproductive age and an average age at sexual debut of 15 for both sexes. Risky sexual activities, such as multiple partner relationships, high rates of transactional sex, and sexual violence against women, are common. Knowledge about HIV transmission and prevention is low. High levels of urban migration have broken down traditional methods of social control. The national response to HIV/AIDS is also challenged by the large number of cultural and linguistic groups, geographical difficulties, and socioeconomic conditions associated with poverty and unemployment. Given the current situation, there is a need to address gender aspects, including male roles and the feminization of the epidemic. Stigma and discrimination are also ongoing problems, resulting in families neglecting people living with HIV/AIDS (PLWHA).

Papua New Guinea has a high tuberculosis (TB) burden, with 111 new cases per 100,000 people in 2005, according to the World Health Organization. In addition, 9.7 percent of adults with TB were co-infected with HIV in 2005. High rates of HIV-TB co-infections increase the difficulty of treating both diseases.



National Response

Papua New Guinea's national AIDS response has been overseen and coordinated by the National AIDS Council since 1997. The Council is a multisectoral committee, comprising representatives of government departments, councils of churches, the National Council of Women, the Chamber of Commerce, nongovernmental organizations, and PLWHA. The Council's secretariat provides support, running day-to-day operations.

The National Strategic Plan for 2004–2008 focuses on seven priority areas of intervention: treatment, counseling, care, and support; education and prevention; epidemiology and surveillance; social and behavioral change research; leadership, partnership, and coordination; family and community; and monitoring and evaluation. The Plan stresses the importance of expanding access to voluntary counseling and testing services, especially at the district and provincial levels; ensuring the clinical management of opportunistic infections such as TB; and providing antiretroviral therapy (ART) to PLWHA. In 2006, the National AIDS Council finalized the Gender Policy on HIV/AIDS and its implementation plan and a Workplace Policy Tool Kit on HIV/AIDS, currently implemented by private and public sector entities.

In 2004, the Government of Papua New Guinea introduced prevention of mother-to-child transmission of HIV projects at six hospitals; however, according to UNAIDS, fewer than 3 percent of HIV-positive pregnant women were receiving ART in 2005.

The Global Fund to Fight AIDS, Tuberculosis and Malaria approved Papua New Guinea for a fourth-round grant in 2005 to scale up HIV/AIDS prevention, care, and treatment through an intensified multisectoral community-based program. The U.S. Government provides one-third of the Global Fund's contributions.

USAID Support

Through the U.S. Agency for International Development (USAID), Papua New Guinea in fiscal year 2007 received \$1.5 million for essential HIV/AIDS programs and services. USAID programs in Papua New Guinea are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease – a five-year, \$15 billion, multifaceted approach to combating the disease in more than 114 countries around the world. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

USAID provides support to Papua New Guinea through its Regional Development Mission for Asia (RDMA). RDMA efforts are focused on scaling up prevention, care, support and treatment programs to reach most-at-risk populations, specifically men who have sex with men, commercial sex workers and PLWHA; enhancing program quality; and strengthening the strategic information base and enabling environments necessary for effective programming.

USAID/RDMA works closely with the Government of Papua New Guinea, the U.S Embassy, and other donors to ensure all HIV/AIDS activities complement each other, ensuring a high-impact from all available resources. USAID/RDMA works with other donors to assist the host government in building capacity to scale up public and community-based HIV prevention, care and treatment models to halt the spread of the disease and mitigate its negative effects on society, and assistance focuses on reducing HIV prevalence in at-risk groups and preventing the further spread of HIV in the general population. USAID/RDMA leverages resources of larger donors by utilizing USAID funding to develop models that can be scaled up by other donors and contribute to preventing the spread of HIV/AIDS for those most at risk. USAID also implements a continuum model of prevention-to-care-to-treatment in specific geographic areas.

Important Links and Contacts

Regional Development Mission for Asia (RDMA)

GPF Towers, Tower A
93/1 Wireless Road
Bangkok 10330 Thailand
Tel: 662-263-7400
Fax: 662-263-7499

USAID HIV/AIDS Web site, Papua New Guinea:

http://www.usaid.gov/our_work/global_health/aids/Countries/ane/papuanewguinea.html

For more information, see USAID HIV/AIDS Web site http://www.usaid.gov/our_work/global_health/aids.

Mekong Regional HIV/AIDS Initiative Web site,
http://www.usaid.gov/our_work/global_health/aids/Countries/ane/aneregion.html

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