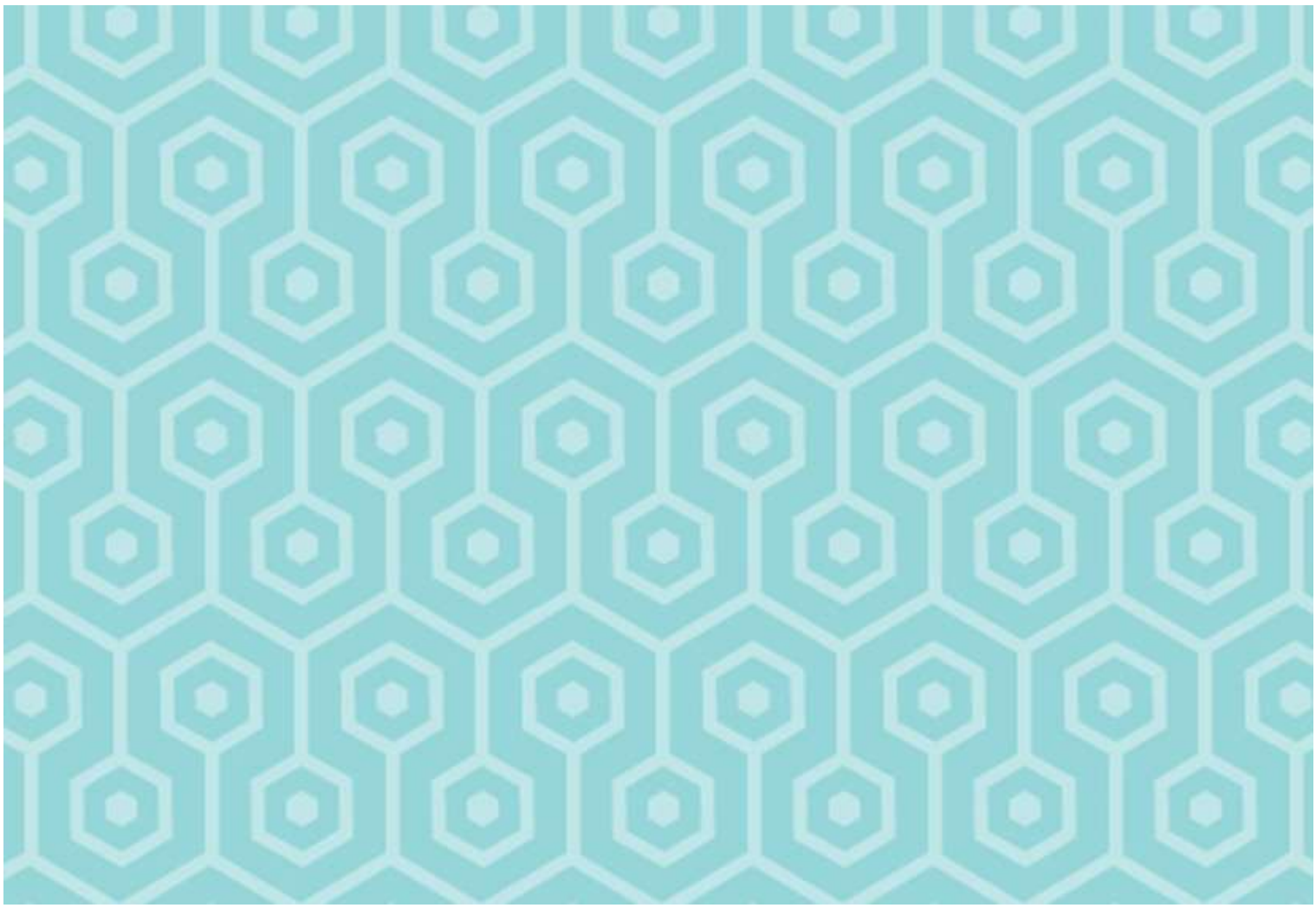
Country progress report - Papua New Guinea

Global AIDS Monitoring 2018



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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 2017 was estimated at 0.9 percent with approximately 48,000 people currently living with HIV. The previous estimates though based on limited data had lower HIV prevalence (0.7 and 0.8 in 2014 and 2015) compared to 2016. Data suggests that the PNG epidemic is largely concentrated in the five Highlands provinces along with National Capital District, and Morobe province where HIV prevalence has not changed much and remained consistently high which are the likely causes for the continued increase in the national prevalence. However, data of specific provinces should be used with caution as lot of mobility happens particularly within highland provinces and the neighbouring provinces of NCD where people access services irrespective of their usual place of residence.

The recently conducted Integrated Bio-Behavioural 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. The IBBS in Lae reported an HIV prevalence of 12.9% and 7.1% respectively, whilst in Mt. Hagen, HIV prevalence among FSWs was 19.6%.

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. The total number of PLHIV currently on treatment are 25,100 out of estimated 48,000 PLHIV, a coverage of 55%. In 2016, the ART coverage was 52%.

The ARV programme has been rolled out in all the 22 provinces with 120 health facilities have access to ARV by populations. The HIV Patient database has increased from to , 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 are a viral load suppression between 70-80%. VL testing rollout in PNG is planned.

Policy questions (2017)

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

a) Is solely performed based on voluntary and informed consent

Yes

b) Is mandatory before marriage

No

c) Is mandatory to obtain a work or residence permit

No

d) Is mandatory for certain groups

No

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 it the implementation status?

No threshold; TREAT ALL regardless of CD4 count; Implemented in few (<50%) 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, but not implemented

b) For children

Yes, but not implemented

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

The country has rolled out PMTCT in all the provinces with 28 sites integrated with MCH where pregnant women can access HIV test and link to care and treatment. Currently 720 pregnant women are on PMTCT among estimated 1,740 women who are in need of PMTCT (coverage 41.4%, an increase of almost 10% since 2016). In 2016, a total of 43,273 pregnant women were tested, 370 were found HIV positive. In 2017, there were 484 new child infections due to parent to child transmission.

Policy questions (2016)

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; Implemented in a few (<50%) treatment sites

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 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 the these studies have shown that the HIV prevalence among the FSWs in POM were 14.9%, Lae 12.9% and Mt Hagan 19.6%. HIV prevalence among MSM/TGs in Port Moresby and Lae were 8.5% and 7.1% respectively.

It is expected that by June 2017 two more city IBBS study will be completed and results will be available to all stakeholders.

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 (2016)

Criminalization and/or prosecution of key populations

Transgender people

Neither criminalized nor prosecuted

Sex workers

Selling sexual services is criminalized

Men who have sex with men

Yes, imprisonment (14 years - life)

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

Drug use or consumption is a specific offence in law

Legal protections for key populations

Transgender people

No

Sex workers

No

Men who have sex with men

-

People who inject drugs

No

Policy questions: PrEP (2017)

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

No, guidelines have not been developed

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 (2016)

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?

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

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

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 (2016)

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

No

b) Secondary school

Yes

c) Teacher training

Yes

Community-led service delivery

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

Progress summary

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Policy questions (2017)

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

Yes

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

Number of condoms and lubricants distributed by NGOs in the previous year

a) Male condoms:

-

b) Female condoms:

-

c) Lubricants:

-

HIV expenditure

Ensure that HIV investments increase to US$ 26 billion by 2020, including a quarter for HIV prevention and 6%% for social enablers

Progress summary

The funding scenario of the country has considerably changed with withdrawal of HIV funding by major donors towards the end of 2016 leaving uncertainty on the future availability of funds particularly to scale up HIV treatment and key populations interventions. On top of that the Government of PNG also has reduced funding in the health sector including HIV resulting in shortage of drug supply and testing kits and condoms. The current major donors for HIV in PNG are Global Fund (14 m USD for 3 years), PEPFAR (6 m USD per year), Government of PNG, Australian Government, Asian Development Bank and with small contributions from UN organizations (WHO, UNAIDS, UNICEF). In order to planning for future, recently National Department of Health with technical support from WHO and UNAIDS are carrying out a funding landscape analysis to estimate resource envelope for PNG with scenarios to achieve fast track targets by 2020.

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, submission is still pending for tabling at the next Parliament sitting, after election in the Papua New Guinea Parliament.

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 Central 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 (2016)

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)?

through para legal system (PNG Development Lawyers Association)

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?

Affordability constraints for people from marginalized and affected groups

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 is has prioritized TB/HIV linkages in the 9 high TB burden provinces and as data for the 2016 is not available, however the 2015 data suggest a low coverage both in terms of testing and putting into treatment, among 28,314 TB cases 11,215 were tested for HIV (39.6%). Among those tested 914 were found HIV positive (8.1%) and 494 (54%) were put on ART. In 2016 in HIV testing centers 10,959 PLHIV were screened for TB among 12,353 who attended 19 major ARV clinics and 1,091 were co-infected (8.83%). Among the TB negative cases (9,171) only 697 (7.6%) were provided with INH prophylaxis.

Policy questions (2016)

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)

No

b) The national strategic plan governing the AIDS response

No

c) National HIV-treatment guidelines

No

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