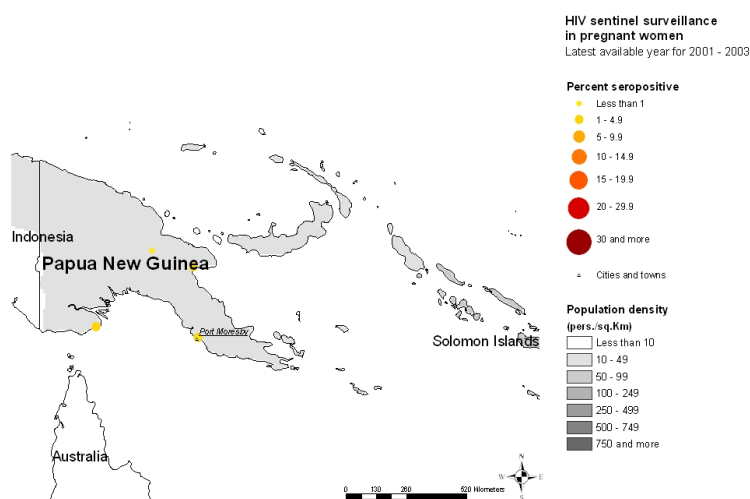


WHO estimate of number of people requiring treatment - end 2004: 1750\*  
 Antiretroviral therapy target declared by country: none declared



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



## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	5,836	United Nations
Population in urban areas (%)	2003	13.2	United Nations
Life expectancy at birth (years)	2002	59.8	WHO
Gross domestic product per capita (US\$)	2002	507	OECD HD 2004
Government budget spent on health care (%)	2002	13	WHO
Per capita expenditure on health (US\$)	2002	22	WHO
Human Development Index	2002	0.542	UNDP

## 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 (15-49 years)	May 2005	171	WHO
Estimated total number needing antiretroviral therapy in 2004	2004	1750*	WHO/UNAIDS
HIV testing and counselling sites: number of sites	May 2005	59	National AIDS Council
HIV testing and counselling sites: number of people tested at all sites		Not available	
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	3.8	WHO

\*The estimated total number of people (0-49 years) needing antiretroviral therapy in 2005 is 2153 (WHO/UNAIDS). This estimate is currently under revision.

## 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 September 2004, 10 184 HIV cases had been reported. The country is facing a generalized epidemic with rapidly increasing prevalence in a difficult socio-economic context. A national consensus workshop in November 2004 estimated that between 25 000 and 69 000 people between 15 - 49 years of age were living with HIV/AIDS in Papua New Guinea. Prevalence rates among women attending antenatal care services are estimated to vary between 1% and 2.5%. Available data suggests that the epidemic is predominantly transmitted through heterosexual contact, fuelled by high-risk behaviors 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 in the age group under 30 years and more men in the age group over 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 behaviours such as low levels of condom use in casual partnerships, to the wider socio-economic and political context that has created an environment in which high-risk behaviour is widespread. A high incidence of rape, 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 settings, mostly in clinics treating sexually transmitted infections. The HIV Prevention and Management Act of 2003 stipulates the provision of pre- and post-test counselling. Access to voluntary counselling and testing services in Papua New Guinea is limited. The National Strategic Plan on HIV/AIDS 2004-2008 plans to expand access to such services in the country, specially 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. The National Strategic Plan also acknowledges the importance of ensuring the clinical management of opportunistic infections and the provision of 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

Treatment is currently provided free of charge in two centres as part of a national pilot care project. The estimated cost for the first-line drug regimen is less than US\$ 1.00 per patient per day.

### Assessment of overall health sector response and capacity

The health system in Papua New Guinea faces many challenges, particularly in rural and remote areas. The country's health status, the lowest in the Pacific region, steadily improved during the 1980s but has been in decline since the early 1990s. In 2000, life expectancy at birth was estimated to be 52.5 for men, and 53.6 years for women, with a Healthy Life Expectancy of 45.5 years (WHO). Approximately 50% of all mortality is due to communicable disease, with malaria being the leading cause of all outpatient visits and the second 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 a National Strategic Plan on HIV/AIDS for the period 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 in order to effectively address the socio-economic 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, is currently in development. 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. Recent financial commitments from the Global Fund to Fight AIDS, Tuberculosis and Malaria and from other donor partners will help address some of these capacity issues. In addition, the country lacks health infrastructure and financial resources 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, specially in remote areas. Close to 87 % of the population lives outside of 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.

#### 4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

- With considerable support from international donors, financial resources available to the National AIDS programme for HIV/AIDS interventions are close to US\$ 45 million.
- Papua New Guinea submitted a successful funding proposal to Round 4 of the Global Fund to Fight AIDS, Tuberculosis and Malaria with a total funding request of US\$ 30 million for scaling up HIV/AIDS prevention, care and treatment through an intensified multi-sectoral community-based programme. It is anticipated that funds will begin to be disbursed in July 2005.

#### 5. Antiretroviral therapy coverage

- In 2004, WHO/UNAIDS estimated that the total treatment need in Papua New Guinea was 1750 people.
- In March 2004, the National Department of Health developed a pilot care project to expand access to antiretroviral therapy in the country. It was planned to establish 20 treatment sites by the end of 2004. Only two sites are currently operational and are providing antiretroviral therapy free of charge. As at May 2005, 171 people were reported to be receiving antiretroviral therapy in the country. A very small number of HIV positive people are also accessing treatment through private providers both within Papua New Guinea and in Australia.
- The National Strategic Plan on HIV/AIDS 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.

#### 6. Implementation partners involved in scaling up antiretroviral therapy

##### 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 undertakes coordination of 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, Asian Development Bank, AusAID and other donor partners support the Department of Health in planning and coordination of activities.

##### Antiretroviral therapy 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 procurement of drugs and medical supplies. AusAID 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 prevention of mother-to-child transmission.

##### Community mobilization

A range of non governmental organizations, including faith-base organizations and organizations of people living with HIV/AIDS, work alongside the government to provide health services to communities particularly in rural and remote areas. International non governmental 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. WHO support for scaling up antiretroviral therapy

##### WHO's response so far

- Supporting the procurement of antiretroviral drugs
- Providing technical support for the development of national guidelines for antiretroviral therapy, including first-line and second-line treatment and paediatric antiretroviral therapy
- Facilitating the development of a national plan for scaling up HIV/AIDS care and treatment
- Supporting planning for building national human resource capacity and supporting the training of health care workers in the use of antiretroviral drugs
- Providing support for strengthening laboratory services
- Providing support for developing the Global Fund to Fight AIDS, Tuberculosis and Malaria proposal and for implementation of activities
- Establishing a "3 by 5" team in the WHO Country Office to support the government and other partners

##### Key areas for WHO support in the future

- Providing continuing support for procuring antiretroviral drugs
- Providing technical support for developing national standards for HIV/AIDS care and treatment for different levels of the health care system
- To increase the access of people living with HIV/AIDS to comprehensive care, treatment and support
- Providing support for the implementation of the national plan for scaling up HIV/AIDS care and treatment
- Providing support and technical assistance for training of health care workers.
- Support the coordination of other various training initiatives to ensure harmonization with the national plan for scaling up HIV/AIDS care and 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 Global Fund initiatives and proposals
- Provide support for greater community participation in HIV care, treatment and prevention

##### Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS include one staff member working on HIV therapy, one staff member working on nursing and human resource development, and a recently-recruited international "3 by 5" Country Officer.