Antiretroviral therapy target declared by country: none declared

Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 2 000

Guidelines on antiretroviral therapy have been developed in accordance with international standards, and a plan for scaling up care and treatment is being developed, including increasing the capacity of public and private hospitals, developing training tools and improving laboratory diagnostic capacity to expand access to antiretroviral therapy. 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.

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 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.
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. Approximately 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: treatment; prevention; education; and support; 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 (IMA) strategy as a new treatment 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 and coordination of many different partners. Moreover, the country lacks health infrastructure and financial resources, especially in the smaller 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 integrated 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 terms of staffing and drugs, and charges are generally required for diagnosis and treatment other than antiretrovirals. 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 350 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 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 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 at the end of the second year of implementation of the National AIDS program 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 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

• Supporting 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

• Supporting provincial AIDS coordinators

• Providing support for strengthening laboratory services

• Providing support for expanding the Global Fund proposal and for implementing activities

• Support from the HOPE Worldwide’s Trust Fund for Health to support the National AIDS Programme’s activities

• 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 care and treatment

• Providing support for implementing the national plan for scaling up 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 work being implemented

• The Plan focuses on seven priority areas of intervention 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

• Providing support for implementation 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

• Supporting and encouraging community participation in HIV care, 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.