



OCEANIA

An estimated 7100 [3 400–54 000] people acquired HIV in Oceania in 2006, bringing to 81 000 [50 000–170 000] the number of people living with the virus. Three quarters of those persons are in **Papua New Guinea**, where the epidemic is serious and growing. (UNAIDS, 2006).

Papua New Guinea's adult national HIV prevalence of 1.8% [0.9%–4.4%] implies that about 57 000 [31 000–140 000] people older than 15 years were living with HIV in 2005 (UNAIDS, 2006). Prevalence in urban areas could be as high as 3.5%, according to estimates (National AIDS Council Secretariat Papua New Guinea, 2006). The epidemic grew vigorously in the late 1990s, and there are no signs that it is abating. At least 2000 new HIV infections have been reported annually since 2002.

The HIV epidemic in Papua New Guinea continues to expand, amid a plethora of risk factors that could promote further growth unless prevention efforts are stepped up quickly.

High rates of sexually transmitted infections (in both urban and rural areas), early sexual initiation, a common practice of concurrent sexual partnerships, high rates of transactional sex, very low rates of condom use and widespread physical and sexual violence against women provide the epidemic with considerable potential for further growth. One study in rural and peri-urban areas found that 55% of interviewed women had exchanged sex for money and/or goods and

36% of men had paid for sex. In addition, up to 12% of men living in rural and peri-urban areas have reported occasionally having sex with other men (Asian Development Bank, 2006). In Port Moresby, meanwhile, only about one quarter (24%) of young men and one eighth (13%) of young women said they used condoms (National AIDS Council Secretariat Papua New Guinea, 2006). Young women are especially vulnerable: HIV infection levels among those aged 15–29 years are twice as high as among men of the same age (National AIDS Council Secretariat Papua New Guinea, 2006).

While available HIV data are cause for concern, they also suggest that Papua New Guinea can still contain its growing epidemic if effective and well-targeted HIV prevention programmes are expanded quickly, and are sustained. One priority has to be the prevention of HIV transmission between sex workers and their clients, and their other partners. Some 14% of female sex workers in the capital, Port Moresby, have been found to be HIV-infected (National AIDS Council Secretariat Papua New Guinea, 2006). Three quarters (74%) of the sex workers in Goroka and Kainantu (in the Eastern Highlands Province) had at least one sexually transmitted infection, while one fifth (21%) had gonorrhoea and one quarter (24%) had syphilis. None of the 200 sex workers tested in those two cities was HIV-positive, but once HIV enters such sexual networks, it is likely to spread rapidly. The rapid introduction of effective and appropriate prevention programmes could protect those sex workers and their clients from HIV (Gare et al., 2005).

Expanding the AIDS response is proving a challenge and is being hampered by the large number of cultural and linguistic groups (some 800), geographical difficulties, high levels of stigma and discrimination associated with HIV, low literacy and employment levels and overburdened health-care systems. Projects aimed at preventing the transmission of HIV from mothers to children, for example, have been introduced at six hospitals in the country, yet fewer than 3% of HIV-positive pregnant women were receiving antiretroviral prophylaxis in 2005 (National AIDS Council Secretariat Papua New Guinea, 2006). While there is now greater recognition of the threat posed by HIV, surveillance systems need to be strengthened further, and prevention programmes have to become better-focused and must be extended into rural areas.

Australia's HIV epidemic still centres mainly on unsafe sex between men, which has accounted for more than two thirds of newly diagnosed HIV infections so far this decade. New HIV diagnoses peaked at over 1000 annually in the late-1980s and early-1990s, and then declined to between 500 and 600 at the turn of the century. In recent years, though, new diagnoses have been rising again—to 899 in 2004 and 954 in 2005 (National Centre in HIV Epidemiology and Clinical Research, 2006). A resurgence of unsafe sex between men appears to be the major risk factor for these new infections. In one recent study in Sydney and Melbourne, the majority of recently infected men who have sex with men reported high rates of unprotected sex with multiple partners. Recreational drug use during sex was prevalent in this same population (Volk et al., 2006). The tenfold increase in syphilis cases between 1999 and 2003 (Fairley, Hocking and Medland, 2005) and the sharp increases since 2000 in unprotected sex between men in Sydney (Prestage et al., 2005) suggest that the preventive practices nurtured in the 1980s and 1990s have lost some of their effect.

Australia's epidemic follows a different pattern in the country's Indigenous population among whom exposure to non-sterile injecting drug use equipment is a major factor; it accounted for one in five HIV diagnoses in Indigenous persons in 2000–2004 (compared with fewer than one in twenty diagnoses in the overall population) (National Centre in HIV Epidemiology and Clinical Research, 2005). Indigenous women are especially at risk for HIV infection: they are 18

times more likely to be HIV-infected than are non-Indigenous women, and three times more likely than non-Indigenous men (Wright et al., 2005).

Meanwhile the benefits of improved antiretroviral therapy are evident in the longer survival rates of persons diagnosed with AIDS. Median survival time among persons diagnosed with AIDS increased from 17 months prior to 1995 to 45 months in 2001. It is estimated that more than half (53%) of the people living with HIV in 2004 were receiving antiretroviral therapy (National Centre in HIV Epidemiology and Clinical Research, 2005).

New HIV diagnoses in **New Zealand** reached a high of 218 in 2005, the highest number since testing began in 1985 (Ministry of Health New Zealand, 2006a). The trend is partly due to increasing numbers of HIV diagnoses among men who have sex with men, mostly (more than 90%) in the Auckland region on the North Island (Ministry of Health New Zealand, 2006b). Unsafe sex between men accounted for a little more than one half (51%) and heterosexual intercourse for more than one third (37%) of new HIV diagnoses in 2005. In the latter instance, the vast majority (possibly as much as 90%) of HIV infections were acquired outside New Zealand (Ministry of Health New Zealand, 2006b). Meanwhile, improved antiretroviral treatment has reduced AIDS deaths from more than 30 per year in 1996–1997 to fewer than 10 per year in 2005 (Ministry of Health New Zealand, 2006a).

None of the other countries and territories in this region have reported more than 300 HIV cases since testing commenced (Secretariat of the Pacific Community, 2005). However, risk factors associated with HIV outbreaks are prevalent in many of those countries and territories. Only one quarter of persons deemed at-risk of HIV infection in **Fiji**, **Kiribati** and **Vanuatu**, for example, know how to prevent HIV infections and do not harbour major misconceptions about HIV transmission. In **Samoa**, **Solomon Islands** and **Vanuatu**, 9% of young men said they had bought sex in the previous 12 months, yet only one in ten of them reported using condoms consistently during commercial sex. About 12% of young men said they used condoms consistently with casual partners. Meanwhile, one in five (22%) of young men reported having sex with other men (Cliffe, Wang, Sullivan, 2006).