

# Papua New Guinea

## Snapshot (2018-2022)

### Executive Summary

#### Overview

The strategy aims through a fast-track approach to end AIDS as a public health threat by 2030. The new National STI & HIV Strategy 2018–2022 calls on all partners to front-load investments to close testing gaps and reach 90–90–90 prevention and treatment targets.

#### Key Populations

Populations are identified in the national strategy as: Sex workers; Men who have sex with men (MSM); Transgender people.

The National strategy notes “there are many people at risk of and affected by HIV who do not fit neatly into these populations, and there are environments of higher risk that have an impact on broader populations”.

#### HIV Epidemic and Behavioural Data

PNG has a mixed HIV epidemic – a national general population prevalence 0.85%, but higher prevalence (greater than 1% of population) in a set of eight high burden provinces (particularly in the National Capital District (NCD) and highlands).

Integrated Behavioural and Biological Survey (IBBS) figures indicate prevalence among female sex workers in three of the highest burden provinces as 11.9% (Morobe), 14.9% (NCD) and 19.6% (Western Highlands), and among a combined population of MSM and transgender people in two of the highest burden provinces as 7.1% (Morobe) and 8.5% (NCD).

#### Program Coverage

It is estimated that 71% of PLHIV know their HIV status and that 62% are on treatment. 72% of all PLHIV are expected to be on antiretroviral treatment (ART in 2023 through expected funding).

Among MSM and female sex workers (FSWs) it is likely that ART coverage is significantly lower than the overall population. In the most recent IBBS, 61% of the female sex workers and 75% of the MSM and transgender people diagnosed with HIV through the study were previously unaware that they had HIV. In 2019 most key population members were not receiving services. In 2023 it is projected that 52% of MSM and 49% of female sex workers will not be reached through prevention programs.

#### National Strategy Funding

Based on anticipated funding needs just under 38% of funds required will be available in 2021. This will decline to less than 25% in 2023.

#### Policy Environment in relation to HIV, SOGIE and Sexual Behaviour

Key Population access to services is adversely affected by punitive laws, high levels of stigma and discrimination and sexual violence. PNG maintains punitive laws related to sodomy, sex work, HIV transmission and restrictions related to entry to the country with HIV. The 2016 PLHIV Stigma Index reported 41% of PLHIV respondents said they avoided going to local clinics when needed because of their HIV status. 70% of PLHIV respondents in a survey in 2015 in Western Highlands and Simbu reported having been physically assaulted in the past 12 months because of their HIV status. 78% of transactional sex workers in Port Moresby reported sexual abuse. 58% of men that have sex with men in Port Moresby reported sexual assault/violence.

#### Meaningful involvement of the Community

Community organisations representing key populations are included in all governance arrangements for the National Strategy.

In recent years a consortium of key population organisations has been established. It is envisaged that the consortium will provide a stronger foundation for community advocacy (particularly in the context of diminishing financial resources).

The community provides a major role in implementation particularly in outreach work and service monitoring. Roles include peer education, facilitating linkages to services and involvement in case management.



## Overview of the National Strategic Plan

The strategy aims through a fast-track approach to ending AIDS as a public health threat by 2030. The new National STI & HIV Strategy 2018–2022 calls on all partners to front-load investments to close testing gaps and reach 90–90–90 prevention and treatment targets. <sup>1</sup>

Strategic Directions and related Goals are in the table below <sup>2</sup>.

Strategic Direction	Goal
1. Leadership, coordination and sustainability	An efficiently managed, capable and well-resourced national, provincial and district response to STIs and HIV
2. Strategic Information	A successful response to STIs and HIV that is driven by accurate and up-to-date strategic information and research
3. Prevention, Continuum of care	Decreased STI and HIV transmission and improved health and well-being of PLHI
4. Advocacy and Enabling Environment	An environment that is safe and supportive of people's efforts to remain healthy.

To implement strategic direction 3 (Prevention, Continuum of Care) a standard service package will be available across all provinces including access to condoms, testing and treatment as well as behaviour change information <sup>3</sup>. An enhanced service package will be available in particular provinces with higher HIV prevalence. In addition to the elements of the standard service package, the enhanced service package will include <sup>4</sup>:

- Peer-based outreach to key populations in urban areas and sites of particular risk and at times when populations can be best accessed, with a direct connection between outreach to clinical services.
- PLHIV case management (with adherence support) incorporated into outreach-combined HIV and TB treatment support.
- Mobile clinical services (including rapid HIV testing) operating in key environments of risk, at times when people from key populations can be accessed—sexually transmissible infection (STI) and HIV testing, STI treatment, tuberculosis (TB) testing, peer counselling, condom access, with a direct connection back to clinics
- Decentralisation of STI and HIV testing and HIV adherence support as far into rural health service levels as possible.
- Decentralising ART to district level and using community/outreach ART delivery approaches to increase access in remote districts with no road access to the provincial capital.

Service elements will be provided through existing public, church, non government organisation (NGO) and private health services. Enhanced efficiency and coordination will be underpinned through activities under strategic direction 1 (Leadership, coordination and sustainability and strategic direction 2 (strategic information).

The relevance of PrEP to PNG will be included under strategic direction 2 (strategic information). <sup>5</sup>



Under strategic direction 4 (Advocacy and Enabling Environment) activities will be implemented to address punitive laws, policies and practices that affect people from key populations (e.g., advocacy for legal reform, changes to police practices). Activities in areas such as health workers training, and sensitisation of law enforcement agencies and community leaders will be implemented to address stigma and discrimination<sup>6</sup>.

## Key Populations

Key Populations are identified in the national strategy as:

- Sex workers
- Men who have sex with men (MSM)
- Transgender people

The National strategy notes “there are many people at risk of and affected by HIV who do not fit neatly into these populations, and there are environments of higher risk that have an impact on broader populations”.<sup>7</sup> Such environments include main towns/transport hubs and are often marked by high unemployment, poverty, insecure housing, alcohol use and violence<sup>8</sup> and transactional sex.<sup>9</sup>

## HIV Epidemic and Behavioural Data

PNG has a mixed HIV epidemic – a national general population prevalence 0.85%, but higher prevalence (greater than 1% of population) in a set of eight high burden provinces (particularly in the National Capital District (NCD) and highlands).

The number of new HIV infections was estimated at 3,310 in 2019. There has been a significant increase in the estimated number of new infections from 2552 in 2010<sup>10</sup>. More than half (56%) of estimated new infections in 2019 were among women. 45% were aged between 15 and 29 years. 2018 IBBS figures indicate prevalence among female sex workers in three of the highest burden provinces as 11.9% (Morobe), 14.9% (NCD) and 19.6% (Western Highlands), and among a combined population of MSM and transgender people<sup>11</sup> in two of the highest burden provinces as 7.1% (Morobe) and 8.5% (NCD).

The table below provides population size estimates for FSWs and MSM. No estimates are available for transgender persons, male sex workers or people who inject drugs (PWID). Studies have revealed only very occasional injecting drug use in PNG.<sup>12</sup>

Key Population Size Estimates		
Populations	Estimate	Year of Estimates
Men who have sex with men	36,000	2019
Female sex workers	48,000	2019

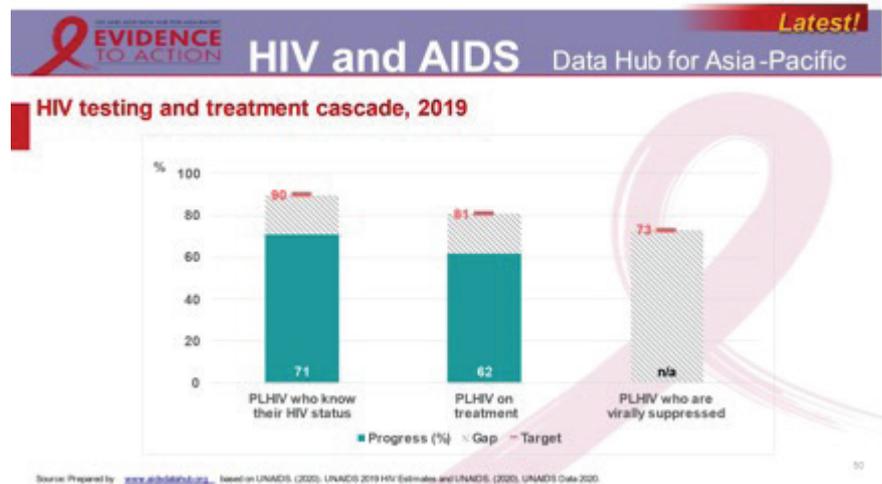


The following table provides data reported to UNAIDS for condom use and HIV testing and status awareness for key populations <sup>13</sup>.

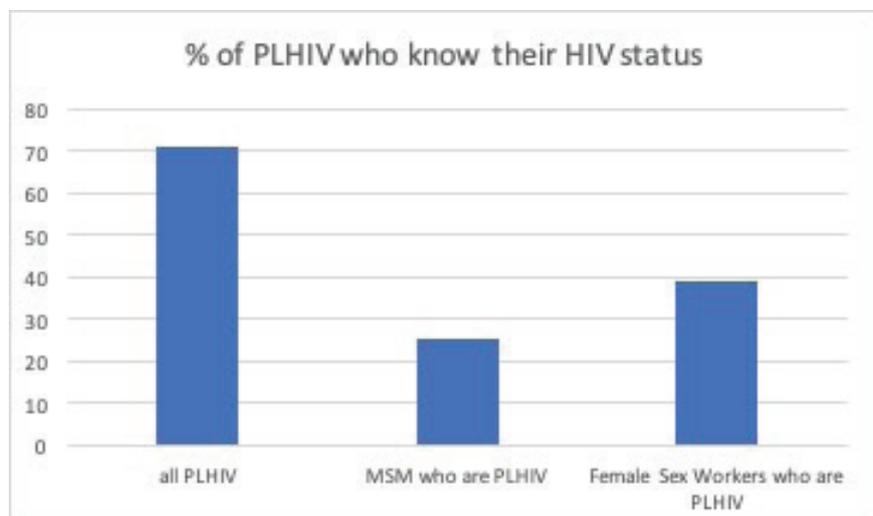
Population	Condom Use	Safe Injecting	ART Coverage	HIV status awareness
Men who have sex with Men	63.1%			59%
Sex workers	31.7% (2017)			

## Program Coverage

It is estimated that 71% of PLHIV know their HIV status and that 62% are on treatment. 72% of all PLHIV are expected to be on ART in 2023 through expected funding <sup>14</sup>.



Among MSM and FSWs it is likely that ART coverage is significantly lower than the overall population. In the most recent IBBS, 61% of the female sex workers and 75% of the MSM and transgender people diagnosed with HIV through the study were previously unaware that they had HIV. <sup>15</sup>





The table below identifies current service coverage, coverage targets and projected gaps in service coverage taking account of domestic budget allocations and other funding sources. In 2019 most key population members were not receiving services. In 2023 it is projected that 52% of MSM and 49% of female sex workers will not be reached through prevention programs.

Population group	Target Population Size <sup>16</sup>	Baseline Coverage	Target for 2023 from all funding sources (domestic and external) and % of target population	Coverage % of target	Gap in coverage target
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### Percentage of Key Populations reached with prevention programs- defined package of services

men who have sex with men	Baseline 2019:31,091; 2023:39,795	3,512 (11.3%)		18,942	48%	52%
Female Sex Workers	2019: 40,277 2023: 53,507	8015 (19.9%)		27240	51%	49%

### Percentage of the key population that have received an HIV test during the reporting period and who know their results

men who have sex with men	Baseline 2019:31,091; 2023:39,795	2,339 (7.52%)		16,028	40%	60%
Female sex workers	2019: 40,277 2023: 53,507	5,701 (14.15%)		23,049	43%	57%

## National Strategy Funding

HIV financing in Papua New Guinea is largely dependent on donor funding. The national strategy acknowledges that donor funding is likely to decrease. It includes the following priority actions to attract new funding:

- Use the findings of the HIV Investment case to engage with current and potential new donors and financial partners.
- Explore innovative public private partnerships improve the sustainability of the response.

Based on anticipated funding needs just under 38% of funds required will be available in 2021. This will decline to less than 25% in 2023.

### Funding required and anticipated funding and sources<sup>17</sup>

	2021		2023	
Total Funding needs for the National Strategic Plan	52,576,855		57,324,105	
Domestic source: Government revenues	4,333,333	8.2%	4,333,333	7.6%
Total previous, current and anticipated EXTERNAL Resources (non-Global Fund)	6,900,000		3,600,000	
Total previous, current and anticipated Global Fund resources from existing grants (excluding amounts included in the funding request)	8,614,641	16.4%	6,031,364	10.5%
External Resources				
Total anticipated resources (annual amounts)	19,847,974	37.7%	13,964,697	24.4%
Annual anticipated funding gap	32,728,881	62.3%	43,359,408	75.6%



## Policy Environment in relation to HIV, SOGI and Sexual Behaviour

Key Population access to services is adversely affected by punitive laws, high levels of stigma and discrimination and sexual violence.

- PNG maintains punitive laws related to sodomy, sex work, HIV transmission and restrictions related to entry to the country with HIV
- 2016 PLHIV Stigma Index reported 41% of PLHIV respondents said they avoided going to local clinics when needed because of their HIV status<sup>18</sup>
- 70% of PLHIV respondents in a survey in 2015 in Western Highlands and Simbu reported having been physically assaulted in the past 12 months because of their HIV status<sup>19</sup>
- 78% of transactional sex workers in Port Moresby reported sexual abuse<sup>20</sup>
- 58% of men that have sex with men in Port Moresby reported sexual assault/violence.<sup>21</sup>

The negative impact of punitive laws, high levels of stigma and discrimination and sexual violence on service access and provision is addressed under strategic direction 4 of the National Strategy - Advocacy and Enabling Environment<sup>22</sup>. Measures are identified to achieve the following results:

- A set of health, police, justice, welfare and other services that can be accessed by the people who need them without stigma and discrimination.
- People from key populations have greater autonomy over their health and well-being.
- A supportive legal and policy environment for STI and HIV program

## Meaningful involvement of the Community

Community organisations representing key populations are included in all governance arrangements for the National Strategy. This includes participation at province and district levels.

In recent years a consortium of key population organisations has been established. It is envisaged that the consortium will provide a stronger foundation for community advocacy (particularly in the context of diminishing financial resources).

The community provides a major role in implementation particularly in outreach work and service monitoring. Roles include peer education, facilitating linkages to services and involvement in case management.

1. Papua New Guinea National STI & HIV Strategy 2018–2022. National AIDS Council Papua New Guinea. P1  
2. Ibid p8–30  
3. Ibid p18  
4. Ibid p19  
5. Papua New Guinea National STI & HIV Strategy 2018–2022. National AIDS Council Papua New Guinea. P17  
6. Papua New Guinea National STI & HIV Strategy 2018–2022. National AIDS Council Papua New Guinea. P29,30  
7. Ibid, p2  
8. Papua New Guinea CCM. Funding Request Form Allocation Period 2020–2022. P39  
9. Papua New Guinea National STI & HIV Strategy 2018–2022. National AIDS Council Papua New Guinea. P22  
10. <https://www.aidsdatahub.org/country-profiles/Papua-New-Guinea> (accessed May 2021)  
11. Data is not disaggregated for transgender people.  
12. Papua New Guinea CCM. Funding Request Form Allocation Period 2020–2022. P11  
13. <https://kpatlas.unaids.org/dashboard#/home> accessed July 2021  
14. Papua New Guinea CCM. Funding Request Form Allocation Period 2020–2022. Programmatic Gap Annex

15. Papua New Guinea National STI & HIV Strategy 2018–2022. National AIDS Council Papua New Guinea. P24  
16. The population size estimates used in this table are taken from programmatic Gap table in Global Fund Funding Request. Estimates of population size vary across the years 2019–2023 as follows for MSM: 2019:31,091; 2021: 37766; 2022: 38748; 2023: 39755. Estimates for female sex workers are: 2019: 40,277; 2021: 50829; 2022: 52151; 2023: 53,507. Papua New Guinea CCM. Funding Request Form Allocation Period 2020–2022. Programmatic Gap Annex  
17. Ibid  
18. Rule, John Stanley. The application of the HIV stigma index in the Western Highlands and Chimbu Provinces of Papua New Guinea: Summary Report P7  
19. Ibid, p7  
20. PEPFAR. 2017 Country Operational Plan. Papua New Guinea. 2017. <https://www.state.gov/wp-content/uploads/2019/08/Papua-New-Guinea-11.pdf>. Accessed June 2021.  
21. Ibid  
22. Papua New Guinea National STI & HIV Strategy 2018–2022. National AIDS Council Papua New Guinea. P27–30