



Critical Concerns for HIV Treatment & Care in Papua New Guinea

A Call to Action

HIV in Papua New Guinea (PNG) represents an escalating crisis of health systems and service access. High levels of drug resistance and persistent vertical transmission have contributed to complexity in clinical management, whilst key populations are not effectively reached by prevention and treatment services. Inadequate domestic funding and changing levels of donor commitment threaten progress previously achieved under the national response. Urgent action is required to mitigate HIV in PNG and address this growing health security risk to Australasia and the Indo-Pacific region.

This Call to Action by the 2019 Australasian HIV&AIDS Conference implores partners, donors, governments, communities and People Living with HIV (PLHIV) to unite, arrest and reverse current HIV trends in PNG. This can only be achieved through renewed donor engagement, improved collaboration, the meaningful involvement of key populations and PLHIV, strengthened health systems and the continued development of a competent and confident clinical workforce.

The PNG National Department of Health, the National AIDS Council of PNG, the PNG Sexual Health Society, Igat Hope (the representative body for PLHIV in PNG), Kapul Champion (the representative body for men of diverse sexuality in PNG), Friends Frangipani (the representative body of sex workers in PNG) and the World Health Organisation presented a resounding picture of crisis at the HIV Summit in Port Moresby, held August 2019. Levels of resistance to antiretroviral therapy in PNG - specifically first-line Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs) - are amongst the highest in the world. A lack of prevention programs and outreach to key populations, including sex workers, men who have sex with men (MSM) and transgender people, has resulted in poor knowledge of HIV and continuing high rates of HIV transmission. Poor access to services, variable drug supply and inadequate peer support has resulted in low treatment adherence. Further, despite significant efforts in programming for Prevention of Parent To Child Transmission (PPTCT), vertical transmission of HIV persists at very high levels (approximately one in four children born to HIV positive mothers).

These complex challenges have been compounded by donor fatigue and withdrawal from PNG over recent years, limiting the implementation of a proactive national response and placing greater pressure onto an already heavily burdened clinical workforce and health system and community and other civil society partners.

Papua New Guinea's clinical and programmatic response to HIV have been guided by successive National HIV Strategies since 2006. There have been many achievements over this period, including the introduction of the HIV program into all 22 provinces and raising ART coverage from 10% in 2010 to 65% in 2018. However, despite the demonstrated progress in assisting individuals, families and communities to respond to HIV, the current data reveals of a growing health emergency, with ominous implications for the health security of PNG, Australasia and the Indo-Pacific region.

Key Facts

- PNG has the fourth highest pre-treatment drug resistance among first-line ART initiators in the world. Current pre-treatment drug resistance is 17.8%.
- Frequent ART drug stock-outs across PNG result in patients experiencing interruptions to routine treatment. Amongst patients in PNG recommencing ART after interruptions, 42% do not respond to treatment due to acquired drug resistance.



- Transmission of HIV from parents to children is at crisis levels. The rate of HIV transmission to children is increasing rapidly. There were 300 children born with HIV in 2018 and it is expected that this number will be much higher in 2019.
- Limited outreach efforts mean many people from key population do not know their HIV status. In 2016, 41% of HIV positive sex workers and 23% of HIV positive MSM and transgender people were unaware of their status.
- Prevention uptake, including use of condoms, remains poor among key populations. The 2016 IBBS reported more than two-thirds of female sex workers in Port Moresby, Lae, and Mt. Hagen had not used condoms with all clients in the past six months. Condoms are often unavailable.
- Persistent high prevalence of untreated STIs provides increased risk for HIV acquisition, and stockouts of antibiotics for syndromic management of STIs are frequent across the country.
- Gender based violence statistics for PNG remain among the highest globally, outside of conflict zones. Sexual violence and gender inequity increase risks for HIV among women and young girls.
- Stigma and discrimination remain significant barriers to service access, interrupting the efficacy of referral systems across the continuum of HIV care.
- Comorbidity of HIV with TB and other diseases (communicable and non-communicable) demands complex clinical management beyond the capacity of many primary health workers in PNG.
- Health workforce development opportunities for HIV and sexual health practitioners in PNG are limited. Structured clinical mentoring, to ensure the application of knowledge from training to practice, is not an integrated component of the national health or HIV response plans.

Key Recommendations

1. A fully funded, ring-fenced budget for ART, including the immediate roll out of the new HIV treatment combination. This needs to coincide with appropriate training and support for healthcare workers.
2. Stockouts of essential drugs, test kits and condoms threaten previous gains. The 6-month drug supply buffer at national level, and 3-month buffer at clinics, needs to be reinstated as the minimum standard.
3. Adherence support for PLHIV needs to be strengthened. This will require engagement, financing and support for peer programs led by Igat Hope, alongside uniform national guidelines for counselling and support.
4. Prevention must be re-prioritised, with secure financing for peer outreach and for both the National KP Consortium and its members, Kapul Champions, Friends Frangipani and Igat Hope.
5. Access to HIV testing and linkage to treatment and care needs to be rapidly increased. This includes demonstrating the effectiveness of HIV self-testing, community-led testing and screening for HIV, TB and STIs.
6. There is an urgent need to arrest the high rate of parent to child transmission through routine HIV testing and treatment in antenatal clinics.
7. The lack of a unique code/numbering system to track patterns of service use by individual patients is a significant barrier to generating strategic information about the epidemic. This should be introduced in conjunction with a new research agenda, setting out priorities to tackle the epidemic.
8. Stigma and discrimination persist, interrupting the efficacy of referral systems, particularly in complex cases, where HIV is present alongside TB and/or STIs. Support is needed to address stigma and strengthen the referral system.
9. Provinces require assistance so that adequate levels of HIV funding, through stand-alone or integrated services, are allocated in the budgets of Public Health Authorities (PHAs).

The 2019 Australasian HIV&AIDS Conference in Perth, building on the work and recommendations of the PNG HIV Summit (2019), has established consolidated consensus to address these critical concerns for the HIV response in PNG. Stakeholders stand united to advocate for, and work together towards, improving the



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systems, services and engagement of people that will reverse these alarming trends. This Call to Action implores donors to reconsider funding withdrawal, recognise the impact of inaction, and demonstrate commitment to averting an HIV crisis in PNG, Australasia and the Indo-Pacific region.