

# Country progress report - Papua New Guinea

Global AIDS Monitoring 2020





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- XI. AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

# Overall

## Fast-track targets

### Progress summary

PNG is a lower-middle income country, with volatile economic growth per capita due to a high dependence on international commodity prices and lumpy investments in natural resources. Rapid population growth has strategic implications for broader socio-economic development. PNG currently has an estimated population of 8.9 million (2019 projections), more than double that in 1980. PNG continues to have a high total fertility rate of 3.5 children per woman of reproductive age. Less than one third (31%) of women currently married or in union aged 15-49 years use modern methods of contraception. The large cohort of pregnancies, new-borns, infants and children put significant additional financial and other demands on an already stretched health system resulting in high rates of maternal mortality. PNG continues to face significant health challenges. Life expectancy for men and women have improved but not as rapidly as comparable countries, nor is it at the expected level for a country of PNG's income: Historically, there has been progress in addressing specific diseases (e.g. malaria and HIV) – but this has been largely buttressed by significant vertical donor support and has not been sustained beyond the life of external financing and delivery. For example, at one stage PNG was reducing malaria incidence faster than any other country in the world but this has not been sustained. PNG now faces formidable challenges in terms of communicable diseases (including sexually transmitted infections, increasing HIV infections, and drug resistant TB and HIV); under-nutrition (PNG is ranked fourth in the world for stunting); and maternal, new-born and child health. Polio re-emerged in 2018. Neglected tropical diseases in PNG include leprosy and filariasis. PNG also faces a rapidly rising challenge of Non-Communicable Diseases (NCDs): including heart disease, cancers, and diabetes - which puts new and different strains on an already fragile health system.

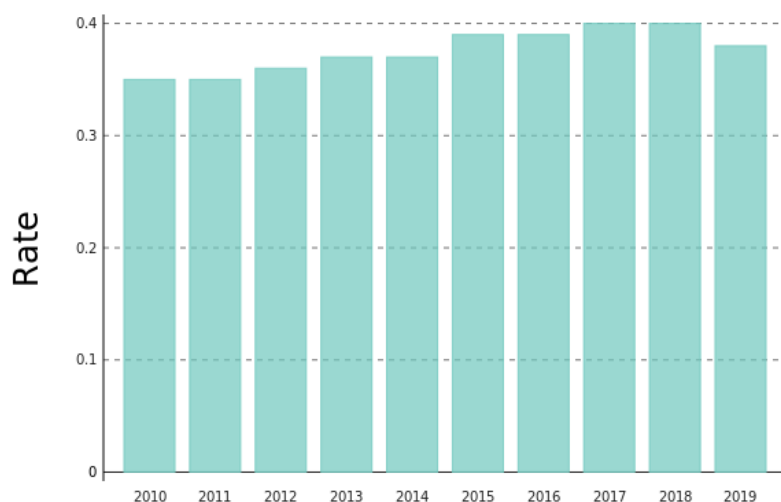
The estimated number of new HIV infections in PNG has increased from 2,500 in 2010 to 3,300 in 2019 (about 33%). By end of 2019, PNG has an estimated 51,000 people living with HIV in the country and the HIV prevalence among 15-49 years old has reached 0.85%. However, HIV infections are still concentrated in a set of key populations including sex workers and other women who exchange sex for money, goods and protection, and men who have sex with men and transgender women. Clients of sex workers and the sexual partners of these key populations are also at significant risk. The Integrated Bio Behavioural Survey undertaken in Port Moresby, Lae and Mt Hagen showed that around 19% of sex workers and other women who exchange sex for money, goods and protection, and around 9% of men who have sex with men and transgender women are living with HIV. Vertical transmission from parent to child remains high at around 23%. HIV is present in all provinces, but at increased levels in eight 'high-burden' provinces the National Capital District, and Enga, Jiwaka, Simbu, Western Highlands, Southern Highlands, Morobe and Madang provinces.

The overall investments in HIV in the country is way below the required - around USD 22 million in 2019 (2019 HIV Summit Report) out of the estimated need USD 50 million (2018 Investment Case Report). And the large proportion of these investment in the response has been through international support (estimated to be more than 60%). Despite the efforts, the country still faces very serious challenges including low coverage of HIV prevention interventions (MSM reached 9%, FSW reached 17%); poor quality of KP interventions due to stock out of test kits and condoms; Low HIV testing coverage among KPs (MSM 5.5%; FSW 11.4%); Late HIV diagnosis - 44% of HIV cases are diagnosed with CD4 of <200; Inadequate PMTCT coverage – 45% pregnant women attend ANC at least once, 30% receive assisted deliveries; ART adherence and retention is very low; and Low coverage of Viral Load testing.

But despite this, PNG is now supporting more than 32,000 PLHIV (32,018 by end of 2019) which is around 62% of estimated PLHIV in need of ART. PLHIV who know their HIV status has also increased hitting 71% in 2019. While viral load testing among those on ART remain very low (only 11% in 2019), those who underwent testing, 85% were virally suppressed. PNG, in summary has tallied 71-62-53 achievement for its 90-81-73 targets (or 71-88-85 for its 90-90-90 targets).

### 3.1 HIV incidence rate per 1000, Papua New Guinea (2010-2019)

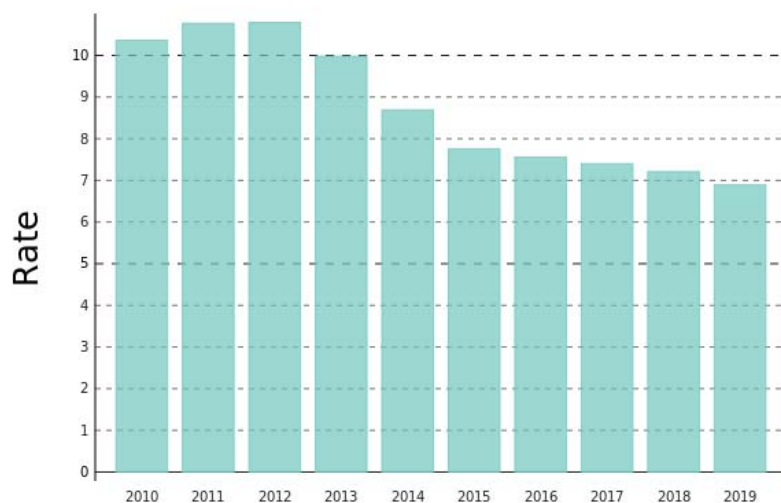
Number of people newly infected with HIV in the reporting period per 1000 uninfected population



Source: Spectrum file

### 1.7 AIDS mortality per 100 000, Papua New Guinea (2010-2019)

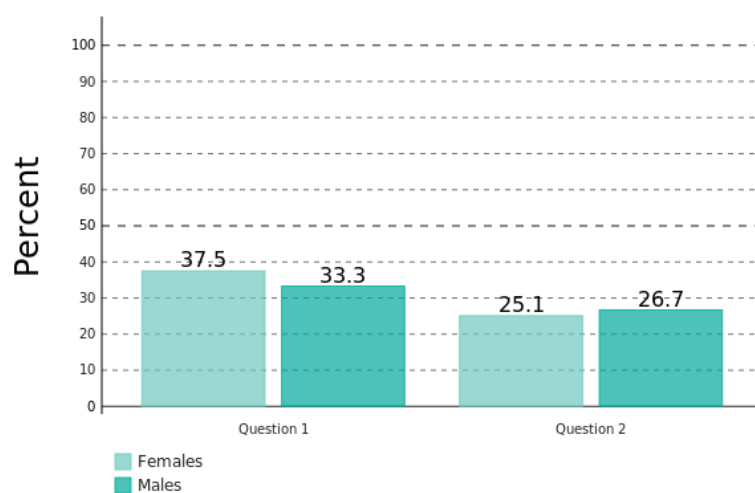
Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

## 4.1 Discriminatory attitudes towards people living with HIV, Papua New Guinea (2019)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



# HIV testing and treatment cascade

**Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020**

## **Progress summary**

The country has made moderate progress in increasing the number of PLHIV on treatment. Out of the 51,371 estimated PLHIV in PNG, there are about 32,018 PLHIV currently on treatment, which gives a coverage of 62.3% compared to 62% in 2018. While increases in case finding has resulted in more PLHIV being identified, low retention rates have hampered progress in improving the 2nd 90.

The ARV programme has been rolled out in all 22 provinces with over 150 health facilities now providing ARV compared to 120 in 2017. The HIV Patient database (HPDB) has increased to over 40+ sites, improving the quality of patient care and enhancing patient monitoring. The new care and treatment guidelines have been approved for test and treat, DTG based regimens and multi-month dispensation. A major barrier has and continues to be ART availability, with threats of ART stockouts still looming. In 2019 PNG began the transition process to the new TLD regimen and in 2020 efforts are being made to ensure adequate supplies are maintained and a successful transition is achieved.

The challenges in monitoring of patients to improve retention are now being addressed through the improvements done in the electronic patient database for better tracking of the patients while community-based organizations are strengthening the peer networks and using it for enhancing patient retention. Viral load monitoring is being rolled out nationally DBS testing on the Roche platform and via GeneXpert at near point-of-care. The current data from these sites shows a viral load suppression at 85% however VL coverage is still low at 11%. In 2020 significant efforts will be made to expand access to VL testing services



## **Policy questions (2018)**

**Is there a law, regulation or policy specifying that HIV testing:**

**a) Is mandatory before marriage**

No

**b) Is mandatory to obtain a work or residence permit**

Yes

**c) Is mandatory for certain groups**

Yes

Immigrant workers ; students going overseas ;

**What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?**

-; -

**Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?**

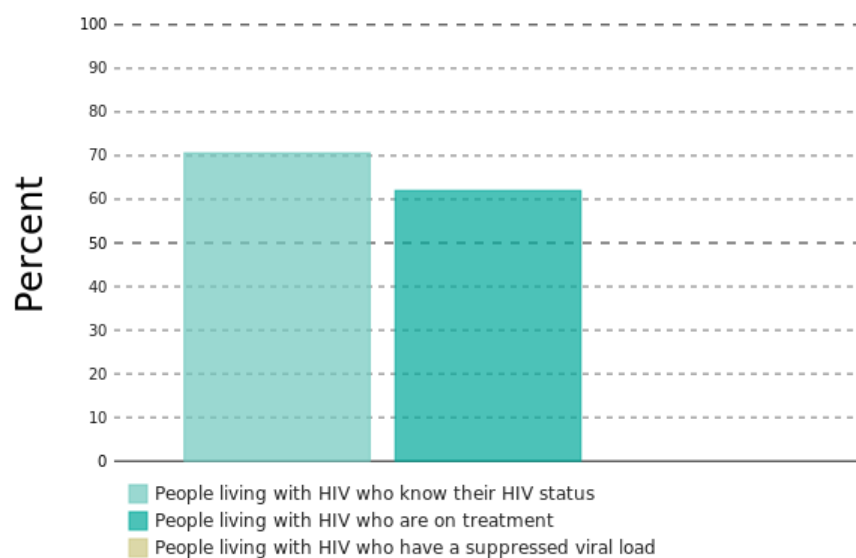
**a) For adults and adolescents**

-; -

**b) For children**

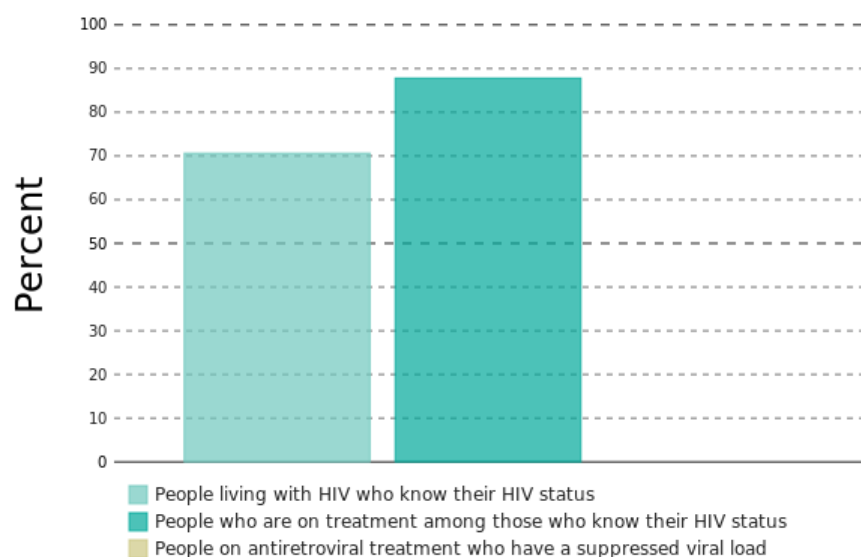
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## HIV testing and treatment cascade, Papua New Guinea (2019)



Source: Spectrum file

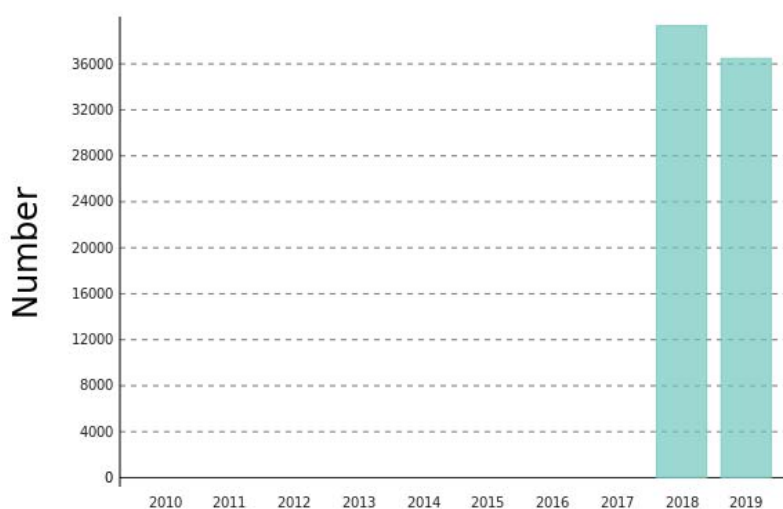
## Progress towards 90-90-90 target, Papua New Guinea (2019)



Source: Spectrum file

## 1.1 People living with HIV who know their HIV status, Papua New Guinea (2010-2019)

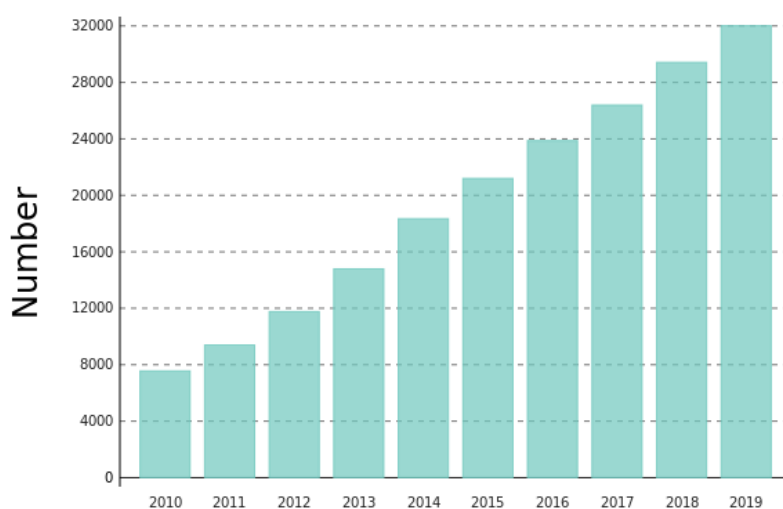
Number of people living with HIV who know their HIV status



Source: Spectrum file

## 1.2 People living with HIV on antiretroviral therapy, Papua New Guinea (2010-2019)

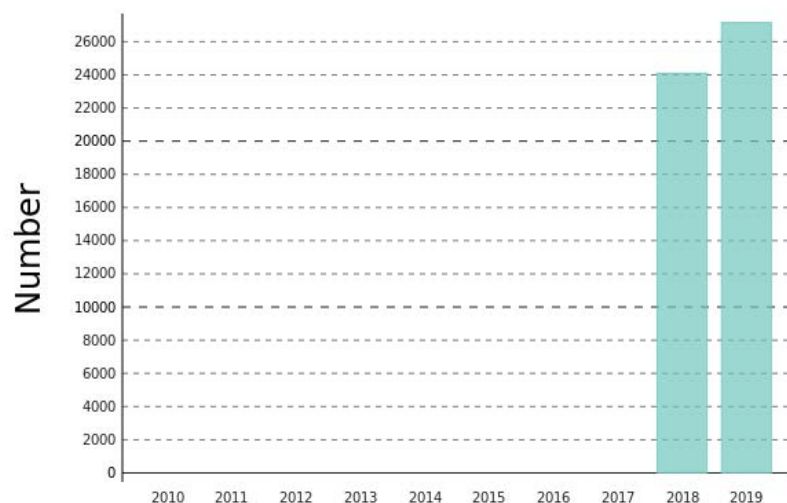
Number of people on antiretroviral therapy



Source: Spectrum file

### 1.3 People living with HIV on antiretroviral treatment who have suppressed viral load, Papua New Guinea (2010-2019)

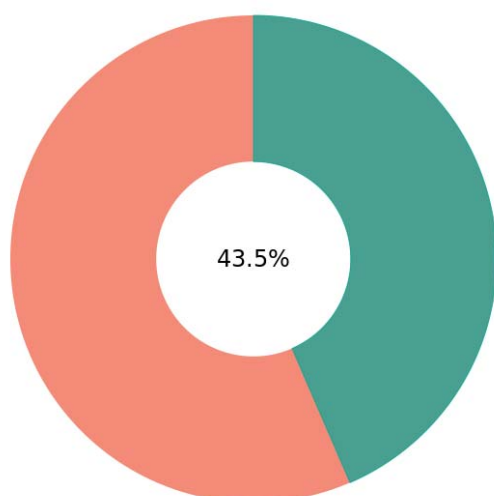
Number of people living with HIV with suppressed viral loads



Source: Spectrum file

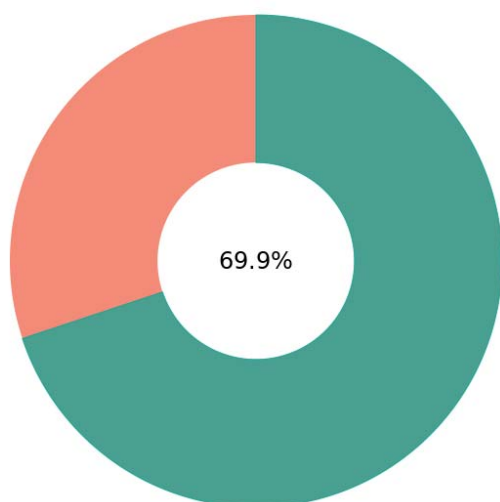
### 1.4 Late HIV diagnosis, Papua New Guinea (2019)

Percentage of people living with HIV with the initial CD4 cell count <200 cells/mm<sup>3</sup> during the reporting period



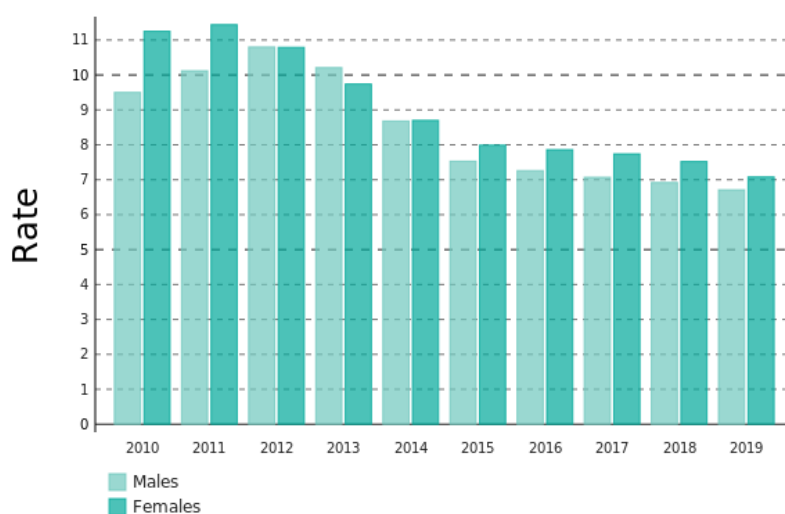
## 1.4 Late HIV diagnosis, Papua New Guinea (2019)

Percentage of people living with HIV with the initial CD4 cell count <350 cells/mm<sup>3</sup> during the reporting period



## 1.6 AIDS mortality rate per 100 000, Papua New Guinea (2010-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

## 1.6 AIDS mortality rate per 100 000 among adults, Papua New Guinea (2010-2019)

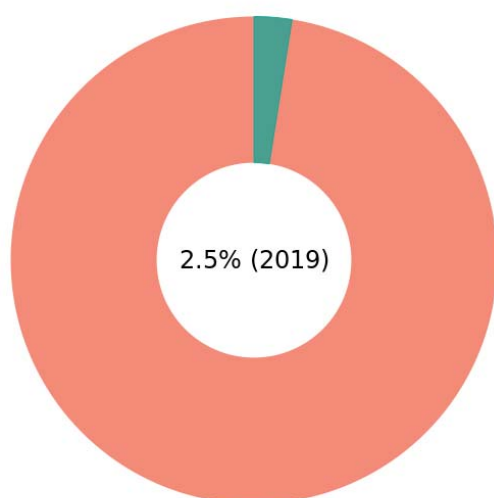
Total number of adults who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

## 1.7 HIV testing volume and positivity, Papua New Guinea

Percentage of HIV -positive results returned to people (positivity) in the calendar year



Number of HIV tests conducted = 182 839

# Prevention of mother-to-child transmission

**Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018**

## **Progress summary**

While significant progress has been made in the management of the HIV in the country, the PPTCT program still has many challenges. In total, ANC coverage for at least four visits was 55% and 53% of all births are delivered where delivered by a skilled health personnel (UNICEF - <https://data.unicef.org/country/png/>). Not all babies born in PNG have contact with the primary health care system in ANC, during labour or the post-natal period. However, it remains very important for the HIV/AIDS and STIs program to ensure that all mothers presenting to health facilities have access to high-quality PPTCT services. This is a crucial area that needs strengthening if PNG is going to succeed in ensuring an HIV free generation.

A total of 46,560 women were tested for HIV in ANC and labour ward in 2019. Of these, 434 (0.9%) were confirmed HIV positive. The proportion of pregnant women that are receiving ART for PPTCT has been steadily rising over the recent years. Between 2010 and 2018, PPTCT coverage has increased from 6% to 68% respectively. This is largely due to the success in the decentralization of ART services.

Despite these notable successes, a large number of pregnant HIV positive women fail to get ART after presenting to health facilities. There is an urgent need to close the gaps and ensure that all HIV positive pregnant women access ART. Most mothers are likely to be highly motivated to take ART because they do not want to transmit HIV to their unborn child. The program needs to avail PPTCT services to such women and in so doing help the country move slowly towards the elimination of vertical transmission.

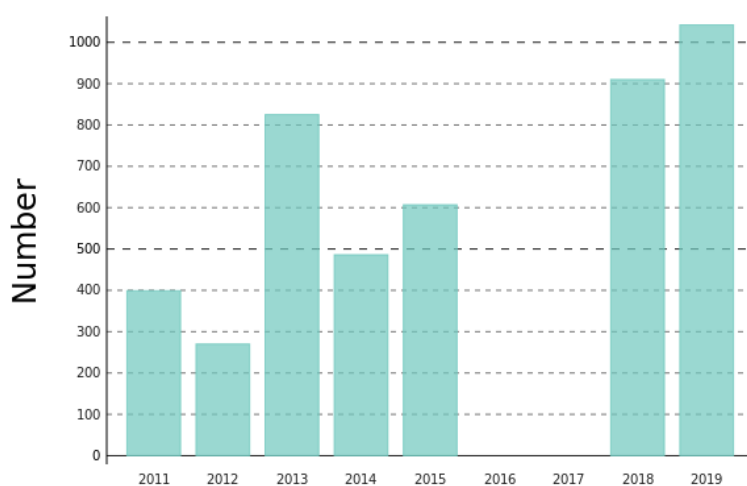
All exposed infants are expected to have the early-infant diagnosis (EID) of HIV done between 4 – 6 weeks or at the earliest opportunity thereafter. This is because mortality for HIV infected children is highest during the first few years of life. Early identification of those infected and prompt initiations on ART is very important for the program as it helps minimize mortality.

In PNG, the coverage of EID for exposed infants has been fluctuating and has declined over the last three years. In 2017, only 35% of the exposed infants had EID done. This poor coverage can be attributed to several issues mostly related to poor awareness among HCWs, logistical challenges in sending DBS samples or receiving results on time. Some communities are also very remote and difficult to access which makes it difficult for HCWs to adequately monitor the mother-baby pair. In addition to all this, the surveillance system currently in place to record and report PPTCT is weak and needs strengthening. The program also needs more support and commitment from all stakeholders to strengthen its coordination role and address these challenges.



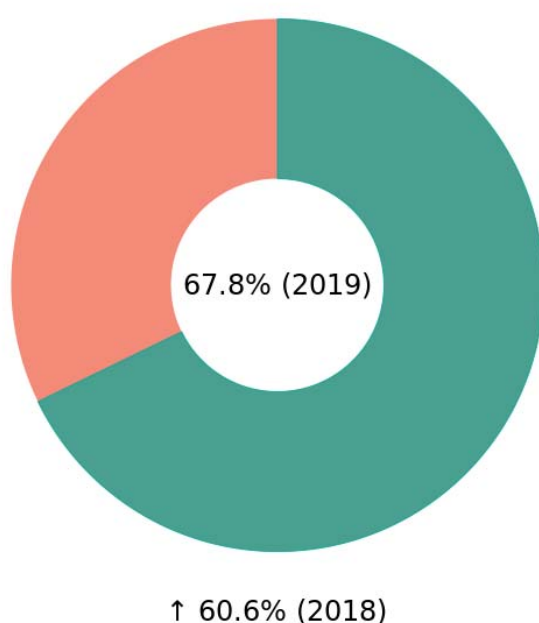
## 2.1 Early infant diagnosis, Papua New Guinea (2011-2019)

Number of infants who received an HIV test within two months of birth



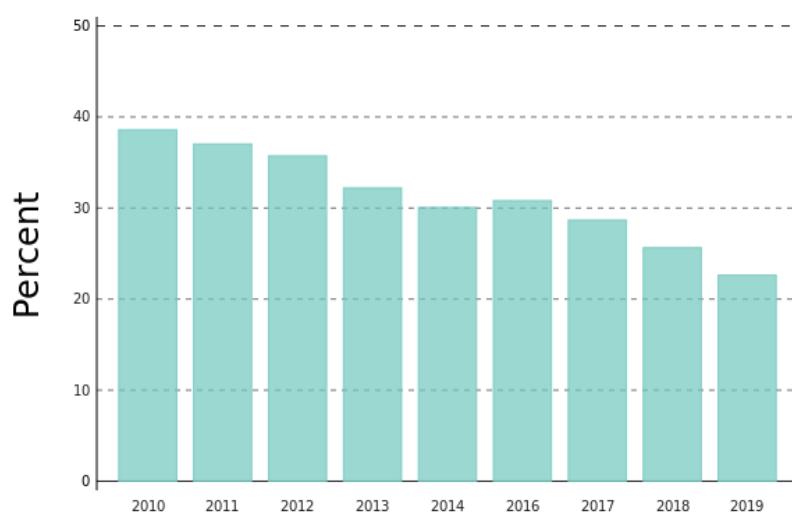
## 2.1 Early infant diagnosis, Papua New Guinea (2018-2019)

Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



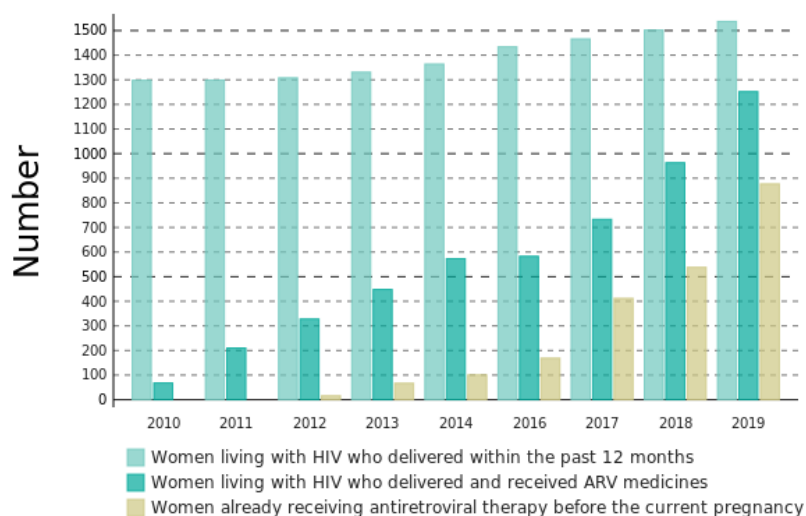
## 2.2 Mother-to-child transmission of HIV, Papua New Guinea (2010-2019)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



Source: Spectrum file

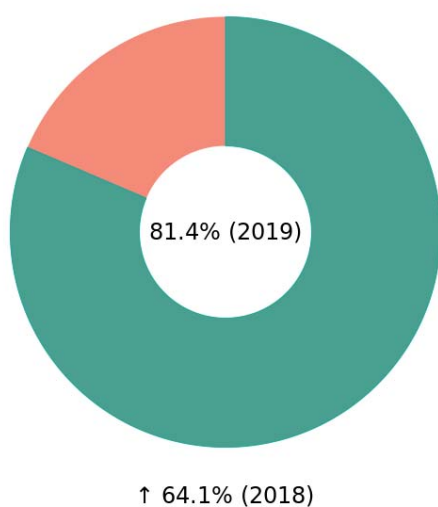
## 2.3 Preventing mother-to-child transmission of HIV, Papua New Guinea (2010-2019)



Source: Spectrum file

## 2.3 Preventing mother-to-child transmission of HIV, Papua New Guinea (2018-2019)

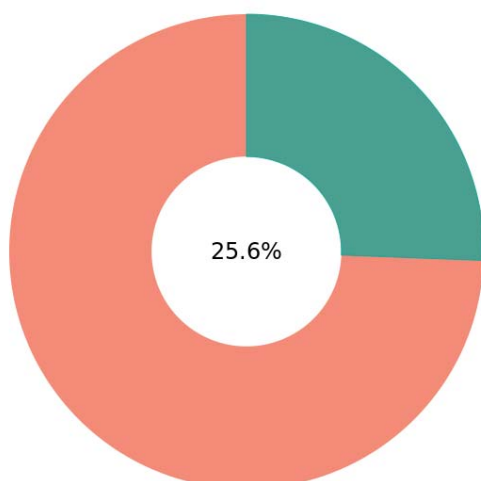
Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



Source: Spectrum file

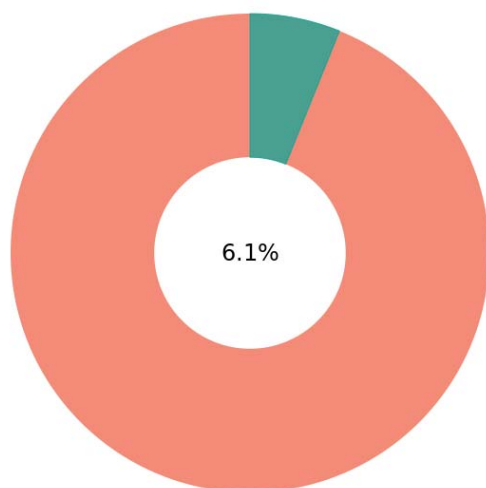
## 2.4 Syphilis among pregnant women, Papua New Guinea (2019)

Percentage of pregnant women tested for syphilis



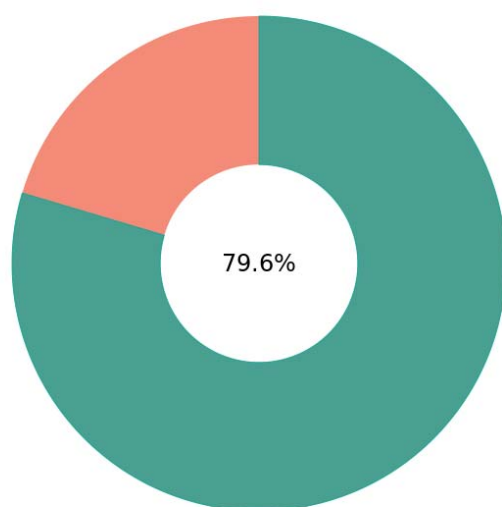
## 2.4 Syphilis among pregnant women, Papua New Guinea (2019)

Percentage of pregnant women tested positive for syphilis



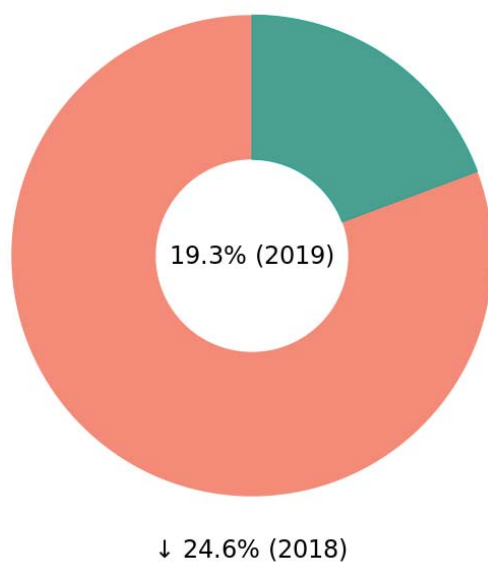
## 2.4 Syphilis among pregnant women, Papua New Guinea (2019)

Percentage of pregnant women on treatment among those who tested positive



## 2.6 HIV testing in pregnant women, Papua New Guinea (2018-2019)

Percentage of pregnant women with known HIV status



# HIV prevention; Key populations

**Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners**

## **Progress summary**

PNG has continued to experience an increase in the HIV incidence which is at 0.61 among adults 15 - 49 years. Women have a higher HIV incidence than men across most age groups. Much of this has been due to challenges in providing comprehensive HIV prevention programs particularly for the key populations. Despite the key populations having higher rates of both HIV and STIs, the 2016/17 IBBS showed that less than half of them are reached with a minimum HIV prevention package over the last three months and have poor access to condoms and lubricants. In addition, access and use of condoms even among the general remains low. However, the country has made some positive steps in strengthening their HIV prevention efforts. In high-burden provinces, HIV prevention efforts to reach and test key populations have been put in place which has seen nearly half of the estimated FSWs and MSM/TG reached in 2019. In addition access to condoms has slightly improved.

## **Policy questions: Key populations (2018)**

### **Criminalization and/or prosecution of key populations**

#### **Transgender people**

- Neither criminalized nor prosecuted

#### **Sex workers**

- Selling sexual services is criminalized
- Buying sexual services is criminalized
- Ancillary activities associated with selling sexual services are criminalized
- Ancillary activities associated with buying sexual services are criminalized
- Profiting from organizing and/or managing sexual services is criminalized
- Other punitive and/or administrative regulation of sex work

#### **Men who have sex with men**

- Yes, penalty not specified

### **Is drug use or possession for personal use an offence in your country?**

- Drug use or consumption is specified as a criminal offence
- Possession of drugs for personal use is specified as a criminal offence

### **Legal protections for key populations**

#### **Transgender people**

- Neither criminalized nor prosecuted

#### **Sex workers**

- -

#### **Men who have sex with men**

- -

#### **People who inject drugs**

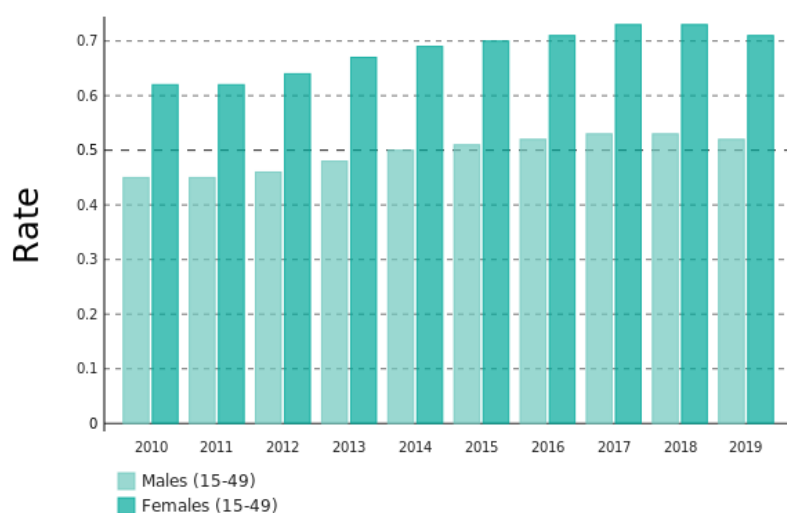
- -

### **Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?**

-

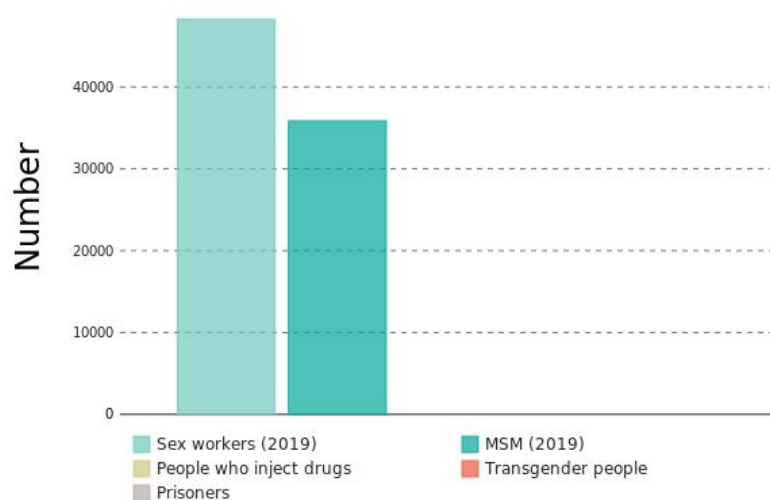
### 3.1 HIV incidence rate per 1000, Papua New Guinea (2010-2019)

New HIV-infections in the reporting period per 1000 uninfected population (Adults, ages 15-49)



Source: Spectrum file

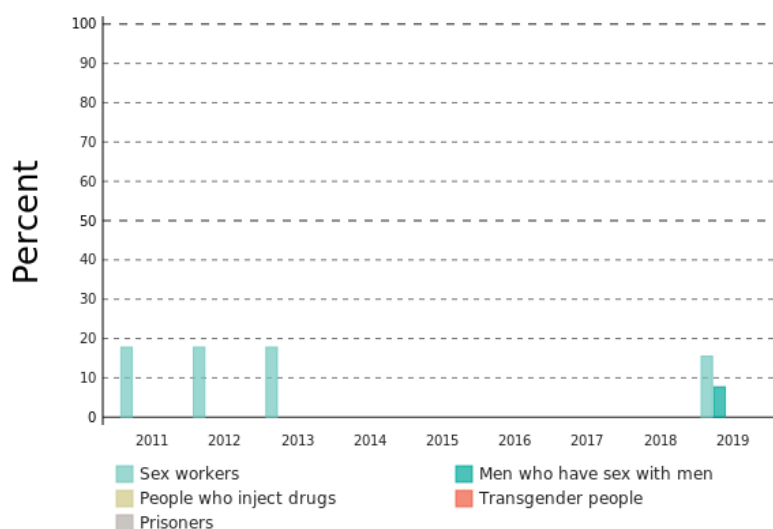
### 3.2 Estimates of the size of key populations, Papua New Guinea





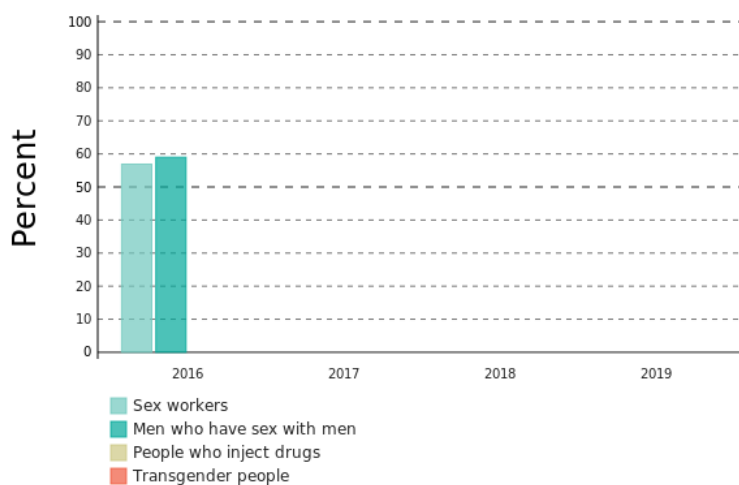
### 3.3 HIV prevalence among key populations, Papua New Guinea (2011-2019)

Percentage of specific key populations living with HIV



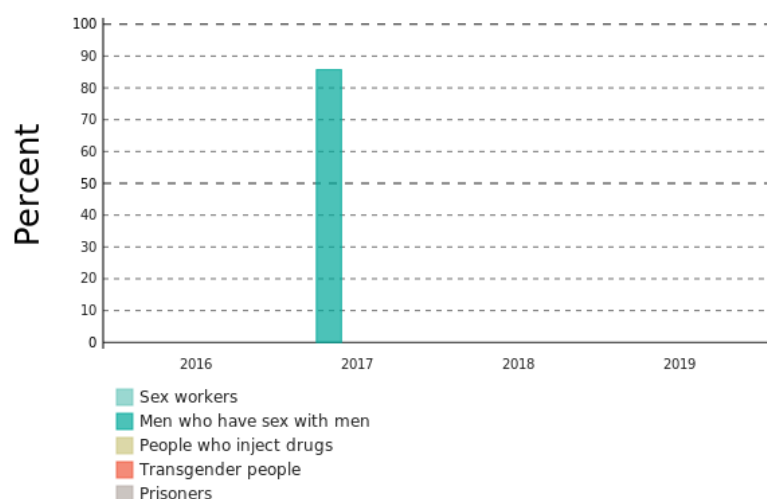
### 3.4 HIV testing among key populations, Papua New Guinea (2016-2019)

Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status



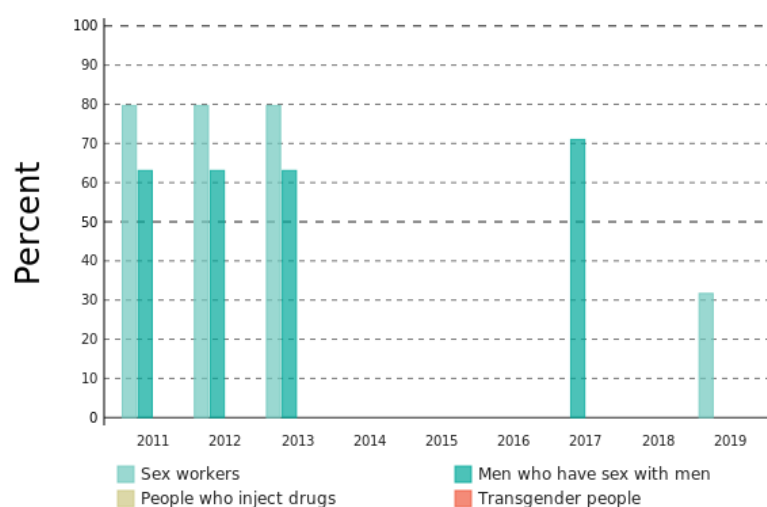
### 3.5 Antiretroviral therapy coverage among people living with HIV in key populations, Papua New Guinea (2016-2019)

Percentage of the people living with HIV in a key population receiving antiretroviral therapy in the past 12 months



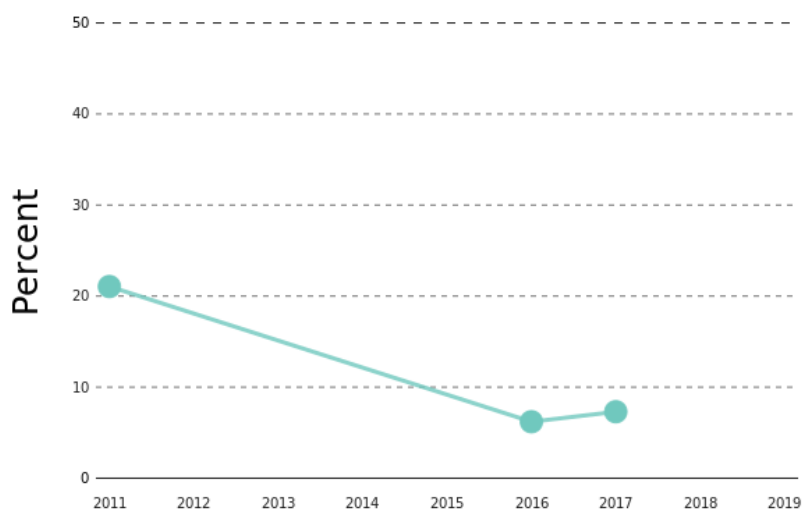
### 3.6 Condom use among key populations, Papua New Guinea (2011-2019)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



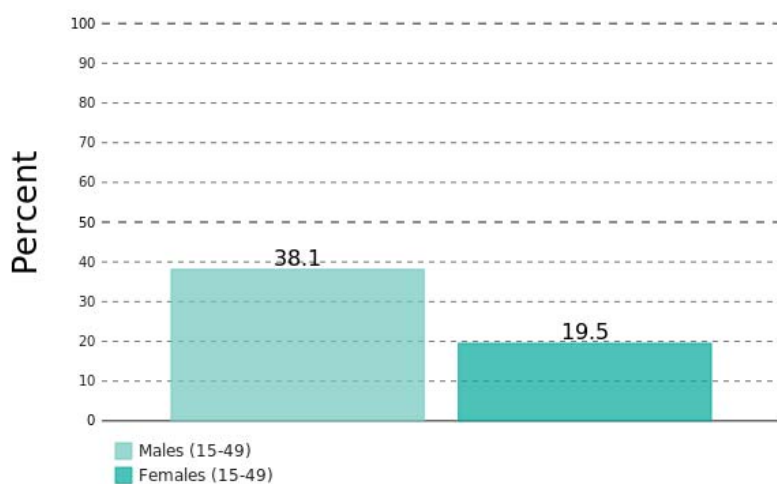
### 3.11 Active syphilis among sex workers, Papua New Guinea (2011-2019)

Percentage of sex workers with active syphilis



### 3.18 Condom use at last high-risk sex, Papua New Guinea (2018)

Percent of respondents who say they used a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months



# Gender; Stigma and discrimination

## **Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020**

### **Progress summary**

The country continue to experience very high levels of stigma and discrimination against key population and people living with HIV.

The recent DHS 2016-2018 data indicate that up to 64% of Papua New Guineans (62% among adult females and 67% among adult males) would not "buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV". In the same survey, up to 74% of Papua New Guineans (75% among adult females and 72% among adult males) do not think that "children living with HIV should be able to attend school with children who are HIV negative".

The 2018 Multisite IBBS indicate that up to 48% of MSM/TG in Port Moresby and Lae felt the need to hide their sexual practices and/or gender identity when accessing health services (44.9-48.0%). And among FSW in the same sites, many (23.0-45.2%) felt the need to hide that they sell or exchange sex when accessing health services.

HIV prevalence among FSW in Port Moresby, Lae, and Mt. Hagen remains very high at 14.9%, 11.9%, and 19.6% respectively, more than 10 times greater than the national PNG adult female estimate of 1.1%. HIV prevalence among MSM/TG in Port Moresby and Lae was 8.5% and 7.1%, respectively, more than 7 times greater than the national PNG adult estimate of 0.9%.

## **Policy questions (2018)**

**Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV**

Yes

**Does your country have legislation on domestic violence\*?**

Yes

- Physical violence
- Sexual violence
- Psychological violence
- Emotional violence
- Economic violence
- Explicit criminalization of marital rape
- Protection of former spouses
- Protection of unmarried intimate partners

**What protections, if any, does your country have for key populations and people living with HIV from violence?**

- General criminal laws prohibiting violence
- Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population
- Programmes to address intimate partner violence\*
- Programmes to address workplace violence
- Interventions to address police abuse
- Interventions to address torture and ill-treatment in prisons

**Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?**

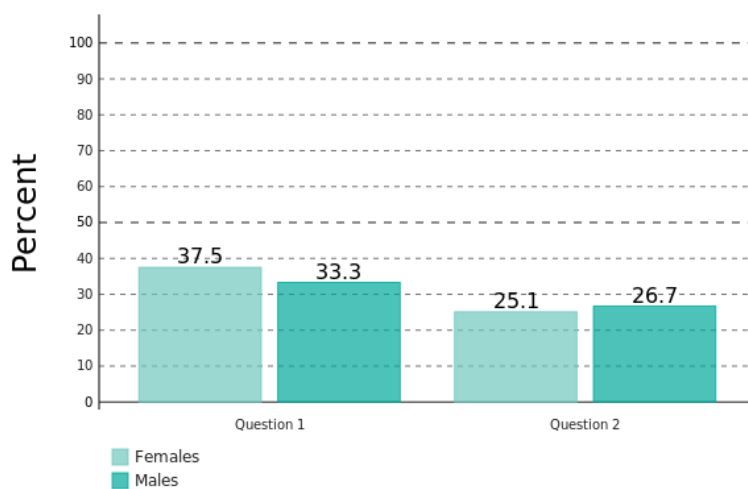
Yes, policies exists and are consistently implemented

**Does your country have laws criminalizing the transmission of, non-disclosure of or exposure to HIV transmission?**

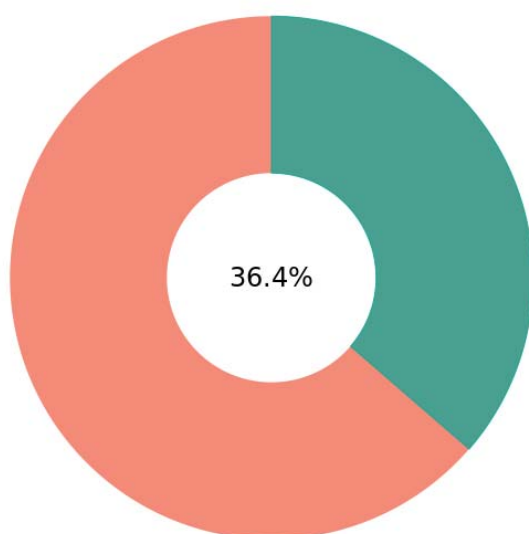
Yes

## 4.1 Discriminatory attitudes towards people living with HIV, Papua New Guinea (2019)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



## Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



# Knowledge of HIV and access to sexual reproductive health services

**Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year**

## **Progress summary**

The recent DHS 2016-2018 data on HIV/AIDS knowledge, transmission and prevention revealed that 82% of women and 90% of men age 15-49 are aware of AIDS. Overall, 52% of women and 58% of men know that using condoms is a way to prevent HIV transmission. Sixty-nine percent of women and 74% of men recognize that the risk of getting HIV can be reduced by limiting sexual intercourse to one uninfected partner. A greater proportion of men (52%) than women (48%) are aware of both of these prevention methods. Some background characteristics: ▪ Women and men who have never been married and have never had sex are less likely to have heard of HIV (78% and 83%, respectively) than those who have ever had sex (87% and 94%, respectively); ▪ Among women, knowledge of HIV/AIDS prevention decreases with age; 50% of women age 15-24 know that using condoms and limiting sexual intercourse to one uninfected partner can reduce the risk of HIV, as compared with 46% of women age 40-49. ▪ Knowledge of HIV prevention methods is higher among urban women (61%) and men (65%) than rural women (46%) and men (50%); ▪ There are notable differences in knowledge of HIV/AIDS prevention methods by region, ranging from 45% each among women and men in Highlands to 57% among women and 58% among men in Islands; ▪ Knowledge of prevention methods increases with increasing education; 29% of women and 36% of men with no education are aware of both HIV prevention methods, as compared with 77% of women and 69% of men with a higher education.

PNG currently lacks specific programs targeting young / adolescent girls.



## **Policy questions (2018)**

**Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:**

**a) Primary school**

Yes

**b) Secondary school**

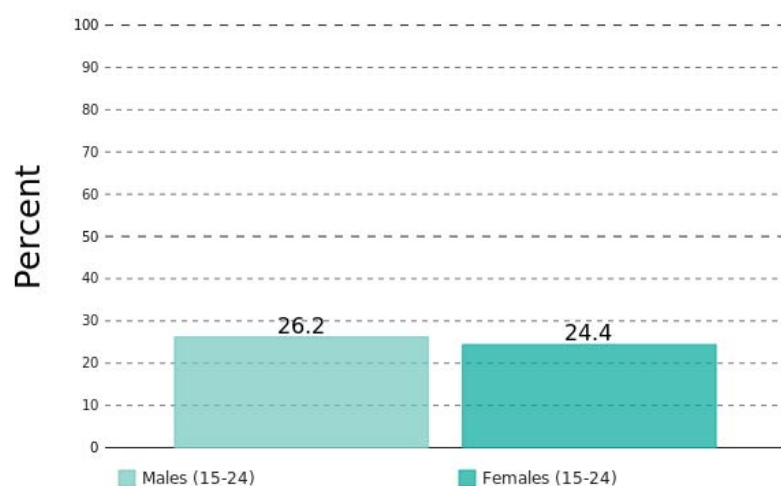
Yes

**c) Teacher training**

Yes

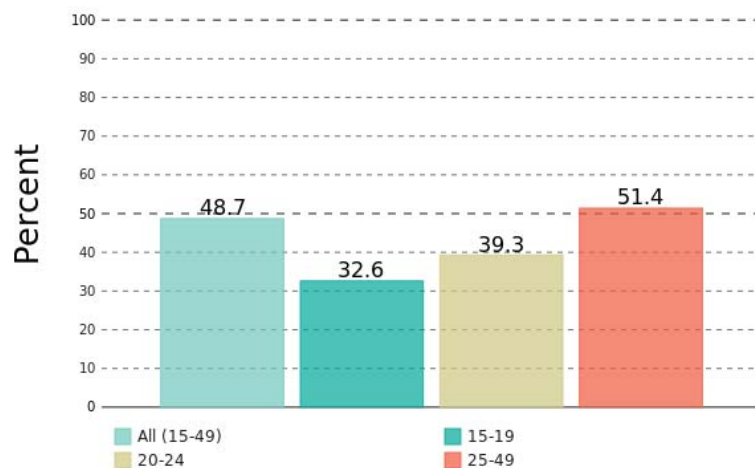
## 5.1 Young people: Knowledge about HIV prevention, Papua New Guinea (2018)

Percentage of women and men 15-24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission



## 5.2 Demand for family planning satisfied by modern methods, Papua New Guinea (2018)

Percentage of women of reproductive age (15-49 years old) who have their demand for family planning satisfied with modern methods



# Social protection

**Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020**

## **Progress summary**

Some progress has been made in policy dialogues but no tangible progress has been really made.

# Community-led service delivery

**Ensure that at least 30% of all service delivery is community-led by 2020**

## **Progress summary**

Data are still being collected and verified. But majority of the outreach activities are implemented through the Global Fund whose implementers at the national and provincial levels are majority community-led

# HIV expenditure

**Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers**

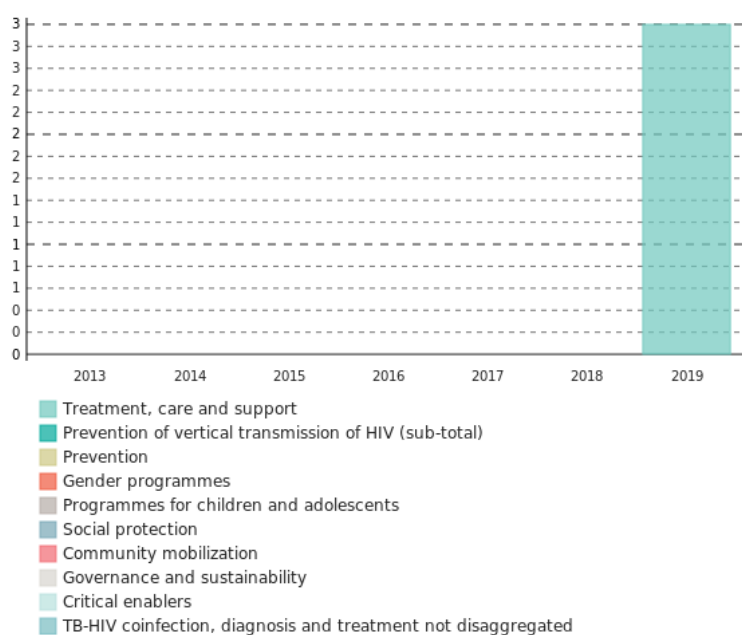
## **Progress summary**

The investments on HIV in PNG remain to be predominantly from international sources (estimated to be more than 60% in 2019) specifically, the Global Fund, Australia (DFAT), USA (CDC, PEPFAR, USAID), and the United Nations (WHO, Joint UN). While domestic expenditures have increased, the allocated HIV funds for NDOH for 2020 was only K14 million.

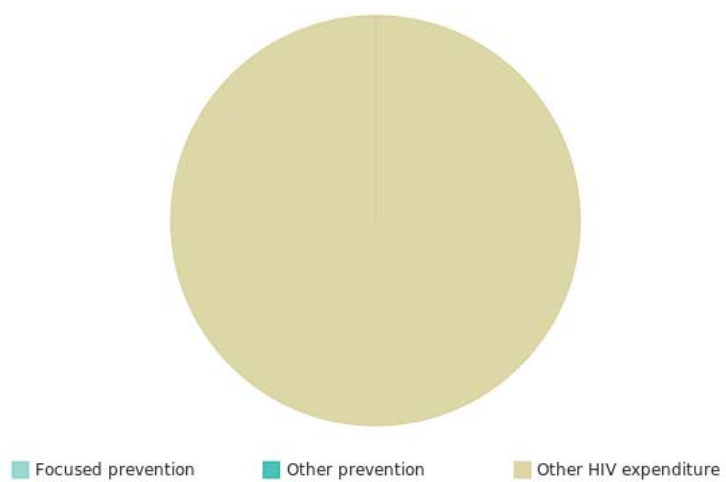
## 8.2 The average unit prices of antiretroviral regimens (in US\$), Papua New Guinea (2018-2019)



### 8.3 HIV expenditure by programme category, Papua New Guinea (2013-2019)



## Share of effective prevention out of total, Papua New Guinea (2019)



# Empowerment and access to justice

**Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights**

## **Progress summary**

PNG continues to improve its efforts to empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights through various means but most substantially through the continued empowerment of the Key Population Advocacy Consortium (organized in 2018) and its member federation of key populations and PLHIV groups (which include Igat Hope - the national PNG federation PLHIV). To date, the consortium sits as vital member of national and local mechanism as platforms for KP and PLHIV advocacy and resource mobilization i.e. NACS, GF CCM, GF Oversight, National HIV TWG (and many sub TWGs). The consortium and its member have been recipient too of various rights education programs as well as HIV and TB programs.



## **Policy questions (2018)**

**In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?**

Yes, at scale at the national level

**Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?**

Yes

**What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?**

- Complaints procedure
- Mechanisms of redress
- Procedures or systems to protect and respect patient privacy or confidentiality

**What barriers in accessing accountability mechanisms does your country have, if any?**

- Mechanisms do not function
- Awareness or knowledge of how to use such mechanisms is limited

# AIDS out of isolation

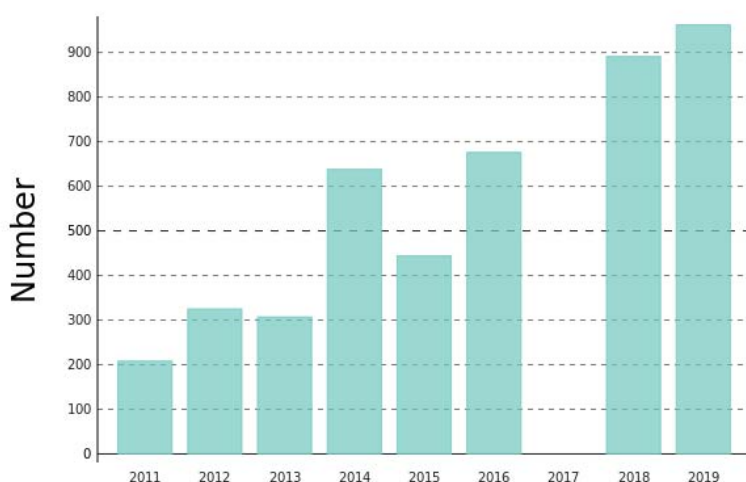
**Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C**

## **Progress summary**

The country still has high TB-HIV co-infection rates. About 7% of patients notified with TB have HIV co-infection and TB is the commonest opportunistic infection among PLHIV. Provision of integrated TB-HIV services is still work in progress. Very little has been done to address cervical cancer and Hepatitis B and C.

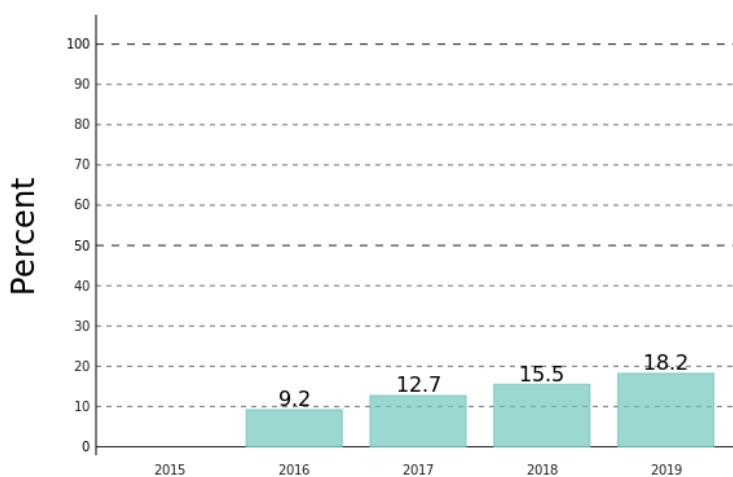
## 10.1 Co-managing TB and HIV treatment, Papua New Guinea (2011-2019)

Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year



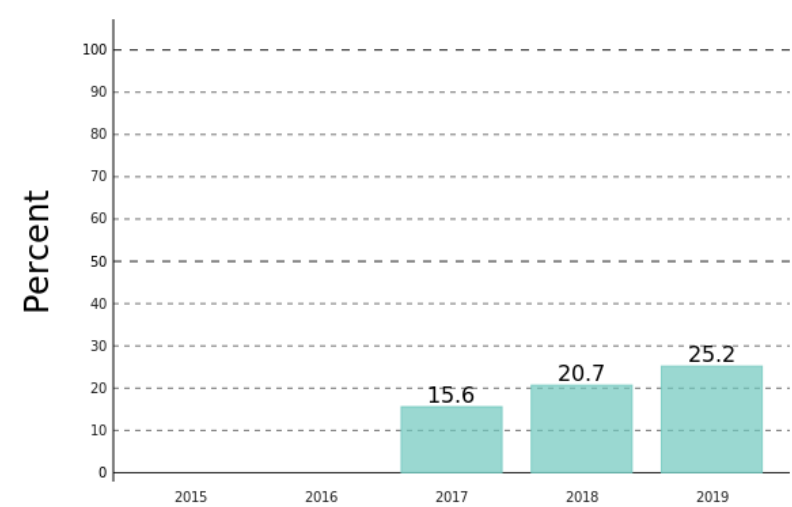
## 10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Papua New Guinea (2015-2019)

Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period



**10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Papua New Guinea (2015-2019)**

Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period



**10.4/10.5 Sexually transmitted infections, Papua New Guinea (2013-2019)**

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months

