



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

PAPUA NEW GUINEA

The first case of HIV/AIDS was reported in Papua New Guinea in 1987. Prevalence increased consistently throughout the early 1990s. In mid-2002, Papua New Guinea became the fourth country in the Asia-Pacific region, after Thailand, Cambodia, and Burma, to have a generalized HIV epidemic. As of the first half of 2002, HIV prevalence among antenatal women in Port Moresby was

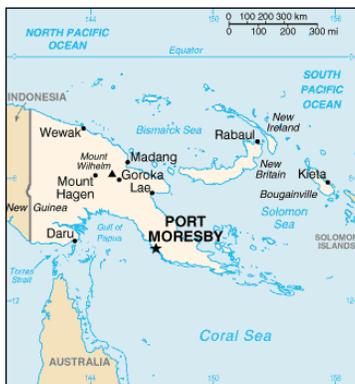
0.95 percent, and by May 2003, had risen to 1.35 percent. In the town of Goroka, in the Highlands, the antenatal prevalence reached 0.89 percent. With a population of 5.2 million, Papua New Guinea has had more HIV cases per capita than Australia for a number of years, and since 1998, AIDS has been the leading cause of both mortality and morbidity among adults at the Port Moresby General Hospital.

Cases are equally distributed among men and women, and 90 percent of HIV-positive people are thought to have been infected through heterosexual intercourse. The highest levels of infection have been found among female commercial sex workers (17 percent in Port Moresby and 3 percent in Lae in 1998). Among patients attending sexually transmitted infection clinics in Port Moresby, HIV prevalence increased from 3 percent to 7 percent between 1998 and 1999. Prevalence among patients treated for sexually transmitted infections ranged from 0.7 percent to 1.2 percent in four other locations between 1997 and 1999.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), a wide range of social, economic, and cultural factors in Papua New Guinea has created an environment in which sexual-risk behavior, such as low levels of condom use in casual partnerships, is widespread. Consistent condom use was reported among only 15 percent of commercial sex workers in Port Moresby and Lae in 1999; the mean number of clients per sex worker was three to five per week.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	17,000
Total Population (mid-2003 estimate)	5.2 million
Adult HIV Prevalence (end 2001)	0.7%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients with a sexually transmitted infection, or others with known risk factors)	16.0%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	0.3%

Sources: UNAIDS, U.S. Census Bureau, Population Reference Bureau, USAID



Map of Papua New Guinea: PCL Map Collection, University of Texas

The epidemic is affecting people in all parts of Papua New Guinea's society. The Australian Agency for International Development reports that one quarter of people infected with HIV are housewives. In addition, the disease has reached farmers, villagers, professionals, students, and the unemployed. As in other countries, HIV/AIDS is most prevalent among those aged 15 to 49, the most economically productive age group.

NATIONAL RESPONSE

UNAIDS credits Papua New Guinea with a high level of government support for fighting HIV/AIDS. In 1997, the Prime Minister called for a strong multisectoral strategy, and the country developed the National

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HIV/AIDS Medium-Term Plan for 1998–2002, which was later extended through 2006. Under the plan, the priority areas for action are:

- Focused behavior change programs and services for sex workers, adolescents, and young people
- HIV/AIDS education and information, including mass media
- Improvement in HIV- and sexually-transmitted-infection research management, and expansion of the multisectoral response
- Community-based care and support programs

As part of its multisectoral response, the National AIDS Council has representation in all ministries and nongovernmental organizations. The Papua New Guinea government works closely with churches and nongovernmental organizations in implementing its response.

USAID SUPPORT

The United States Agency for International Development (USAID) provides support to Papua New Guinea through its Asia and the Near East Regional HIV/AIDS and Infectious Diseases program. In 2002, USAID provided technical assistance to Papua New Guinea for an initial assessment of the HIV/AIDS situation. In addition, USAID funded a thorough review of the country's mid-term plan for HIV/AIDS and of its activities over the past four years that had been funded by the Australian Agency for International Development. Further, USAID lent assistance with the nation's application to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Currently, through the Family Health International IMPACT Project, USAID focuses on diminishing HIV prevalence in at-risk groups and preventing the further spread of HIV into the general population by:

- Increasing quality, availability, and access to information and service in order to change sexual risk behaviors and cultural norms
- Enhancing quality, availability, and access to prevention and management of sexually transmitted infections
- Improving the availability of and capacity to generate and use data to monitor and evaluate the prevalence trend of HIV/AIDS and sexually transmitted infections and program impact

USAID completed a five-year plan and budget for a tuberculosis control program in Papua New Guinea (as well as in Cambodia, Mongolia, and The Philippines) and developed a draft regional plan to address the problem of overlapping HIV/AIDS and tuberculosis epidemics. These activities are essential for responding to the significant tuberculosis burden in the region at a time when HIV/AIDS infections are steadily increasing.

FOR MORE INFORMATION

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USAID/Asia/Near East Website:

http://www.usaid.gov/locations/asia_near_east/

USAID HIV/AIDS Website for Asia/Near East regional program budget:

http://www.usaid.gov/our_work/global_health/aids/Funding/FactSheets/ane.html

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For more information, see http://www.usaid.gov/our_work/global_health/aids or <http://www.synergyaids.com>.

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