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## Oceania

# AIDS epidemic update Regional Summary



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## OCEANIA

The latest, revised estimates put national adult HIV prevalence in **Papua New Guinea** at 1.3%, indicating an epidemic that is still expanding, although at slightly lower levels than previously believed. The number of annual new HIV infections detected in the country reached 4017 in 2006—more than double the 1713 reported in 2002. Some 84% of all reported HIV infections to date have been in rural areas, where more than 80% of the population lives (National AIDS Council Secretariat Papua New Guinea, 2007).

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*Effective and well-targeted HIV prevention programmes can reverse the epidemic in Papua New Guinea, where an estimated 1.3% of adults are HIV-positive, but reversal will be a challenge.*

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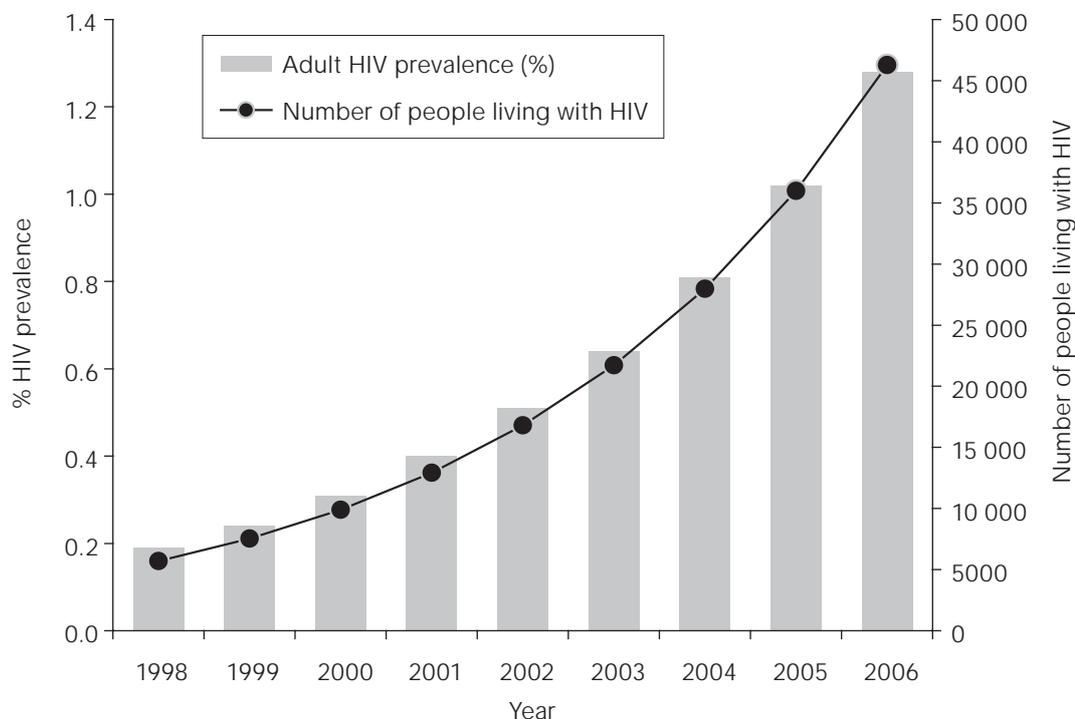
**Papua New Guinea's** epidemic is spreading against a background of profound social and economic change. These changes include uneven development; high levels of unemployment, migrancy and urbanization; and widespread use of alcohol and other drugs (National AIDS Council Secretariat Papua New Guinea & National HIV/AIDS Support Project, 2007; National HIV/AIDS Support Project, 2006). Harsh gender inequalities, together with widespread physical and sexual violence (including rape and child

abuse) accentuate the vulnerability of women and girls in particular (Jenkins, 2007; Lewis et al., 2006; Seeley, 2006). HIV prevalence among women aged 15–29 years have been found to be twice as high as those found among men of the same age (National AIDS Council Secretariat Papua New Guinea, 2006), and the key factor in the spread of HIV in married women is believed to be the extramarital relationships of husbands (Wardlow, 2007).

The main mode of HIV transmission appears to be unsafe heterosexual intercourse, although for most reported infections, information about the mode of transmission is lacking. Risky behaviour is widespread, with research showing high rates of unsafe anal and vaginal sex with multiple partners, and the frequent failure to use condoms. A survey of adult men active in a range of industries and occupations found that large proportions of male workers pay for sex; for example, 60%–70% of truck drivers and military personnel, and 33% of port workers said they had paid for sex in the previous 12 months (National AIDS Council Secretariat Papua New Guinea & National HIV/AIDS Support Project, 2007). The survey also found that the exchange of sex for gifts and services is common. Only one in three (33%) truck drivers said they always used condoms with sex workers, whereas more than two in three (69%) sugar plantation workers said the same. Sex workers themselves claimed to use condoms relatively frequently:

Figure 1

Estimated HIV prevalence and number of people living with HIV  
in Papua New Guinea, 1998–2006



Source: National AIDS Council. The 2007 consensus report on the HIV epidemic in Papua New Guinea.

depending on the town, between two thirds and three quarters of female sex workers reported using a condom the last time they sold sex (National AIDS Council Secretariat Papua New Guinea & National HIV/AIDS Support Project, 2007). Three out of four women who sell sex said they had been subjected to sexual coercion and violence (National AIDS Council Secretariat Papua New Guinea & National HIV/AIDS Support Project, 2007).

Consequently, a high prevalence of untreated sexually transmitted infections (including syphilis, chlamydia and gonorrhoea) is being found in both the general population and groups at higher risk of exposure to them (National AIDS Council Secretariat Papua New Guinea, 2007). Recent community-based studies in 10 provinces found some 40% of people to be infected with at least one sexually transmitted infection (Institute of Medical Research, 2007). These are troubling findings, because the presence of infections such as syphilis and herpes increases the risk of HIV transmission. At sexually transmitted infection clinics across the country, an average of 13% of patients have tested HIV-positive, as have 16%

of tuberculosis patients (Institute of Medical Research, 2007).

Unsafe sex between men is also a factor in **Papua New Guinea's** epidemic. When surveyed, more than one in 10 (12%) young men said they had had sex with men (three quarters of whom said they had also had sex with women). Here, too, condom use was not the norm: among 223 men who have sex with men surveyed in Port Moresby, only one in three (32%) said they had used a condom the last time they had same-sex intercourse with a non-regular partner. Many of the men surveyed cited poor access to condoms and sexual health services as problems. Sexual violence appears to be a common experience, with almost 60% of the men who participated in this survey saying they had been forced to have sex against their will (Maibani-Michie & Yeka, 2005).

Effective and well-targeted HIV prevention programmes can reverse **Papua New Guinea's** epidemic, but reversal will be a challenge. A weak health system, socioeconomic insecurity and harsh gender inequalities and HIV-related

stigma pose formidable obstacles. Nevertheless, some progress is already being made. About 75 voluntary counselling and testing sites have been set up countrywide, and the number of people taking HIV tests each year has almost tripled since 2002. Treatment provision is also improving slowly, but AIDS remains the leading cause of hospital admissions and deaths; for example, at Port Moresby General Hospital, up to 70% of beds are occupied by patients with HIV-related illnesses (National AIDS Council Secretariat Papua New Guinea, 2007).

In **Australia**, where almost 26 000 HIV infections have been diagnosed since the epidemic began in the 1980s, HIV continues to be transmitted mainly through unprotected sex between men (National Centre in HIV Epidemiology and Clinical Research, 2007). Almost two thirds (64%) of newly diagnosed HIV infections in 2001–2005 occurred in that manner. Concerted prevention efforts held the epidemic in check during the 1990s, but new HIV diagnoses have risen slowly but steadily since then, increasing nationally from 656 in 2000 to 930 in 2005; an increase of 41% over the five-year period (National Centre in HIV Epidemiology and Clinical Research, 2006). The State of Victoria has the second-highest rate of HIV diagnoses in the country. At five medical clinics in the state, HIV diagnoses in men who have sex with men rose from 1.4% in 2004 to 2.2% in 2005 (Guy et al., 2006).

Such rising trends appear to stem, at least partly, from an increase in unsafe sex among men who have sex with men. Recent research in Sydney has found that more men have been engaging in risky sex with other men than before 2000 (Prestage et al., 2006). The proportion of men reporting unprotected anal intercourse with non-regular partners in the previous six months more than doubled, from 13%–22% in 1996 to 26%–45% in 2005 (Prestage et al., 2006). Surveys in other cities show unsafe anal intercourse levelling off in 2005 but at relatively high levels of 15% in Adelaide, 22% in Brisbane and 20% in Melbourne. Prevalence of other sexually transmitted infections has also increased. Among men who have sex with men, rates of rectal gonococcal isolates tripled between 2000 and 2005 in New South Wales (from 1.2 to 3.5 per 100 000 population) and doubled in Victoria (1.2 to 2.1 per 100 000 population); also, reported syphilis cases increased tenfold between 1999 and 2003 (Fairley, Hocking & Medland, 2005).

Meanwhile, unsafe heterosexual intercourse accounted for a small proportion—about 19%—of new HIV diagnoses in 2001–2005. More than half (57%) of those infections were acquired either in countries with high HIV prevalence (mainly sub-Saharan Africa and South-East Asia) or from partners who hailed from such countries (National Centre in HIV Epidemiology and Clinical Research, 2006).

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*In Australia, Indigenous women are 18 times more likely to be HIV-positive than are non-Indigenous women.*

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In **Australia's** Indigenous population, a higher proportion of HIV diagnoses in 2001–2005 were in women (33% of all HIV diagnoses compared with 11% of all diagnoses in the non-Indigenous population). Indeed, Indigenous women face disproportionately high risks of exposure to HIV: they are 18 times more likely to be HIV-positive than are non-Indigenous women, and three times more likely to be HIV-positive than non-Indigenous men (Wright et al., 2005). Sex between men accounted for a smaller proportion of HIV diagnoses (34% compared with 64% for non-Indigenous cases), and a higher proportion of HIV infections was attributed to injecting drug use (18% compared with 3% for non-Indigenous cases) (National Centre in HIV Epidemiology and Clinical Research, 2007).

Since the mid-1990s, the proportion of new AIDS diagnoses in people whose HIV infections had not previously been diagnosed has doubled: in 2005, about 41% of HIV infections were diagnosed around the time of AIDS diagnosis. This trend of late HIV presentation is mostly affecting men and women who acquired HIV during heterosexual intercourse, many of whom were born outside **Australia** (National Centre in HIV Epidemiology and Clinical Research, 2006). HIV testing and counselling services need to be made accessible to all population groups and promoted more effectively.

In **New Zealand**, where there were 177 new HIV diagnoses in 2006, the main factor for acquiring HIV inside the country remains unsafe sex among men who have sex with men. However, the number of people diagnosed with HIV who report being infected through unsafe

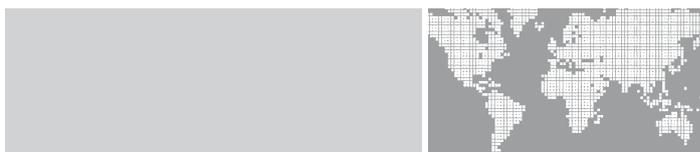
heterosexual intercourse is on the rise. Most of them (about 80%) were infected outside **New Zealand**, primarily in Asia and sub-Saharan Africa (Ministry of Health New Zealand, 2007). It appears that at least some of those diagnosed, especially men, had acquired HIV while travelling abroad. Maori women appear to be over-represented in **New Zealand's** epidemic; they accounted for 23% of heterosexually acquired HIV infections among women between 1996 and mid-2006 (Maoris overall comprise about 11% of the country's population). This suggests that Maori women might be at greater risk of HIV infection, and need to be more actively targeted and involved in prevention efforts (Ministry of Health New Zealand, 2006). The increasing proportion of new HIV diagnoses among heterosexuals, and the range of ethnicities among them (including persons of Maori, African, Asian and Pacific Island descent), highlights the need to ensure that appropriate health care and support services are provided to all who need them (Ministry of Health New Zealand, 2007). As in **Australia**, it is especially important to involve immigrant and minority groups in the planning and delivery of **New Zealand's** HIV prevention services, and to shield them against stigma and discrimination.

Improved strategies to provide antiretroviral treatment reduced AIDS-related deaths to fewer than five in 2006 (down from 20 in 2000 and 10 in 2003). However, delayed HIV diagnoses are undermining the potential effectiveness of treatment. More than three quarters of persons diagnosed with AIDS in 2002–2006 were diagnosed with HIV infections within three

months of their AIDS diagnosis. Earlier HIV diagnoses could have delayed their progression to AIDS (Ministry of Health New Zealand, 2007).

The total number of HIV infections reported since testing began has remained below 300 in each of the other countries and territories of this region; for example, numbers were 272 in **New Caledonia**, 260 in **French Polynesia**, 200 in **Fiji**, and 175 in **Guam** by the end of 2005 (Secretariat of the Pacific Community, 2005). But the high prevalence of other sexually transmitted infections and the low levels of condom use found in several countries and territories suggest that they are vulnerable to more rapid HIV transmission once the virus becomes more established. Gender inequalities and high levels of gender-based violence form part of the backdrop against which HIV transmission could spread in such areas.

Some 29% of pregnant women tested in **Fiji** were found to be infected with *Chlamydia*, as were 27% of pregnant women in **Samoa**. In **Samoa**, the **Solomon Islands** and **Vanuatu**, one in 10 (9%) young men (15–24 years) said they had paid for sex in the previous 12 months, but fewer than half of them (and only one in 20 in **Samoa**) reported using a condom the last time they bought sex. Generally, condom use was also found to be extremely low in all population groups in **Fiji**, **Kiribati** and **Tonga**, with considerable resistance to using such protection. Sex between men appeared to be rare, except in **Samoa**, where one in five (22%) men said they had had sex with another man (Cliffe, Wang & Sullivan, 2006).



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The annual *AIDS epidemic update* reports on the latest developments in the global AIDS epidemic. This 2007 Regional summary provides the most recent estimates of the epidemic's scope and human toll and explores new trends in the epidemic's evolution in Oceania.



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