

# Papua New Guinea



## SUMMARY OF SITUATION

Some of the following and additional data and citations can be found at [www.aidsdatahub.org](http://www.aidsdatahub.org)

### HIV Prevalence (2006)

- MSM make up 0.1% of the total number of reported HIV infections – the high level of stigma attached to male-to-male sex would indicate that reported transmission route may be underreported.

### Selected Behaviors & Knowledge (Results from one study conducted in Port Moresby in 2007)

- 42% of MSM in Port Moresby reported having a HIV test and getting the results.
- 71% of MSM in Port Moresby both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions.
- 42% of MSM in Port Moresby reported having sex with a one-time male paying client in the past month.
- 47% of MSM in Port Moresby reported having sex with a regular paying male client in the past month.
- 84% of MSM in Port Moresby reported having sex with a non-paying male sex partner.
- 63% of MSM in Port Moresby reported having sex with a female in the past month.
- Reported consistent condom use was 71% with regular paying male clients; 77% with one-time male paying clients; 68% with non-paying sex partner and 58% with females.

### National Response

- Sodomy is illegal in Papua New Guinea.
- MSM are mostly unorganized. The most effective HIV prevention work with MSM is currently done by limited number of international NGOs including targeted clinical services.
- Illegality of male-to-male sex is a key obstacle to the efficiency of interventions for MSM.
- Abuse of MSM is widespread, including sexual abuse, physical attacks and blackmail. Effeminate men and transgenders are at particular risk.
- Despite well-documented male-to-male sexuality throughout precolonial Melanesia there is widespread misunderstanding of MSM, due partly to Christian influence
- Estimated 10% of MSM in Port Moresby were reached by HIV prevention programmes in 2007.
- There is *no* specific program line for MSM in the national HIV plan.
- There is *no* specific budget line for MSM in the national HIV plan.

## RECOMMENDED RESPONSES

Contact the UNAIDS Papua New Guinea office for more information at [rwabuhembat@unaids.org](mailto:rwabuhembat@unaids.org)

- Decriminalize homosexuality and remove other laws impeding effective HIV prevention.
- Support creative measures to address the stigma attached to male-male sex.
- National strategic plan should include a costed comprehensive response for MSM and TG.
- More systematic and regular surveillance of HIV and STI rates, risk behaviors and MSM.
- Fully fund prevention programs, including condom and lubricant provision, peer education and outreach, community development, targeted media campaign, and individual counseling. Promote linkages to services.
- Develop the capacity of all effective MSM activities and community-based organizations to provide advocacy and peer-based programs. Capacity building for CBOs should address organizational development, technical skills and advocacy as priority.
- Scale up MSM-friendly VCT and sexual health screening centers in hotspots.
- Expand care, treatment and support facilities for HIV-positive MSM and TG.
- Address stigma and discrimination by MSM towards HIV-positive MSM.
- Specific prevention activities should focus on transgender people.



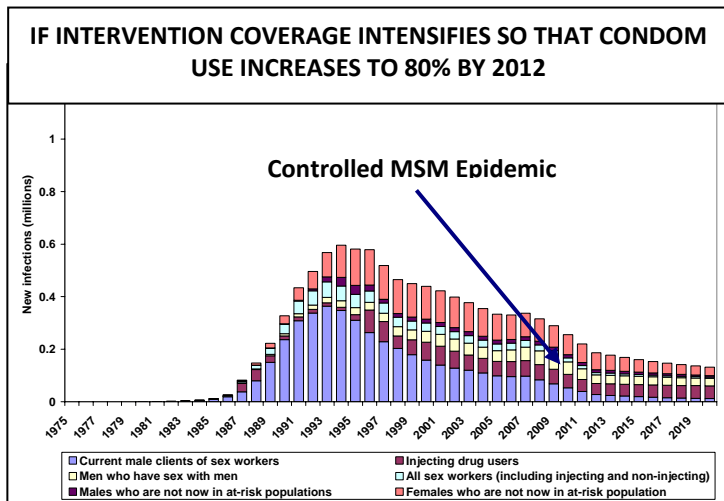
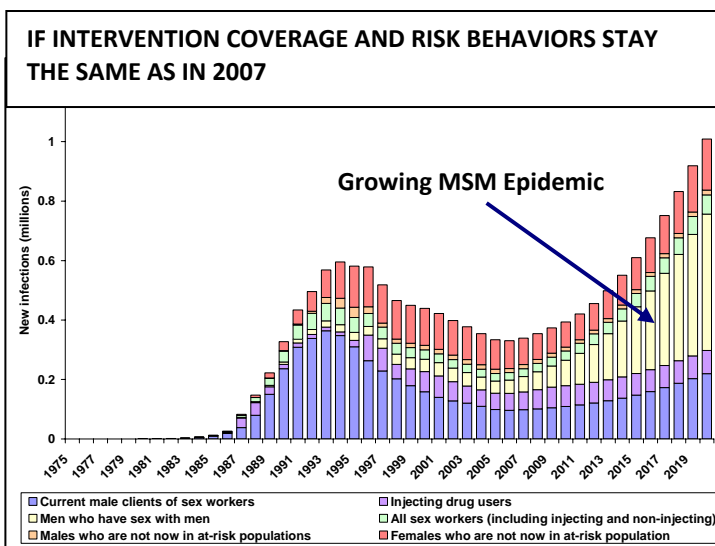
# The Regional Picture

## REPORT ON THE COMMISSION OF AIDS IN ASIA

The Commission on AIDS in Asia used the Asian Epidemic Model (AEM) to construct a picture of how the regional HIV epidemic in different sub-populations has developed over the years, and how it is likely to grow in the future if prevention stays the same.

The regional projection shows that Asia is on the brink of a large increase in new infections among MSM if risk behavior stays at current levels of low condom use with many concurrent male partners.

AEM is a computer model that simulates the spread of HIV within and between important at-risk populations and their partners. Key inputs are levels of HIV (prevalence), and the most important HIV-related risk behaviors of each sub-population and their sizes. The regional projection was made by adding up results of AEMs for countries in Asia.



The main risky behaviors for MSM are the frequency of unprotected anal sex contacts with regular and commercial male partners, and unprotected vaginal sex with commercial and regular female partners. The probability of HIV being transmitted during anal sex between a HIV+ man and another man or transgender is much higher than during vaginal sex with a woman.

However if high coverage with effective interventions raises condom use in anal sex among men to 80% levels over the next few years, then the growing epidemic among MSM can be controlled as shown in the model on the left.

### KEY MSM SESSIONS AT ICAAP

8 Aug.	08.00	Forum: From 200 to 0: Responding Effectively to HIV Among MSM in Asia and the Pacific
10 Aug.	16.00	Satellite: MSM and HIV in Asia and the Pacific – Cross-Cutting Issues
11 Aug.	16.00	Symposium: Overcoming legal barriers to comprehensive prevention among men who have sex with men (MSM) and transgender (TG) persons in Asia and the Pacific
	18.00	Satellite: MSM HIV Infection in Developed East and South-East Asia
	18.00	Satellite: Gender Variance and Male-Male Sexualities Across the Global South
12 Aug.	11.30	Launch: The Pacific Sexual Diversity Network Strategic Plan
	14.00	Symposium: Addressing Legal Barriers and Criminalization of Risk Populations