SCHOOL OF PUBLIC HEALTH
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HIV risk amongst vulnerable populations and HIV prevention activities to reduce risk in Papua New Guinea

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Introduction

HIV prevalence in Papua New Guinea is estimated at 0.9% of the adult population, although this is highly geographically variable and there are some populations where prevalence is considerably higher. As preparation for this proposal we undertook to investigate two areas: a) to collate extant research findings on HIV risk (measured by condom use in sexual intercourse) in vulnerable populations in PNG, and to examine HIV prevention activities undertaken in Papua New Guinea over the last five years.

HIV risk amongst vulnerable populations

Tables 1-7 (Appendix 1) indicate that there are considerable data on HIV amongst some vulnerable groups, but not all. Data on sex work is considerable, although in the areas of female and male sex workers and men who have sex with men they appear to be of very variable quality and the methodologies are not consistent. This makes it hard to judge the reliability of many of the figures.

1. Female Sex workers

There were 13 studies of female sex workers included, with data collected from 1998-2010. Data on sex workers shows variability in condom use across studies. Consistent condom use with clients (in last 6-12 months) ranged from 6% to 46%, with the majority of studies indicating consistent condom use more than a third of the time (see Table 1). Condom use at last sex with a client also had a large range from 28% to 86%, with an average use of around 60% (Table 1). From these data it does not appear that condom use is increasing Condom use with other partners was lower, but many of the studies do not differentiate between regular and casual partners.

HIV prevalence was recorded in only six studies. Prevalence ranged from 0% (in Goroka and Kainantu – in 2002) to 19% (in Port Moresby in 2010). The average prevalence rate was 11%.

2. Male Sex Workers

There are four studies published of male sex workers from 2004-2010 (although there appears to be confusion in one of these as to the difference between men who have sex with men and male sex workers) (Table 2). Condom use with clients has been recorded in various different ways which makes it hard to estimate any real trends. Apart from Kelly et al's study (2011), that estimates inconsistent condom use with same-sex clients at 35% in the last 6 months, it is also not clear whether clients were male or female or both. HIV prevalence was estimated in two studies and ranged from 2.14% to 8.8% (Table 2).

3. Men who have Sex with Men

There were five studies (from 2004-2008) which examine HIV risk amongst men who have sex with men (Table 3). Condom use at last sex ranged from 21% to 86% at last anal sex, but the data often do not differentiate between casual and regular partners. HIV prevalence was recorded in two studies, at 4.35% and 7.28%. Two studies recorded HIV testing history with one reporting that 42% had received testing

in the last 12 months (UNAIDS/APCOM 2010) and the other 67% in the last 12 months (UNGASS 2010) (Table 3).

4. Plantation workers

One study has been undertaken with plantation workers (Aruwafu et al 2010) (Table 4). Condom use with regular partners at last sex was low- 11.7% for men and 2.9% for women. Condom use with casual partners at last sex was 30.1% for men and 2.8% for women. A small proportion of men (18.1%) had paid for sex in the last 12 months. Only 37.8% used a condom during last paid sex. Less than a fifth (17%) of the workers had been tested for HIV in the last 12 months.

5. Petroleum workers

One study has been undertaken with petroleum workers (Buchanan et al 2011) (Table 5). Condom use with regular partners at last sex was 25.1% for men and 0.7% for women. Condom use with casual partners at last sex was 67.6% for men and 0% for women. A quarter of men (23.7%) had paid for sex in the last 12 months. 75% used a condom during last paid sex. Over a quarter (29.8%) of the workers had been tested for HIV in the last 12 months (Table 5).

6. Ramu Sugar workers

One study has been undertaken with Ramu Sugar workers (Millan et al 2006) (Table 6). Condom use with casual partners at last sex was 10.8%. A small proportion of men (7.1%) had paid for sex in the last 12 months, and of those 83.8% had used a condom for last sex. Over a quarter (29.8%) of the workers had been tested for HIV in the last 12 months (Table 6).

7. Truck drivers

One study has been undertaken with truck drivers (Millan 2007) (see Table 7). Over two-thirds (70.3%) had paid for sex in the last 12 months. Condom use in the last paid sexual encounter was 62%. Although a majority of men had had a casual sexual partner in the last 12 months, condom use at the last sex was low at 12.6%. Less than a tenth had ever tested for HIV.

Conclusion

There data show considerable risk behaviour amongst all groups. In male and female sex workers condom use with clients is patchy at best, although clients of sex workers amongst truck drivers, sugar and plantation worker samples (although not petroleum workers) report relatively high rates of condoms with sex workers. However, their condom use with their casual partners is very low.

HIV Prevention Programs

There is considerable expenditure on HIV in Papua New Guinea. AusAID is the dominant donor for HIV and AIDS activities in PNG. From 2000 to 2010, the Australian Government contribution increased over this period, from 60 per cent of total HIV funding (over AUD 31.4 million) in 2007, to 76 per cent of total HIV funding (over AUD 53 million) in 2010. HIV prevention represents 21 per cent of this AusAID funding through government and non-governmental organisation (NGO) partners since 2006, compared to 9.7 per cent for treatment and care (AusAID 2011a, p36). AusAID claims that a large amount of funding has gone to support people in high risk settings who may be more vulnerable to HIV. It is estimated that the expenditure by AusAID alone on HIV prevention from 2011 -2015 will be in the region of $3 billion (AusAID 2011a, p61).

While there has been success in treatment roll-out in PNG, AusAID's (draft) Evaluation of the Australian Aid Program's Contribution to the National HIV Response In Papua New Guinea indicates that "HIV prevention and education services have not moved beyond the work done in the mid-2000s. The Evaluation argues that there appears to be little connection between social research findings that give some insight into Papua behaviour, and international best practice. There is a focus on outputs (numbers of workshops, numbers of people attending workshops) rather than behaviour change outcomes. Most partners are not using methods that engage individuals and communities to change to healthier behaviours" (AusAID 2011, p.18). AusAIDS's Papua New Guinea Development Cooperation Report 2010 indicates that while access to and uptake of, condoms is a critical component in HIV prevention programs, there has been little evidence of behavioural change amongst the PNG population (AusAID 2011b). Despite the distribution of 17.9 million condoms by the National AIDS Council Secretariat (NACS) and Provincial AIDS Councils in 2010, up from 8 million in 2007, condom use continues to be low. As part of the evaluation mentioned above, AusAID is currently conducting an outcome/ impact evaluation of selected HIV prevention interventions to determine what works in addressing HIV in PNG, and why.

In 2011, the Governments of Papua New Guinea and Australia agreed to a new strategic direction for the aid program that focuses on delivering better health (including HIV and AIDS) and education outcomes, particularly at sub-national level. One of the priority outcomes related to HIV agreed to at the PNG Ministerial Forum in 2011 was to "increase the percentage of men and women aged 15 to 59 who had more than one sexual partner in the past 12 months who report the use of a condom during last intercourse from 38.9 per cent to 80 per cent by 2015, and that 80 per cent of male and female sex workers report the use of a condom with their most recent client" (Partnership for Development 2011, p.18).

In order to examine exactly what has been done in the arena of HIV prevention, we undertook an online search of HIV prevention programs that have operated since 2007 in PNG. We did not examine Tingim Laip (TL) Phase I, the largest of the HIV

prevention programs in PNG. The second biggest pool of money available for HIV prevention is through PAHAP (Table 1). In 2009, grant funding of AU$20.4 million was provided to sixteen international non-government organisations funded for service delivery, Australian-based international organisations, as well as PNG faith-based organisations and local civil society organisations though this mechanism.

Table 1: AusAID PAHAP Education and Prevention Activities 2006-2010

Objectives	Activities supported
1. Support community, civil society, business and church groups develop effective, rights-based prevention initiatives. 2. Reduce stigma associated with HIV/AIDS. 3. Address underlying causes of gender inequality and sexual violence through the HIV/AIDS response. 4. Ensure HIV/AIDS prevention efforts are gender sensitive and address factors such as sexual violence towards women.	Focus on community engagement including: Support to the National HIV and AIDS Training Unit (NHATU) as key repository for education and prevention training and resources. Support to a number of international NGOs to carry out general prevention activities: Save the Children, Voluntary Services Overseas (VSO), Family Health International, Anglicare Stop AIDS, CARE Australia Baptist Union Support to Tingim Laip, PNG's largest community prevention program working specifically with at risk populations. Funding for condom procurement. Limited support to the Business Coalition against HIV and AIDS (BAHA) to institute workplace policies and prevention programs.

Source: AusAID 2011

We managed to find information about 18 organisations which have run projects in the past 5 years, many of which are ongoing. While PAHAP-funded activities and Tingim Laip's program do not represent all the HIV prevention activity in Papua New Guinea, together they represent the overwhelming majority of activity. Funding is also quite convoluted. For example, FHI is listed as a PAHAP program, but FHI in turn funds smaller community-based projects, including Poro Sapot (which is part of Save the Children, which itself is funded by PAHAP) and provides BCC to Tingim Laip). While FHI is present in Table 1 above, as it is not actually the main implementer of HIV prevention is not present in Table 2 (below). Data were extremely hard to access on many aspects of HIV prevention programs, even reasonably large-scale ones.

Table 2 (below) represents those service deliverers of HIV prevention programs in PNG mentioned in Table 1, and a range of other major providers. We could find very little detailed information about most of the programs, including budget, and for most of the organisations - whether or not there had been any evaluation of the HIV prevention program. Moreover, these programs often offered a range of services, and while most claim to be carrying out HIV prevention activities, this could be as little as encouraging access to voluntary counselling and testing for (VCT) HIV.

Table 2: HIV prevention programs in PNG (2007-2011) [1]

	Program	Activities	Funders	Evaluation
1	CARE	Awareness, condom access (Bougainville)	AusAID (PAHAP);	Not found
2	Save the Children -Poro Sapot	Awareness, condom distribution, peer education sex workers and MSM	FHI[2] (through AusAID, PAHAP)	Yes, positive impact found
3	VSO Tokaut AIDS	Awareness through theatre - to disseminate HIV information to change risky behaviours.	AusAID (PAHAP) Lotteries UK?	Yes (see ODE 2010, p29)
4	PSI	Condom social marketing; behaviour change	ADB;	Yes (see PSI, 2011)
5	Hope Worldwide	Helivim Bilong Yumi Program HIV awareness – sex workers and MSM. HIV awareness in schools.	FHI (AusAID, PAHAP) NACS;	n/a
6	Anglicare Stop AIDS	VCT, peer education, condom distribution	AusAID (PAHAP); ABM; GFTM; Esso, NZAID	AusAID review 2009 results n/a
7	National Catholic AIDS Office	VCT	AusAID (HIV testing services in 19 of the 22 provinces)	n/a
8	World Vision	Strongim Laip Bilong Pikinini Na Yut and Ol Meri Igat Namba Projects HIV awareness, peer education	AusAID; World Vision Australia	n/a
9	Salvation Army	VCT (Mauri Namona Oi Maurilaia - You Live a Good Life)	FHI (through AusAID, PHAP); National AIDS Council; WHO, UNICEF.	n/a
10	Baptist Union	Education, condom distribution; 'HIV patrols'	AusAID;	n/a
11	PNG Red Cross Society	Lukautim Laif Noho Namo - Protect Your Life Now)	FHI (through AusAID, PHAP); donations	n/a
12	United Church, PNG	VCT (SHP) personal viability training	AusAID (CPP)	n/a
13	BAHA	HIV awareness, condom distribution	AusAID (PAHAP) Private companies.	n/a
14	Provincial AIDS Councils	Condom promotion, awareness	GoPNG; AusAID	n/a
15	Oil Search	VCT, HIV awareness	ADB (rural enclaves project);	
16	PSI	Condom social marketing and distribution; Tokaut naTokstret	ADB (rural enclaves project)	yes
17	ACP and COMATAA	HIV awareness (AIDS competence	UNICEF/WHO	Yes, poorly evaluated
18	Sirus Naraqi	Safe sex education	FHI (through AusAID, PHAP)	n/a

Much of the work shown in Table 2 seems to be small scale and siloed. It is also mainly concentrated (with a few exceptions) on raising awareness and/or HIV testing. The PNG Independent Review Group on HIV/AIDS's (IRG) final review in May 2011 was particularly concerned that HIV prevention among key populations such as sex workers, men who have sex with men and transgender people has not shown any

[1] These are by no means the only HIV prevention activities but are the major funded projects. We have not included Tingim Laip, Phase 1

[2] FHI receives money from PAHP which it then redistributes to INCOMPLETE SENTENCE

appreciable scale up since 2010. For example, Poro Sapot's prevention work remains small-scale both in terms of numbers of people reached and geographical coverage. It was also concerned that there was little HIV prevention coverage at sites where there is a high convergence of risk.

The IRG final report concludes that "A number of areas of high risk and vulnerability convergence – characterised by mobility and cash flow, late-night drinking and the availability of sex workers – are being missed in HIV prevention. Prevention work must be intensified in such sites using a comprehensive prevention approach. In the context of upcoming development projects, many more sites of 'high risk convergence' are likely to emerge" (2011,p7). As well, condom distribution is hampered by poor supply chains, and people's ability to practice protective behaviour is directly hampered by this. In hotels and motels where condom distribution is better, it does not have the intensity and coverage required.

The IRG found in 2010 that there was "no serious HIV prevention work underway nationally or in the provinces to address the structural drivers of the epidemic. HIV prevention cannot be effective and at scale unless the broader structural determinants of the epidemic are addressed and a comprehensive approach is adopted" (IRG, 2010, p. 10). The 2010 Papua New Guinea – Australia HIV and AIDS program: civil society engagement case study (AusAID 2011b) also reports that, "most partners are not contributing to a comprehensive approach to HIV prevention" (p.vi). The IRG final report and the ODE review found that most HIV prevention efforts lack an understanding of gender and few programs specifically engage in interventions to address gender-based violence, sexual coercion and rape, gender roles and relations, and gender power differentials. Similarly, the draft evaluation of the Australian Aid Program (AusAID 2011a) found that most organisations carrying out HIV education and prevention work raised general awareness. This, despite the fact that international behaviour change evidence has demonstrated for several years that general awareness raising alone has never changed people's behaviour (International Federation of Red Cross and Red Crescent Societies 2009). It goes on to state that "the approach taken has been largely both irrelevant and ineffective" (2011, p.33).

Conclusion

Apart from Tingim Laip HIV prevention programs in Papua New Guinea seem to be a mixture of condom distribution, awareness-raising and VCT. They are mostly scattered, small-scale and largely ineffective with little coordination from Provincial AIDS Committees. Most evaluations argue that for HIV prevention to be effective in PNG it needs to tackle the major drivers of the epidemic: development, mobility and women's inequality.