2023 Business for Health: HIV/TB

Day/Date: Thursday 19th October 2023, Venue: Gateway Hotel, Time: 8:30am to 5.00pm

<u>The Current PNG Epidemic and Reflection on Recent rise in Infection, cause</u> <u>and need for re-engaging workplace in HIV Leadership</u>

Forty-one (41) years on, the HIV pandemic declared in the 1980s continues to be a huge challenge not only in the health sector but also in the social, economic and development aspects and aspirations of Papua New Guinea. Since the first HIV case in 1987, many people from all levels, let alone the skilled and the professional men and women have been both infected and affected with many succumbing to the HIV infection.

Over the last 23 years, PNG has made significant progress in ensuring the availability of HIV point of care diagnostics, HIV Antiretroviral drugs (ARV) drug and the HIV Viral Load Monitoring across the 22 provinces of Papua New Guinea. The progresses of HIV testing, treatment and monitoring has also been complemented with a strong HIV patient database system (HPDB) that has been rolled out to 160 ARV treatment facilities across the 22 provinces. This data base system has enabled the visibility of the National HIV Program on a monthly basis and has also had a significant and timely feedback on the national forecasting, procurement and distribution system of medical drugs, consumables and laboratory commodities.

The 2022 statistics for PNG including the trends of the HIV epidemic in the last 10years has indicated that HIV in PNG is rising at an alarming rate, of which HIV incidence in 2022 was estimated to be peaking at 131% (2800 in 2010 to 6500 in 2022). This has indicated that HIV in PNG is re-emerging and is one of growing concern and will need serious consideration by different stakeholders for PNG to seriously address it. Heterosexual transmission has been the main mode of transmission and has greatly affected the sexually active and the productive age groups of 15 to 49 year. This is a significant group in our population which involves the youth and those who are supposed to be in their prime years who are capable of contributing to the development of Papua New Guinea in various sectors. Although the death rates have significantly dropped due to improvement in patient management and ARV drug combinations, the HIV incidences per year continues to rise which is an indication that HIV in PNG is not under control. There is definitely a great need to seriously reassess the interventions and efforts invested in the last 20 years as well as to re-strategize on how best all stakeholders can be brought together to effectively address the HIV epidemic in PNG.

The National STI/HIV program of the National Department of Health, the National AIDS Council Secretariat (NACS) and partners through UNAIDS have reviewed and produced the National STI/HIV Strategic plan 2024-2028 (draft). This strategy has taken into consideration the many lessons learn from successive strategies including the epidemiology trend in the last 5 years to put in place strategic steps that will be needed to create tangible impact in the rising HIV epidemic across the 22 provinces of PNG. The New strategy focusses on three (3) main Pillars

- 1. HIV and STI Prevention
- 2. Testing, Treatment and Care
- 3. Sustainable and resilient multisectoral response

The new strategy intends to sustain the gains made over the years through efforts of the many partners and stakeholders including the GoPNG. Diagnostics, treatment and care and monitoring across the provinces will continue to be sustained. The sustainable and resilient multisectoral response pillar will be supported through a health system strengthening approach and is anticipated to ensure the visibility of the gains made in the successive years. The biggest change that this strategy is anticipated to deliver is the shifting of the national program's focus to putting in place interventions and activities for HIV Prevention across the 22 provinces of PNG.

Great improvements are anticipated in HIV and STI Prevention intervention in the new strategy. There will be promotion and awareness of biomedical interventions for HIV Prevention such as the promotion and dissemination of HIV prevention messages and important service delivery points across PNG that targets different population groups on different platforms. The much-forgotten sexual health clinics will be revived and better aligned to deliver targeted STI and HIV prevention programs. Condom distribution and visibility across the country will be re-designed and improved to ensure condoms are available in strategic locations where it is needed. Medical male circumcision (MMC) will also be implemented as part of the HIV prevention intervention targeting the youths and the young men between the ages of 15-49 years. HIV Pre Exposure Prophylaxis (PrEP) currently under demonstration in the National Capital district will be scaled up across the country for the priority and key populations who are at risk of contracting HIV. HIV PrEP will be delivered as part of the HIV Prevention package in sexual health care facilities and later through community outreach and outlets. Post Exposure Prophylaxis (PEP) will also be delivered as part of the HIV Prevention package.

Public private partnership will be harnessed to enable a wider coverage and participation. Partnership with Community groups through the different representations will be involved in the delivery of the National STI and HIV strategy in the next 5 years. The trends of HIV infections over the years as well as the challenges across society has brought to light the importance of a shift in the way health care and especially HIV prevention is delivered. The involvement of communities and other partners would leverage resources and ensure ownership as well as enable equitable access to much needed services to those in need. This is anticipated to address the needs of men, women, girls and youths as well as the key and marginalised populations.

The New STI/HIV Strategy 2024-2028 (draft) is designed to ensure:

(SRP1) Accountability is strengthened across all major stakeholders in HIV and other STI prevention.

(SRP2) The Socio-cultural, economic and legal barriers are addressed to create an enabling environment for minimizing HIV and other STI transmission.

(SRP3) Community -led HIV and STI-prevention programs are strengthened and expanded.

(SRP4) Condoms and lubricants are freely accessible to people when and where they require them.

(SRP5) Biomedical combination methods for HIV Prevention are available.

(SRP6) Children are born free from HIV, Syphilis and HBV

I believe, partnership, collaboration, innovation and a real strategic shift will be required in the implementation of this strategy in the next 5 years to create a dent in the rising epidemic of HIV in PNG.

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