

2023 HIV Updates

Global and Country
HIV Epidemiology and Response

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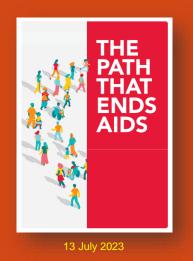
Globally, new HIV infections have been reduced by 59% since the peak in 1995. (and 38% since 2010)

AIDS-related deaths also declined by 69% since the peak in 2004 (and by 51% since 2010).

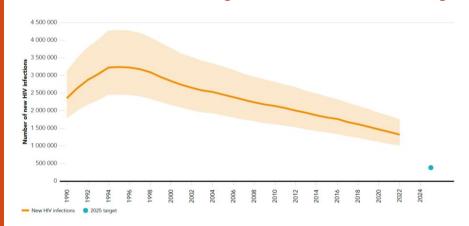
People living with HIV - 39.0 million [33.1 million-45.7 million]

New HIV infections - 1.3 million [1.0 million-1.7 million]

Deaths due to AIDS - 630 000 [480 000-880 000]

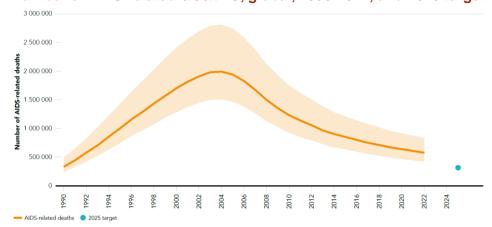


Number of new infections, global, 1990-2022, and 2025 target



2023 Global AIDS Report

Number of AIDS-related deaths, global, 1990-2022, and 2025 target





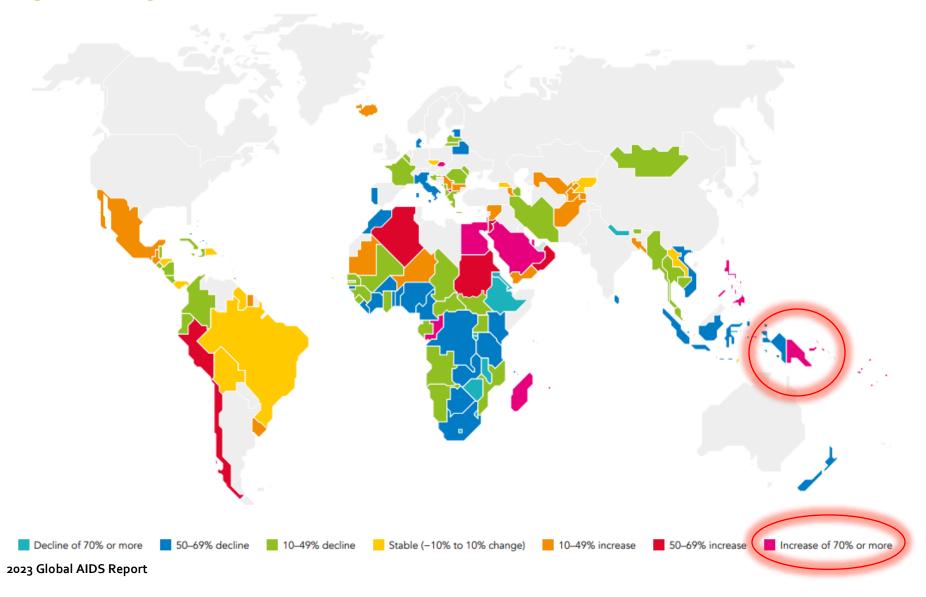


2023 Global Report 2022 HIV Estimates

While globally new infections has been declining, few countries, including PNG, is among the countries with the highest rate of increase in the number of new infections from 2010 to 2022

(more than 70% increase)

Figure 1.6 Change in number of new HIV infections, countries with available data, 2010–2022







2023 Global Report 2022 HIV Estimates

The number of new infections in PNG increased 131% from an estimated 2,800 in 2010, to 6,500 in 2022.

This is the 3rd highest in Asia and the Pacific, next to Fiji and the Philippines.

TREND OF NEW HIV INFECTIONS

			Change In New HIV Infections Since 2010
	Country +	2022	2022 ▼
	Saudi Arabia	1300 [1200 - 1500]	969
	Iraq	<1000 [<500 - 1300]	577
	Qatar	<200 [<100 - <200]	437
(Philippines	24 000 [20 000 - 28 000]	418
	Egypt	5100 [4100 - 6200]	379
(Fiji	<500 [<200 - <1000]	260
	Slovakia	<200 [<100 - <200]	161
	Madagascar	8900 [6000 - 12 000]	151
	Maldives	<100 [<100 - <100]	150
	North Macedonia	<100 [<100 - <200]	133
	Papua New Guinea	6500 [5300 - 8100]	131





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Key Messages

- We have an HIV prevention crisis in Papua New Guinea
 - The 6,500 estimated new infections per year (and increasing), translates to around 18 Papua New Guineans infected with HIV every day in 2022
 - And for the first time in the last 12 years, PNG's HIV prevalence has crossed 1% (of the general population 15-45 years old)
- PNG has a mixed epidemic of **growing concern affecting key population** and their **sexual partners** as well as priority population such as pregnant women and their children.
 - Female Sex Workers (FSW), Men who have sex with men (MSM), and Transgender (TG) people remain to be the populations with the highest HIV prevalence (with FSW up to 16x higher than the general population)
 - Mother to child transmission rate was at 34% in 2022
 - And only around 50% of mothers access ANC services. Of those, only a third are tested for HIV
 - o HIV prevention efforts are low in coverage, very weak outreach and condom program, various challenges in introducing PREP, community-testing, community-led services
- Treatment coverage among young people particularly young KPs is low
 - Children and adolescents (between ages 15 and 19) particularly young FSW, MSM, TG have very limited access to ART
- Targeted investments are needed in prevention with particular focus on prevention of mother-to-child transmission and young key populations





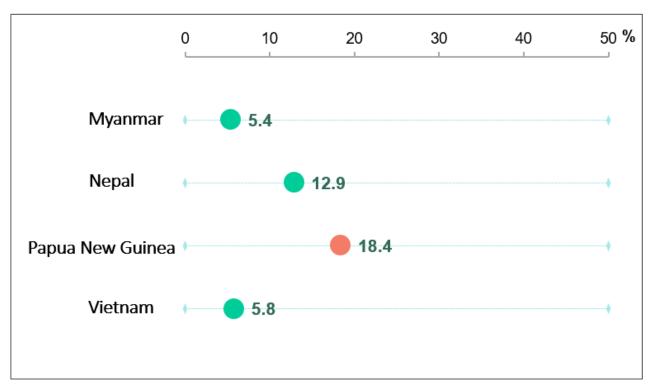
Pre-treatment HIV drug resistance among first-line ART initiators, 2016-2017, PNG

It is important to note that PNG could have been in a much bigger crises if we did not have quick actions.

In 2017, up to 18% of new ART clients were resistant to the ARV regimen at the at time (and up to 42% among previously on ART)

PNG quickly shifted to first line drugs to DTG-based regimen by 2020.

By end of 2022, more than 90% of those on ART were taking the new drugs (DTG-based regimens).



Source: WHO (2019). HIV Drug Resistance Report, 2019

On HIV Treatment, 2022

43,816





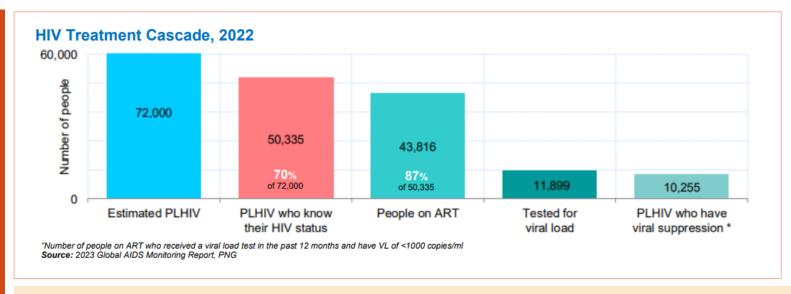
95-95-95 Treatment Cascade, 2010-2022, PNG

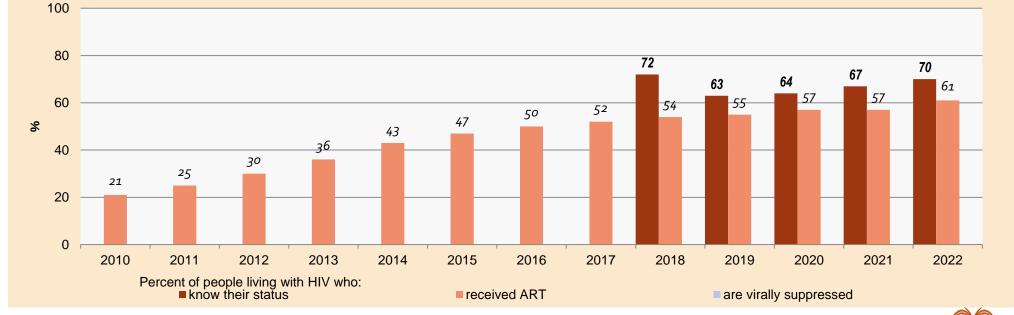
Testing, treatment and viral load coverage **continue to increase** in the last 5 years.

By end of 2022, PNG has achieved
70-87-87*
among the eligible cascade

(target of 95-95-95 with estimated 72,000 total PLHIV as denominator) *extrapolated

2023 GAM Report 2022 HIV Estimates









Program Impact, 2010-2022, PNG

Because of ART and PMTCT program since 2010, PNG has prevented 28,000 deaths and 2,300 new infections.

But since coverage is limited, many of the target population do not know their HIV status, and not all provinces have fully implemented the national strategy, the effort is not enough to reduce new infections.

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Deaths Averted since 2010

28,000

because of ART Treatment Coverage

Infections Averted since 2010

2,300

because of PMTCT Coverage



Given what we understand about the epidemic, what strategies or interventions should be implemented in PNG context?

Focus on Key and Priority Populations

- FSW, MSM, TG and higher risk populations (sexual partners of KPs)
- Pregnant women, children vertical transmission, triple elimination
- AGYW adolescent girls and young women

Context of systemic and structural challenges and barriers

2023 International Experts Meeting on the HIV Epidemic

10-11 May 2023, Crowne Plaza Hotel, Port Moresby





Prioritized interventions in PNG context

Prioritize population-location focused HIV interventions

Consider intersectionality, transmission pathway, epidemic composition and trends, nature of KP (e.g. sex workers) in PNG context, sub-populations within the key populations, partners of KP, geographical focus guided by data

Differentiate and modernize HIV prevention and testing services

Use innovation, scale up effective prevention and testing tools (eg PrEP, HIVST), modernize outreach strategy tailored to key populations/sub-populations context and needs, consider virtual intervention (urban-rural differentiation), online reach to offline intervention

Pay attention to HIV treatment retention and drug resistance

High level of treatment lost to follow-up and low viral suppression can lead to increased AIDS deaths, onward transmission of HIV, drug resistance, epidemic expansion, increased disease burden and economic impact on the programme

Integrate HIV into other health services

Consider system strengthening for health, Integrated efforts are needed to close the health service gaps e.g. TB-HIV services: both diseases are prevalent in PNG, PNG is high TB and HIV burden country, integrated HIV-TB service will increase service uptake (HIV testing and TB screening, etc); PMTCT, MNCH and HIV service integration; One-stop integrated health services can address S&D issues as well as structural barriers such as transportation,

Consider community-led services and strengthen community-led monitoring to improve HIV services

Community system strengthening for sustained community-led response: Strengthen community feedback mechanism to improve HIV services and outcomes

Address social and structural barriers that deter key and vulnerable populations' access to health services

Human Rights based interventions, GBV, S&D reduction measures – community sensitization, health care workers training, quality improvement (QI) approach



Tenk Yu Tumas!



Yumi Olgeta,

Bungim Wantaim!



