

OCEANIA

HIV and AIDS statistics and features, in 2003 and 2005

	Adults and children living with HIV	Number of women living with HIV	Adults and children newly infected with HIV	Adult prevalence (%)	Adult and child deaths due to AIDS
2005	74 000 [45 000–120 000]	39 000 [20 000–62 000]	8 200 [2400–25 000]	0.5 [0.2–0.7]	3 600 [1700 - 8200]
2003	63 000 [38 000–99 000]	27 000 [14 000–43 000]	8 900 [2600–27 000]	0.4 [0.2–0.6]	2 000 [910–4900]

An estimated 74 000 people [45 000–120 000] in Oceania are living with HIV. Although less than 4000 [$<10\ 000$] people are believed to have died of AIDS in 2005, about 8200 [2400–25 000] are thought to have become newly infected with HIV. Among young people 15–24 years of age, an estimated 1.2% of women [0.6–2.4%] and 0.4% of men [0.2–0.8%] were living with HIV in 2005.

HIV infections have now been reported in every country or territory in Oceania, barring **Niue and Tokelau**. Although the epidemics are still in their early stages in most places, preventive efforts need to be stepped up.

More than 90% of the 11 200 HIV infections reported across the 21 Pacific Islands countries and territories by end-2004 were recorded in **Papua New Guinea** where an AIDS epidemic is now in full swing. Since 1997, HIV diagnoses have increased by about 30% each year in Papua New Guinea; approximately 10 000 HIV cases had been diagnosed by the end of 2004, but the actual number of people living with HIV could be five times as high (National AIDS Council PNG and National Department of Health, 2004). The country's HIV surveillance system reveals a prevalence of 2% among pregnant women

attending antenatal clinics in Goroka in 2003 (compared with 0.9% in 2002), 2.5% in Lae and 1.4% in the capital of Port Moresby. Among people seeking treatment at sexually transmitted infection clinics in Port Moresby, 20% tested HIV-positive in 2004, as did 6% in Mount Hagen. Data on HIV have improved considerably since the first sentinel surveillance began in 2001 but most HIV surveillance has been conducted in urban areas. As a result, information on HIV prevalence in pregnant women is absent for many of the country's 20 provinces.

Available information points to a mainly heterosexual epidemic in which commercial sex and casual sex networks feature prominently (National AIDS Council Secretariat and Department of Health, 2004) as routes of transmission. Studies among people in their late teens have found high levels of sexual activity, and of alcohol and drug use. Young people showed some knowledge of HIV and AIDS, but had very little access to prevention information and services. The very high levels of sexually transmitted infections that are being recorded reflect widespread sexual risk-taking. A study in Daru found prevalence of syphilis was 19%, Chlamydia 18% and gonorrhoea 9%—figures that were matched or exceeded in Lae (National

AIDS Council PNG, 2004). (Note that the study was carried out among relatively small numbers of voluntarily-recruited participants, which could have biased the results.)

To prevent a worsening epidemic, HIV prevention programmes need to be scaled up and such underlying factors as wide-scale migration, extreme poverty and inequality between men and women (including high levels of sexual violence against women) need to be addressed (National AIDS Council PNG, 2004).

Australia, by contrast, has the oldest epidemic in the region. Having declined by about 25% from 1995–2000, the annual number of new HIV diagnoses in Australia has been edging upward again and reached 820 in 2004. This brought to an estimated 14 800 the number of people living with HIV in the country in 2004. A significant proportion (31%) of those infections had occurred during the previous year, possibly reflecting a resurgence of risky behaviour. The bulk of HIV transmission in Australia still occurs through sex between men, which accounts for 68% of all HIV infections recorded since the epidemic began. However, the proportion of total HIV infections attributed to heterosexual intercourse has grown from 7% before 1996 to over 23% of new diagnoses by 2004. As a result, more women are becoming infected. In New South Wales, the number of new HIV diagnoses among women almost doubled between 2003 and 2004. More than half the HIV infections attributed to heterosexual intercourse in 2000–2004 have been in persons who are from a high-prevalence country (33%) or whose partners are from a high-prevalence country (27%) (National Centre in HIV Epidemiology and Clinical Research, 2005).

No significant differences in the per capita rates of HIV diagnoses among Indigenous and non-Indigenous people have been reportedly recently; in both instances, those rates have increased slightly since 2000. The main modes of HIV transmission differ, however. Among Indigenous people, about three quarters of diagnoses were attributed to sex between men and heterosexual intercourse. Injecting drug use accounted for 20% of diagnoses in Indigenous people as compared to 3% of non-Indigenous. One third of Indigenous women diagnosed with HIV had acquired the virus during unsafe injecting drug use (National

Centre in HIV Epidemiology and Clinical Research, 2005).

There is wide-scale access to antiretroviral therapy in Australia, with more than half the people living with HIV receiving treatment. As a result, median survival time following the diagnosis of AIDS rose from 17 months prior to 1995 to 45 months in 2001 (National Centre in HIV Epidemiology and Clinical Research, 2005).

New Zealand's epidemic is small by comparison. However, new HIV cases have doubled in recent years—from fewer than 80 in 1999 to 157 in 2004. Sex between men accounted for about half the new diagnoses. Similar to Australia, more than 90% of people with heterosexually-acquired HIV diagnosed in 2004 had been infected abroad (Ministry of Health, 2005). AIDS deaths have declined consistently since the mid-1990s, primarily due to extensive access to antiretroviral treatment. Of the 68 people diagnosed with AIDS in 1990, only 7% were still living four years later; but of the 22 people diagnosed with AIDS in 2000, 77% were alive at the end of 2004—achievements that mirror those seen in North America and Western Europe (Ministry of Health, 2005).

HIV-infection levels are very low in the rest of Oceania, with the total number of reported HIV cases exceeding 150 only in **New Caledonia** (246), **Guam** (173), **French Polynesia** (220) and **Fiji** (171) (Secretariat of the Pacific Community, 2005). The data are based on limited HIV surveillance.

Given the high levels of other sexually transmitted infections that have been recorded in some Pacific islands, none of these countries and territories can afford to be complacent. In Port Vila, **Vanuatu's** capital, some 6% of pregnant women have been found to be infected with gonorrhoea, 13% with syphilis and more than 20% with Chlamydia. Findings from **Samoa** are even more disturbing, with 43% of women attending antenatal services in the capital Apia found to be infected with at least one sexually-transmitted infection. One quarter of sex workers in Dili, **East Timor**, had gonorrhoea and/or Chlamydia, and 60% were infected with HSV2, according to research done in 2003. Among taxi drivers and men who have sex with men, 29% had HSV2 (Pisani and Dili STI survey team, 2004).