

EDITORIAL

AIDS in Papua New Guinea

It has been a long and difficult process to bring AIDS (acquired immune deficiency syndrome) to the attention of the people of Papua New Guinea (PNG). Since 1987, when the first AIDS case was found in PNG, voices of alarm have been raised in various quarters. Repeated attempts to gain political support for a serious national AIDS prevention campaign met with silence. By mid-1994, most of the alarmed voices had declined to a whisper. The following year, a murmur was heard again and, with the launching in March 1996 of the AusAID-funded Sexual Health and HIV/AIDS Prevention and Care Project, new momentum emerged. However, rather than concern and action, the project met with complacency. As in so many other countries, the grace period when early action and investment could have made an impact had been lost. The shape of the curve describing the rise in confirmed numbers of those infected with HIV (human immunodeficiency virus) over the past few years tells the story. Despite inadequate levels of testing and reporting, the steep exponential rise in case numbers has been made evident and at last has begun to be seen in the community itself. Now the task is different from what it might have been several years ago. Now its magnitude is greater and its chance of success diminished. Now we must work to mitigate the effects of the established epidemic on adults and make every effort to protect the younger members of the population from acquiring the infection.

Those few people who have come to tell us at the Papua New Guinea Institute of Medical Research that they have become infected with HIV complain bitterly about the way they are treated, in all aspects of their lives. They are tired of being treated like outcasts and need an advocate. PNG society has to face up to the realities of HIV infection. Fear appears to be the underlying emotion throughout the country, among health workers, pastors, community leaders and others who, instead of helping, turn away from their responsibilities to their brothers and sisters. HIV is a virus, not a curse from God or a human sorcerer.

Many men, women and children on this earth have become infected. The World Health Organization (WHO) estimates that 40 million people will have become infected by the end of the century, only a few years away. This is a world pandemic of extraordinary proportions that, in some way, will affect every one of us. Those in the health and helping professions must lead the way. They must educate themselves on the real issues, so that they can counter the imagined ones. They must learn how to treat those infected and help their families to learn how they may care for the person affected when AIDS develops. We must encourage those with HIV infection to make use of their unique experiences in order to help others learn how to avoid infection. People infected with HIV are the real experts and, when they receive counselling and support, form a very valuable resource for education in the fight against AIDS. Their reality makes it real for everyone else. People with HIV infection need us and we need them.

AIDS is an opportunity, not merely a tragedy. It creates an opportunity to review again the great need for improvements in numerous sectors and activities, e.g. formal and nonformal education, public health, economic opportunities for youth, non-government organization (NGO) capacity, the status of women, the integration of private sector efforts with national goals, and others. For example, it must not be forgotten that HIV is a viral infection and, as with most other infectious diseases, simple public health measures, such as adequate water, sanitation and hygiene behaviour, remain essential for care. The health sector can ill afford to ignore the great need for improvements in these areas among urban and rural residents alike. If the provision of water supplies for the unplanned settlements of PNG's urban centres requires new arrangements for home ownership, then this must be pursued. AIDS prevention and care may start with awareness, condom provision and usage, counselling and testing, but it cannot stop there.

The situation is reminiscent of one of the basic themes of many of PNG's 'tumbuna' stories, as, for example, when the young girl, who is angry at her father, commits suicide, but from her buried head grows the first coconut tree. Out of sad and tragic situations, good things can emerge. The greatest tragedy would be if we miss the extraordinary opportunity created by this rapidly spreading, fatal disease to galvanize social and political forces to improve the health and lives of all Papua New Guineans.

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