

HIV/AIDS IN THE PACIFIC

The burden of the Acquired Immune Deficiency Syndrome (AIDS) epidemic is enormous. Every hour of every day, that burden grows larger.

Since the first diagnosed cases early in 1981 detected among young gay men in the USA, an estimated 42 million people are now suffering from various stages of Human Immunodeficiency Virus (HIV) - induced immune system problems. The major source of infection now comes from heterosexual relationships. Twenty years into the future, forecasts suggest some 200 million people are likely to be living with HIV / AIDS. Today, sexual taboos, ignorance, complacency, some cultural and religious beliefs and practices continue to stand in the way of HIV/AIDS awareness and prevention efforts. Even commonplace political policy impacts on our ability to handle the disease and provide access to affordable treatment. These factors further fuel the stigma associated with the disease.

Like other infectious diseases, HIV/AIDS does not respect national boundaries and efforts to contain the disease have been slow to develop. Limited political will and difficulties in changing human behaviour contribute to this slow response. Currently there are no vaccines available and no drug can yet cure the infection. Since 1996, medications have been available to lower a person's viral load, thereby slowing the progression to AIDS. But the person on medication still experiences adverse side effects, and drugs still do not prevent transmission of the virus. Further, these drugs are so costly they are virtually unobtainable to the vast majority of those infected outside of the more developed nations. Yet it is the least developed regions which suffer the epidemic's heaviest burden.

In the Pacific region, the first known case of HIV/AIDS was reported in the Northern Mariana Islands in 1982. Since that time, official statistics show that the total number of HIV positive cases recorded in 22 PICT countries and territories has risen to over 7,000. Papua New Guinea has the highest recorded incidence of HIV, accounting for over 80 percent of the region's reported cases. However, if we follow the standard calculation based on the ratio of carriers to undetected carriers, there could be an estimated additional 15,000 to 20,000 (according to WHO) cases of undetected HIV/AIDS in the PICT. In other estimates, UNAIDS range even higher, with as many as 22,000 (and as few as 11,000) for Papua New Guinea alone.

However it is the relatively low level of actual reported cases that has led to an air of complacency in the region. Within the Pacific, a commonly held belief is that the relative isolation of our island nations will contain or protect us from the disease reaching epidemic proportions. With the exception of PNG, the

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Pacific has not yet experienced the explosion of reported cases of HIV/AIDS that other least developed and developing nations in the world have experienced. Nevertheless, the underlying social, cultural, economic and demographic conditions exist for a similar rapid spread of the disease. These conditions include a youthful population with a high incidence of youth pregnancies and STIs, movements in, through and out of the region by mobile population groups, slow or negative economic growth and the consequential lack of employment opportunity, and socio-cultural practices that pattern the behaviour of men and dictate the status of women.

Country	No. of Cases	Rate of Infection Per 100,000
Cook Is.	0	
FSM	11	
Fiji	104	51
Fr/Polynesia	220	367
Guam	168	420
Kiribati	38	175
Marshall Is.	9	68
Nauru	1	
N/Caledonia	246	429
Niue	0	
N/Marianas	25	136
Palau	4	
PNG	415	323
Pitcairn	0	
Samoa	12	27
Solomon Is.	1	
Tokelau Is.	0	
Tonga	13	51
Tuvalu	9	356
Vanuatu	1	
Wallis/Futuna	2	

Access to treatment by retro-viral drugs for HIV positive persons in the region is almost non-existent, resulting in the inevitable progression of the disease from HIV into AIDS. Continuing misconceptions regarding how people can become infected increases the risk of the sexually active population contracting the disease, and stigmatises and discriminates against PLWHA. Very poor blood screening protocols, and prevalent practice in the Pacific of unprotected sex, inside and outside of 'stable' relationships, polygamy and tattooing creates other avenues for the transmission of the disease.

The overall response to HIV/AIDS in the Pacific can be described as limited, reflecting the fact that most countries and territories are still in the early stages of the epidemic. Few people are personally affected and many still react with hostility and blame against those who are known to be HIV positive.

In most of the PICTs, ministries or departments of health have developed national AIDS plans with assistance from WHO/GPA and, separately, SPC. All PICTs have established national AIDS committees to guide policies and programme strategies. However, these committees are generally regarded as not performing as they were intended to. Infrequent meetings, a lack of autonomy and influential representation has led to national

AIDS programmes being constrained by limited commitment, poor co-ordination and few resources.

HIV and AIDS programmes attract little funding from core budgets of PICTs. The majority of funds continue to be provided from multilateral and bilateral donors.

Across the region there is a range of local, and regional NGOs implementing HIV/AIDS, STD along with comprehensive sexual



and reproductive health programmes. NGOs active in HIV/AIDS prevention programmes in many PICTs include the Red Cross, National Councils of Women, National Councils of Churches, Youth Councils and Councils of Chiefs. Some of the most affected PICTs have dedicated AIDS NGOs (e.g. Fiji, Guam, French Polynesia, Papua New Guinea).

Unfortunately, too often, there is poor co-ordination between NGO and government programmes and they often appear to duplicate each other or, even, work in opposition to one another.

One of the most influential NGOs in the region is the Christian church. Regional seminars on HIV/AIDS prevention and education involving key church leaders have previously been conducted, and some church groups support sexual and reproductive health issues. There is however a large body of churches that hold on to the belief that promoting safer sex condones or even encourages sexual promiscuity. It is however a widely accepted fact supported by multiple studies that education, of any sort, leads to less risky sexual behaviour.

There are a number of regional organisations involved in HIV/AIDS and sexual health activities including the Foundation for the Peoples of the South Pacific and Save the Children Australia.

Multilateral agencies that have supported HIV/AIDS and STD responses in the Pacific include WHO, UNESCO, UNFPA, UNDP and UNICEF. WHO provided technical support throughout the Pacific to develop plans and conduct training in relation to AIDS and STD's, and through the Ministries of Health have been strengthening STI services and reviewing alternate testing strategies for HIV. UNFPA and UNESCO are engaged in assisting education ministries to integrate population education, including sex education, through secondary school curricula.

In 1995, UNAIDS, the joint United Nations Programme on AIDS, was created to provide global leadership in response to HIV/AIDS. At regional and country level, UNAIDS role has been to co-ordinate the efforts of the co-sponsors (UNFPA, UNDP, UNICEF, UNESCO, WHO and the World Bank).

The major bilateral donors that have supported HIV/AIDS responses in the region are AusAID, the EU, and USAID. AusAID funded the development of national strategic plans through the Pacific Islands STI / HIV strategic planning project which ended in 2000. The project was executed by SPC and UNAIDS. The EU has funded an HIV / AIDS peer education project in three PICTs. USAID funded the Pacific Islands AIDS and STD Prevention project from 1990–1995.

The Secretariat of the Pacific Community, based in Noumea and with a regional office in Suva, is the regions leading technical and advisory inter-governmental body. A number of its programmes address HIV/AIDS and STD issues including the Regional Maritime Programme, CETC, Reproductive Health, Coastal Fisheries and Public

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Health Programme. The Youth Bureau through Pasifika Aspirations has been assisting PICTs to develop national youth policies, which includes a sexual health component. The Public Health Programme has had a number of initiatives dealing with HIV/AIDS and reproductive health. There is a full time HIV/AIDS Adviser on their professional staff. The SPC therefore is uniquely positioned to play an important role in the fight against HIV/AIDS.

From the above, it can be seen that there have been efforts by governments, NGOs and other organisations to prevent the spread of HIV/AIDS in the PICTs. However, PIAF sees some common barriers that constrain a more effective response:

- Failure to acknowledge the serious nature of the problem by governments and communities because of them being deceived by the relatively small numbers of PLWHA.
- The invisibility of HIV and STD transmitting behaviours. Although premarital and extramarital sexual relations are very common in Pacific Island societies, many prefer to deny that their behaviour puts them at risk of contracting HIV or STD.
- More fundamentally problematic is that community and national leaders, especially in the church, prefer to deny that such behaviour goes on.
- A resulting general lack of societal and personal openness to discuss sexual matters.
- Discrimination and fear against those infected with HIV. Early campaigns aimed at instilling fear in the public, plus the association of AIDS with immoral acts have resulted in unreasonable stigma against HIV positive persons. Because of the fear of AIDS and commonly held misconceptions about how the disease is transmitted, people with HIV often hide their infections to avoid being discriminated against.
- Ignorance about the growing risk of contracting HIV and STD locally. HIV/AIDS is perceived as something coming from outside the region, rather than a disease transmitted between individuals engaging in risky sexual behaviours. The spread of HIV between Pacific Islanders who have had no foreign contact now accounts for a large proportion of cases where HIV is most prevalent.
- Too much focus being placed on HIV as being purely a health issue. Other than the ministries of Health who have taken the lead in HIV/AIDS programmes, other sectors such as business have had little involvement. This demonstrates a low awareness of the development repercussions of HIV.
- Limited resources of governments and administrations means that HIV/AIDS programmes must compete against other health, education, development and social welfare programmes.



RESPONDING TO A CHANGING EPIDEMIC

HIV / AIDS was once a disease regarded as coming mostly from unsafe MSM practices and intravenous drug users, particularly amongst those at the lower end of the socio-economic scale.

HIV / AIDS has now reached epidemic proportions, with the most common form of transmission being through unprotected heterosexual intercourse with an infected partner. Similarly in the Pacific, transmission mostly occurs through heterosexual relationships. There is a near equal split of male / female infection rates in PNG, for example. Despite this, there is still a misconception within many communities that HIV transmission occurs principally amongst homosexual relationships.

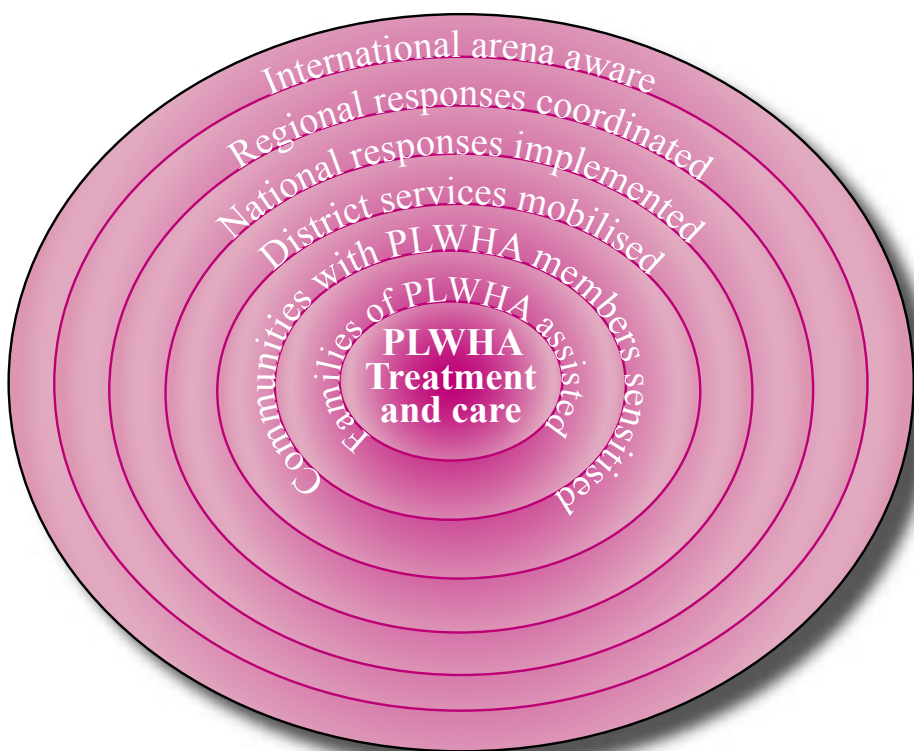
More people than ever before are living with the disease and its associated problems. Because of that, our work to support those living with HIV and AIDS, and to prevent the spread of the disease, is critical. A major issue facing those affected by the disease, particularly in areas of high prevalence, is a lack of access to support and treatment or the ability to protect themselves from infection.

Our philosophy is to “put people first.” It is central to the approach adopted by the Pacific Islands AIDS Foundation. People don’t live in isolation. They are part of a household, which in turn belongs to a community. Linking the community to the national level are district administrations, where weaknesses often exist. It is at this level that medical and diagnostic services exist as well as NGO’s, but they are generally under-resourced. Responses by PIAF are designed to take into consideration these various layers, acknowledging that each level has a role to play in the fight against HIV/AIDS.

Our goal is twofold. Firstly, we aim to achieve a better quality of life for those living with the disease, adopting a holistic approach that addresses basic human rights, discrimination, access to treatment and care, poverty, and social exclusion.

Secondly, we aim to contribute towards prevention of new infection through improved prevention messages being communicated by HIV

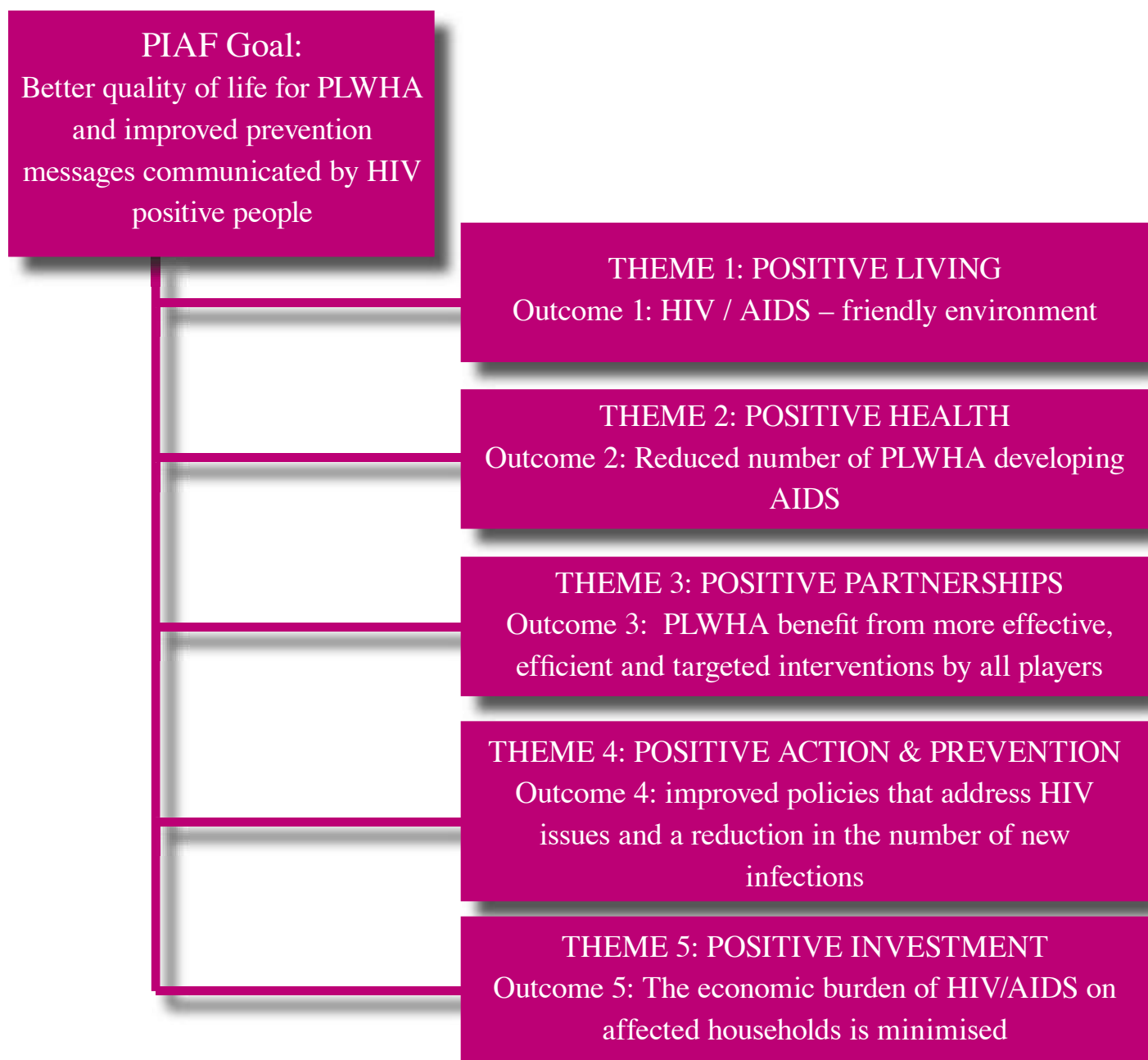
“Putting people first” is central to the approach adopted by PIAF



positive people. To work towards this, the Foundation embraces five key themes.

The approach the foundation will adopt over the next few years is summarised in diagrammatic form in Figure 2, and is then detailed in the subsequent narrative.

Figure 2: Five positive themes



Theme 1: Positive Living



Maire with Nelson Mandela in South Africa ~ a personal invitation from the co-chair of the International AIDS society to encourage her contribution to positive living in the Pacific



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Theme 1: Positive Living

Throughout the Pacific region, PLWHA face the stigma and discrimination associated with disclosing their HIV status.

In some Melanesian countries, the disease is seen as a punishment or curse delivered because of either the person him / herself, or another family member having done something bad. PLWHA are banished outdoors, living underneath the house, or are occasionally beaten, or, stoned to death. Other PICTs, while adopting a less draconian approach, still isolate and exclude infected persons. This fear of rejection or social exclusion results in many PLWHA’s refusing to disclose their status to families and associates, thus increasing the potential for transmission through high – risk behaviour.

The change that the Foundation seeks to bring about is the creation of an HIV/AIDS – friendly environment, which makes it easier for PLWHA to voluntarily disclose their HIV status without fear of discrimination. This in turn will contribute towards awareness and prevention, an improved feeling of self-esteem, and acceptance of PLWHA as accepted members within society. To do this, the following results (outputs) will be delivered:

Output 1.1: PLWHA have free and easy access to support and counselling services

In most cases, HIV infection means that people find themselves dropping suddenly from ‘normal’ lives of work, family and friends to a future of dreadful uncertainty and isolation.

This output will ensure PIAF helps to provide counselling and support to those being tested for HIV, those recently diagnosed persons on how to cope with HIV, and to provide emotional and psychological support to enable them to adjust to, and accept his / her status as HIV positive. Counselling is a supportive function in the care of PLWHA and is a necessary part of information provision both before and following HIV antibody testing. PIAF aims to address the scarcity of counselling services in partnership with local NGO’s and other partners by training a pool of support and counselling people. Recognising that some delivery is already occurring at both the national and district level, we will support and promote already existing programmes by seeking on-going funding to support the efficient delivery of these services at the district level in PICTs. In many cases, this service will be delivered in conjunction with trained medical / first aid personnel, either through local health departments or local Red Cross branches, with PIAF assuming responsibility only for providing specialist training to counsellors, and securing sponsorship of counselling services.

For reasons of practicality, and also necessity, PIAF will initially focus on establishing functioning counselling services in at least two districts in PNG and on Viti Levu in Fiji, and will subsequently ex-



Normal life ~ often a difficulty for those affected by HIV, and their family



pand services as resources permit.

Performance Measure: 4 Counselling and support networks established each year commencing 2004.

The **indicative activities** in support of this output are for PIAF to:

- Conduct inventory of existing services
- Establish counselling and support networks in PICTs

Output 1.2: Support for caregivers

PIAF recognises that in many of the PICT's the burden of providing care for PLWHA falls on other members of the household. This creates additional pressure in an already stressful situation.

Here, PIAF aims to support caregivers who are dealing on a daily basis with the problems associated with HIV/AIDS, such as trying to maintain a healthy diet for the PLWHA and, in advanced stages, cleaning of soiled bed linen. The output will support groups and fund counsellors to visit caregivers on a regular basis, and provide them with IEC material. It also aims to mobilize groups of volunteers who can relieve family caregivers for a day.

Performance Measure: An average of 4 caregiver support groups progressively established commencing 2004 with an average 300 home visits per year.

Indicative Activities:

- Identification via health departments and NGO's of potential counsellors
- Identify and provide funding support for the delivery of services through counsellors

Output 1.3 General population has an improved understanding of HIV/AIDS and issues faced by PLWHA

PLWHA face social exclusion because of the stigma and discrimination associated with contracting HIV.

Much of this is borne out of misconceptions and general lack of specific awareness regarding HIV issues. Maire herself faced this when restaurants thought that utensils used by her during the course of an evening meal were capable of passing on the HIV virus.

This output will seek local sponsorship in each PICT to establish a "Positive Lives" monthly radio programme for public broadcast and a schools intervention / awareness programme, both featuring PLWHA (in particular HIV Ambassadors) as a means of campaigning for a better understanding of the issues facing PLWHA. Additionally, PIAF will promote regular information and awareness items through the SPC "Pacific Way" monthly television programme that is broadcast in 22 PICT's.

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Performance Measure: Regular sponsored radio broadcast programmes broadcast in at least 40 percent of PICTs by the end of 2005

At least 12 school intervention programmes operating regularly by 2005.

Indicative Activities:

- Train PLWHA to participate in campaigns and become AIDS ambassadors
- Evaluate and create targeted IEC material
- Prepare radio broadcast programmes
- Develop and support school intervention programme

Output 1.4: Government, planners and policy makers are sensitised to HIV/AIDS issues

Government planners and policy-makers often have low or even no awareness of HIV / AIDS issues and their wider impacts. PIAF aims to take positive steps towards creating a more enabling and supportive environment that is soundly supported by official policies and legislation. As PICTs lack anti – discrimination policies and frameworks, PIAF will work together with governments to identify gaps in policies as they relate to PLWHA, and will advocate for policy change that is based on the results of a socio – cultural impact assessment that will be commissioned by PIAF. The assessment will initially focus on two countries – PNG and French Polynesia as a trial model. Depending on the results, research may be extended to other selective PICT’s from 2006 onwards.

Performance Measure: Results of Socio-cultural impact study relating to disclosure conducted in 2 PICTs and circulated to governments by end of 2004

Evaluation of existing policies from an HIV/AIDS perspective in two PICTs by the end of 2005

Indicative Activities:

- Socio – cultural research commissioned
- Create and publish trimestrial liaison bulletin on the website
- Existing policies evaluated from an HIV perspective

Output 1.5: Households living with HIV/AIDS can obtain condoms at minimal / no cost

Those who practice safe sex in PICTs are relatively few. Those who do, however, face similar problems: where to get condoms at a reasonable rate and, in a region where sex still carries many taboos, without embarrassment? Incredibly, PLWHA still face the same issues.

This output will ensure PLWHA have free / affordable access to condoms as a primary prevention tool to stop the transmission of the virus to their spouse or other partners. It recognises households affected by HIV/AIDS face an increased cost burden associated with

