

Pacific Paradise Lost?

CAII • THE CHURCHES' AGENCY ON INTERNATIONAL ISSUES: RESOURCING CHURCHES AND CONGREGATIONS ON GLOBAL CONCERNS

Hot Topic: Seeking a healthy future in the Pacific

Pacific nations face huge health challenges. Endemic diseases like malaria are getting worse rather than better, tuberculosis still kills 2,700 people in Papua New Guinea in one year alone.

Now HIV and AIDS, already of epidemic proportions in Papua New Guinea, are threatening to spread through the rest of the Pacific "like a dangerously powerful storm that has come from offshore."

For small nations like Tuvalu and Kiribati there is a potential time bomb because most of their young men who are recruited to work on overseas ships are travelling the world and visiting places where HIV is prevalent. They return home where there are no adequate testing facilities for HIV let alone any drugs to cope with the disease they might have picked up while away.

But it is not only the communicable diseases like malaria, TB and HIV that are the problem. There is a



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growing threat from non-communicable diseases like diabetes, cancer, cardiovascular disease and obesity placing a huge pressure on a very fragile health system. If there is not adequate funding for the treatment of these diseases then the situation will escalate. Ending poverty begins with health.

"It has been well established that better health reduces poverty and reduced poverty improves health" NZAID policy document.

THIS HOT TOPIC EXPLORES IN DEPTH:

- **Facts about HIV and AIDS**
- **Some of the causes of HIV**
- **Health and the Millennium Development Goals**
- **What is being done to improve healthcare in the Pacific**
- **What the Churches are doing**
- **Papua New Guinea – a case study**

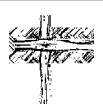
PERSPECTIVES

"Everyone has the right to a standard of living adequate for the health and wellbeing of themselves and their family, including food, clothing and medical care"

Article 25 of the Universal Declaration of Human Rights



"The rapid growth of HIV is fuelled by demographic and cultural factors including ignorance and denial, poor health facilities, no medicines or counselling, traditional taboos that prevent discussion of sexual matters and a great deal of fear and stigma attached to the disease". Prof Trevor Cullen from Perth University talking about his work in the Pacific.



The Anglican Church in Aotearoa, New Zealand and Polynesia



The Salvation Army in New Zealand, Fiji and Tonga



The Methodist Church of New Zealand



The Religious Society of Friends



Christian World Service

Pacific health issues

HIV and AIDS in the Pacific

"HIV and AIDS pose a significant threat to poverty elimination in the Pacific region. There is a growing concern that high rates of sexually transmitted infections, gender inequality, and a lack of access to sexual and reproductive health fuel the spread of the virus. Official figures place the number of people living with HIV at 16,000 but given the significant under-reporting, it is estimated that the actual figure is very much higher." NZAID 2006

Although rates of known HIV infection in most countries of the Pacific are, at this stage, quite low, the epidemic has been likened to a 'silent catastrophe'. In Papua New Guinea it is estimated that there could be at least 120,000 people carrying the virus (out of a population of 5.9 million) and the WHO estimates that 20% of the population will be infected in the next decade unless urgent action is taken. This would be similar to the

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"The spread of the HIV and AIDS pandemic continues unabated, with the number of people infected rising once more in some countries which had been thought to be beating the disease"

Peter Piot, UNAIDS

Hot Topics

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Photos www.photoshare.org

Cartoons sourced from: www.un.org/events/aids/2006/exhibit.asp

We remember Major Peter Thorp, the Salvation Army representative on the CAII committee who died suddenly in May of this year.

epidemic that has hit sub-Saharan Africa and makes the prevalence rate the highest in the world outside Africa.

In the Pacific almost equal numbers of men and women are affected by the virus and the disease is spread mainly through heterosexual contact. If the transmission of HIV is primarily through unprotected sexual intercourse, this suggests that married women are very vulnerable. *"Women abstain from sex outside marriage, remain faithful to one partner, but the partner isn't doing the same, therefore making these women more vulnerable."* UNAID.

Adding to the volatile mix is a high rate of sexually transmitted infections and teenage pregnancies. The rationale for a greater HIV and AIDS epidemic is that it is known that sexually transmitted diseases (STDs) are risk factors for increased transmission. A high rate of STDs reflects a failure of safe sex messages.

UNAID points out that very small Pacific Island nations are more vulnerable to an increasing infection rate as they have poor testing facilities and almost nil treatment. For example, in Tuvalu it is estimated there are now 88 cases of HIV, which translates to an infection rate of 0.8%. What is the future for a country of 11,000 when its infection rate reaches 1 in every 100 people or one in twenty people?

The impact of other diseases in the South Pacific

Pacific peoples have lived with infectious diseases for generations. All have the problem of TB and diarrhoea. Melanesia has had to cope with malaria and Polynesia with dengue fever. An emerging problem, in Polynesia in particular, are "life-style" diseases like obesity, cardiovascular disease, diabetes and lung cancer. The annual meeting of Commonwealth Health Ministers in May 2007, aware of this new phenomenon, took "Lifestyle diseases" as its theme.

1. Malaria

Malaria is found in ten Pacific Island nations. It is not to be confused with dengue fever which is another mosquito-carrying disease. Malaria is a deadly

parasite that threatens 40% of the world's population, mostly in remote rural communities and with greatest severity for those in poorer countries. It is spread by a particular mosquito which sucks blood from a person with the parasite transmitting the disease by biting another person.

- There are at least 1 million deaths worldwide each year from malaria. It is the biggest killer of African children and it leaves pregnant women and their children susceptible to low birth weight, anaemia and other disorders.
- Rural people are most affected as access to effective treatment is limited. Most just have to put up with regular bouts of the disease during which they are incapable of doing anything productive, which seriously affects the ability of village people to maintain their gardens and to feed their families.
- Malaria is known to advance the development of AIDS with people who are HIV positive.

Malaria is preventable and curable but in the Pacific the prevalence is increasing, not decreasing.

2. Tuberculosis (TB)

- TB kills about 2 million people worldwide each year
- One third of the world's population is infected with the disease
- TB advances the development of AIDS with people who are HIV positive.
- TB is the leading killer of people infected with the HIV virus in the developing countries.

The WHO estimates that there are two million people in the Asia Pacific region with TB but half go undetected.

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"Every minute another 10 people are newly infected with HIV. The problem is not due to a lack of know-how or resources. The problem is one of political priorities"

Thoraya Ahmed Obaid, Executive Director of the UN Population Fund

Some of the facts about HIV and AIDS

What is HIV?

Human Immunodeficiency Virus (HIV) is a virus that infects the cells of the human immune system. This affects the body's defence mechanism so that it cannot fight off certain infections.

It may take several years for the virus to damage the immune system and during this time a person who is infected may infect others. A person who is HIV positive but does not have AIDS, during this time can both look and feel well.

HIV can be passed from the bloodstream of an affected person to another by:

- having unprotected sexual intercourse,
- sharing infected needles,
- from an HIV positive mother to her child during pregnancy, during childbirth, or through breastfeeding (although not always),
- through a blood transfusion (rare).

Casual contact or kissing does not transmit HIV

There is still no cure for HIV although some drugs, called anti-retroviral drugs (ARV), do help people to stay well for a longer period.

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www.scoop.co.nz (Tuvalu, 2005)

How does someone know if they've got HIV?

The only way to know for sure is to get tested. However the difficulties are:

- Some of the symptoms (skin complaints, chest infections and diarrhoea) are the same as lots of other illnesses, particularly TB.
- There are anecdotal stories from the Pacific that people with signs of TB are scared of taking the TB test because others may think they have HIV
- In most Pacific countries there are no testing facilities.

HIV positive gets to a stage where their immune system breaks down. When they cannot any longer fight off other serious diseases like TB or pneumonia, the condition has developed into AIDS. This is the tragic end result of a process that started many years earlier when a person first became a carrier of HIV. During the HIV pandemic, TB has increased by 20% internationally; a third of all AIDS-related deaths worldwide are due to TB.

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"90% of those infected with HIV do not know it"

(UNAIDS)

What is AIDS?

Acquired Immune Deficiency Syndrome (AIDS) develops when someone who is

DID YOU KNOW?

- **Approximately 40 million people worldwide are infected with HIV, 95% of whom live in developing countries.**
- **Every year another 5.3 million people are infected with HIV, the virus that causes AIDS.**
- **More than 25 million people worldwide have died from AIDS since 1981 with 95% of all deaths in developing countries.**
- **Globally, almost 50% of people living with HIV are women.**
- **More than 15 million children under the age of 15 have been orphaned by HIV and AIDS. The number is anticipated to double by 2010.**
- **In 2005 nine out of ten HIV positive people in Africa were not able to obtain medicines to contain the virus.**
- **Young people aged 15-24 account for 40% of new infections.**
- **The incidence of HIV and AIDS in Papua New Guinea is now similar to that in sub-Saharan Africa in 1995, with a 50% increase in infection rate each year.**

(This data has been sourced from Oxfam, UNAIDS, World Health Organisation, FPAID and Asia Development Bank).

Refer to www.avert.org for more information about HIV and AIDS. There is even a quiz section where you can test your knowledge.

(Editors note: This discussion pamphlet uses the terms 'HIV and AIDS' instead of the more traditional form 'HIV/AIDS'. Separating the two terms acknowledges that they are two different but related diseases. If an HIV positive person has access to proper treatment and support then he/she can live a relatively normal life. Only when the disease progresses to AIDS will the person die.)

Some underlying causes of HIV

Poverty

As already mentioned, of an estimated 40 million people worldwide living with HIV and AIDS, 95% live in developing countries where poverty is a serious issue. (People of the Pacific prefer to use the term “living in hardship” rather than poverty). Living in hardship in a rural area makes it almost impossible to access adequate medical care for HIV testing or treatment. Deteriorating family health will lead to greater hardship.

Gender inequality

HIV is often transmitted because of a power imbalance between men and women. In many societies, men are the decision-makers when it comes to fertility, family size and other reproductive health issues. Women sometimes do not have the choice whether or how or with whom they have sexual intercourse. However in many instances, the sexual and reproductive health programmes available often marginalise men which has a negative impact not only on men themselves but also on the women and children.

FPAID has been working to improve the reproductive health status of men and women in Fiji and the Solomon Islands through an initiative known as the Male Involvement in Reproductive Health (MIRH) project. This programme educates men about their responsibilities as partners in reproductive health.

Mobile populations

In the Pacific it is common that men go away to work in ships or they move to the town in search of work. Young single women go to the town to look after their relative’s children. When these

people return to their communities they can unwittingly spread the disease if they have had unprotected sexual intercourse while away. Also, Pacific peoples living overseas often return home to live or to visit and can unwittingly carry the HIV virus back to the village.

Youth

“Young people, mostly women, count for nearly half of HIV infections worldwide” (UNAIDS). Although women are the most vulnerable, many commentators also say they are the group with the most potential to stem the tide because they should be able to talk about the problem in a way their parents could not and therefore can take preventive measures to spreading the disease.

Limited Education

A survey of youth in 17 countries, excluding the Pacific, found that more than half of those questioned could not name any method of protection against HIV. They also did not know that a person who looked healthy could be HIV positive. There is no reason to think this would be any different in the Pacific. (UNFPA).

Access to health care

In the Pacific access to adequate health care is difficult, especially for people living in villages far from a town centre. HIV testing and treatment is limited to a few of the larger countries and then only in the main centres of population. In 2005 only 15% of people with HIV in the developing world had access to ARV drugs. In Papua New Guinea, the WHO has guaranteed 5 years of free ARV drug supply but that will be confined to people living near a large hospital where there are some testing and treatment facilities.

Stigma and mis-information

Inaccurate ideas about HIV and AIDS are a contributing factor in the transmission of



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HIV. The belief in some places that having sexual intercourse with a virgin will get rid of the HIV virus is another myth. Then there is the belief in some religious circles that prayer will do the trick and there are some churches which believe that HIV is a divine punishment. People who are HIV positive are often treated as outcasts, so any treatment is denied them.

Silence

Perhaps the worst offender is silence. In the Pacific it is not common to talk about issues associated with sex or sexual diseases. Silence and inaction have led to the pandemic that is now facing the world. (See the “Churches respond”)

(Some of this information was sourced from Dev-Zone, “Just Change” Issue No 5.)

Discussion

Are young people today in the Pacific able to talk more easily about sexual matters and topics like HIV, or is that a myth?

Are young Polynesians coming to live in NZ away from the restraints of family/village life more vulnerable to contracting HIV?

Is the stigma associated with HIV and AIDS amongst Pacific Islanders living in Aotearoa NZ as great as in their home countries?

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“Pacific churches, in their home countries and in New Zealand, have been slow to recognise the human rights of HIV people”

Rev Strickland-Pua

What are the Pacific churches saying?

A consultation in Nadi, Fiji organised by Pacific member churches of the World Council of Churches brought together 36 church people from through-out the Pacific to work out a Pacific response to the HIV and AIDS. An epidemic that has already hit Papua New Guinea could well spread at speed through-out other Pacific Island nations.

At the end of their consultation the participants put together a statement which has become known as the “Nadi Declaration.”

“We believe that the Church as the body of Christ comprises family, youth, women, men and children. Each complements the other; united in solidarity with positive people. As the Church we have a unique role to love all, to be a caring and healing community and to stop stigmatising and discriminating against positive people. So we, the Churches, are encouraged to seek forgiveness from God and from positive people for not doing what we ought to have done, and for contributing to their pain and suffering. This will enable us to heal our communities and liberate us to be a healing and reconciling community.”*

This is a good document for group discussion - to download a copy – refer to www.wcc-coe/resources/documents

*(The name given by Pacific people to those who are HIV positive).

The Consultation said:

- To isolate HIV people is a distortion of the will of God.
- To use biblical texts to oppress, exclude, or persecute people with HIV is a misinterpretation of scripture.
- To focus exclusively on sin, morality and HIV is theologically imbalanced.
- HIV is not only due to personal action or inaction, but also to the neglect, irresponsibility and misdeeds of our communities and churches.

The declaration offers some priorities for improving knowledge of HIV and AIDS

- The urgent establishment of a network of resource people around the Pacific to address the issue of HIV and AIDS.
- The urgent requirement to get out information and education material through churches, schools, media and other gatherings.
- The necessity to secure funding. Church budgets must accommodate social and development issues of which a component should be directed to HIV and AIDS.
- The need to empower caregivers who are involved in counselling, home visits and support of positive people.
- The need to empower congregations to actively engage with positive people.

Extensive training would be required for this to have a positive outcome.

A meeting of Methodist and Uniting Church leaders from the Pacific met in Auckland in April 2007 around the theme, “Theological ethics and cultural taboos in the context of HIV and AIDS”. A statement prepared by the NZ Methodists after the meeting read, in part:

Despite differences of biblical and theological understandings, participants identified key concerns that require ongoing commitment from the Church:

- Moving beyond responses based on sin and judgment.
- Overcoming the stigma and rejection experienced by the afflicted.
- Recognising the role of power and control, especially in relation to gender issues.
- Replacing ignorance with understanding.
- Responding to homophobia appropriately.
- Overcoming the neglect and denial that have surrounded the issues of sexual health.

The Church is called to be active in all these areas, to speak openly and to advocate on behalf of those affected by HIV and AIDS.

Myths about HIV and AIDS

“AIDS has nothing to do with me. It is a disease of sinners, prostitutes, homosexuals and drug addicts”

It is estimated that through-out the world up to 80% of women who are infected with HIV are not sex workers nor are they promiscuous persons; most are married and in one-partner relationships.

“The Church is against talking about sex and sex-related issues”

Some churches are speaking out - “There is no religious constraint to talking about sex when it is in relation to better physical and spiritual health. Where we see injustice it is our duty to speak out. Silence breeds violence.” says Bishop Halapua, Anglican Diocese of Polynesia.

“Talking about sex and using condoms promotes promiscuity.”

No it does not. People are talking about safe sex but... “The fact is whether we talk about sex or not young people in the region the age of 14 are sexually active.” says Lai Wainikesa, Student Counsellor of the University of the South Pacific.

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“Pacific churches and Pacific leaders have a long way to go before true dialogue on HIV infection can take place. Conservatism, and a strict cultural observance aligned to fundamentalist Christian values weave through the fabric of every day Pacific life. We are still in denial mode. Like an ostrich with its head in the sand we hope it will go away. Amongst many Pacific Churches there is a dominant right wing theology of discrimination and oppression against gays, lesbians, and HIV and AIDS. Gender discrimination and sexual violence have yet to be addressed” Pacific Minister the Rev Strickland-Pua (Scoop Media, 2007).

Do you agree? – Is there still a right wing theology of discrimination surrounding discussion of HIV and AIDS dominant in the Pacific churches today?

Health and the Millennium Development Goals

In September 2000, representatives from 189 governments around the world signed the “Millennium Declaration” and committed themselves to achieving sustainable reductions in the major dimensions of extreme poverty. To keep track of progress (or lack of it) against this visionary global compact, the Millennium Development Goals (MDGs) were established as eight quantifiable and shared priorities to be achieved by 2015. Each goal has targets attached to it - e.g. in Goal No 6 the target is to have halted, the spread of HIV and AIDS, malaria and other diseases by 2015.

Although each goal stands by itself and is to be tracked separately, in reality the goals are all strongly interlinked and there is an emphatic declaration that health is critical to development.

Why the emphasis on good health? Because it...

- Gives people strength to transform the cycle of poverty or hardship.
- Enables young people to achieve at school.
- Helps women to fulfil their human rights to achieve their full potential.

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“We cannot allow health to remain a secondary item on the international agenda... We know that the vast majority of human suffering and early deaths in the world are poverty related ... ill health leads to poverty and poverty breeds ill health. People in developing countries carry 90% of the disease burden yet have access to only 10% of the resources used for health.”

The Director General of the World Health Organisation (WHO), 1998



- Enables children to live longer and grow into responsible citizens.
- Enables HIV positive people to live useful lives and to delay the onset of AIDS.

Let's look at one or two of the goals in light of Goal No 6 - “Combat HIV and AIDS, malaria and other diseases.”

1. Eradicate extreme poverty and hunger

If a person in a household is affected with HIV that will probably mean that this person cannot work in the gardens or catch fish, and thus his/her ability to support the family is seriously diminished. The stigma associated with HIV is such that if it is known that the person is HIV positive then the family will probably be isolated and treated badly. If there is no adequate medicine then there is the probability of rapid progress toward acquiring AIDS. Poverty for the whole family is inevitable. (To date, 15 million children worldwide have been orphaned by AIDS – UNICEF, 2005). Thus, stemming the tide of HIV will assist the eradication of poverty

2. Reduce child mortality

HIV and AIDS are a significant factor in child mortality. In Africa, where HIV is endemic, child mortality rates have worsened, in Botswana by a massive 90%, in Zimbabwe by 55%, and in South Africa by 10%. As yet we have no data from the Pacific.

Child mortality can be attributed to AIDS even for uninfected children. In families weakened by HIV or AIDS, children are more likely to get sick and die from other causes. This is the case in the Pacific where malaria and TB are endemic – two diseases that quickly weaken the total health of a family. Thus, stemming the tide of HIV will reduce child mortality rates.

The Millennium Development Goals are:

- 1 Eradicate extreme poverty and hunger
- 2 Achieve universal primary education
- 3 Promote gender equality and empower women
- 4 Reduce child mortality
- 5 Improve maternal health
- 6 Combat HIV/AIDS, malaria and other diseases
- 7 Ensure environmental sustainability
- 8 Develop a global partnership for development.

Refer to: www.un.org/millenniumgoals for more information

3. Improve maternal health

Women are often the innocent victims of HIV. In the Pacific, more often than not, they do not know they have the virus because of ignorance of the disease or because of limited testing facilities. Pregnant women who are infected with HIV are at a higher risk of prenatal and childbirth complications because of their suppressed immunity. Complications include miscarriage, anaemia and other blood diseases.

Thus, stemming the tide of HIV will significantly reduce maternal mortality.

In July 2007, the mid-point of the programme to achieve the MDG's, the world stands at the crossroads. Some progress has been made internationally but in the Pacific it is debatable that any progress has been made at all. It is the “marginalised” area of the world, too small to be heard in the forum of the international funding agencies and a long way from major media organizations.

What do we know about healthcare in the Pacific?

For a start it needs to be said that there is a woeful lack of information and statistics regarding health in most Pacific Island nations.

This is acknowledged by the leading regional organization, the Secretariat of the Pacific Community, *“Health data in the Pacific region is particularly scarce and the quality unreliable.”*

The UN in 2005 noted *“only 7 of the 20 PNG provinces had any sort of data collection for HIV.”*

Therefore it is understandable that most overseas countries and agencies are reluctant to offer specific assistance until they have a clear picture of what the need is. At the moment most of the financial assistance is aimed at getting plans in place and gathering the necessary statistical data required to make an evidence-based response. Also, Pacific nations are small and isolated from international agencies.

So what does the Pacific receive internationally?

The International Global Fund to support health initiatives to combat the spread of AIDS, malaria and TB is a powerful UN-sponsored organization. Up to this point however, its only real involvement in the Pacific in the area of HIV and AIDS has been in Papua New Guinea. (In 2006 it did make some funding available for malaria control in Vanuatu and the Solomon Islands.) No other Pacific nation has so far received any financial assistance from the International Global Fund to arrest the spread of these three diseases which are endemic in the Pacific. Many meetings have been held and there are a number of plans in place but as yet little action.

www.theglobalfund.org

The Secretariat of the Pacific Community (SPC) is probably the most respected and effective regional organisation trying to improve the quality of information available about Pacific health. It acts as a regional body on behalf of member countries but it struggles with lack of information and commitment: *“Progress toward achieving*

the Millennium Development Goals will be heavily dependent on political commitment but also on each country’s quality of information provided by planners and policy makers.” www.spc.int

The SPC is in the process of making application to the next funding round of the International Global Fund to provide for the needs of those affected by HIV and AIDS, malaria and TB

The Asian Development Bank is also co-operating with the SPC particularly in the campaign to arrest HIV in 10 Pacific countries. It was instrumental in establishing “Seafarers Drop-In-Centres” in Kiribati, Vanuatu and the Solomons. These will be secure, comfortable areas where Island nationals working on foreign owned cargo ships can access the Internet, call home, access information on safe sex, and get referrals for voluntary HIV testing and counselling. The ADB says, *“Factors such as low levels of condom use, high levels of mobility, and a strong presence of sexually transmitted infections have left the Pacific at risk from the spread of HIV.”* www.adb.org

The World Health Organisation has an office for the Pacific in Manila, quite a distance from most Pacific Island nations. However it has taken a lead role in getting some co-ordinated planning for the Pacific around the delivery of health services. It sponsors the annual meeting of all Health Ministers in the Pacific region, an important gathering for the sharing of information. www.who.org

NZAID and AUSAID (the New Zealand and Australian governments’ international aid agencies) are both active in improving the healthcare of Pacific Island nations. NZAID’s \$6.5 million Pacific Regional Health Programme aims to address the key regional health challenges *“through improved planning, delivery and management of health services.”* There will be multi-year primary healthcare initiatives for communicable and non-communicable diseases, cooperating with the Pacific Aids Foundation and the Fiji School of Medicine.

In 2006/07 NZAID committed \$8 million to support HIV initiatives in the Pacific to address questions of gender inequality, access to sexual and reproductive health information, mother-to-child transmission and stigma and discrimination facing people

with HIV. It has supported SPC initiatives with \$7.5 million over 3 years.

What work is being done by Non-Governmental Organizations (NGO’s)?

There are a number of international agencies such as Red Cross, the World Council of Churches, Christian World Service, Tear Fund, World Vision, Oxfam, Family Planning International Development and many others involved in supporting health services in the Pacific.

Some examples are: Oxfam is involved in a programme providing clean and fresh water to people living with HIV in Papua New Guinea. Christian World Service supports a programme for women’s rights in Tonga. In the Solomon Islands it has a programme assisting and encouraging women into decision-making and addressing social wellbeing needs for women and their families. Family Planning International Development is working with communities in Fiji, the Solomon Islands and PNG on education around reproductive health, prevention of sexually transmitted infections and treatment for HIV and AIDS.

What can Pacific Island nations do to help themselves?

Most Pacific Island nations provide hospitals in their main centres and service regional health clinics in villages. Most train their own nursing staff and medical officers. The Fiji School of Medicine, established in 1884, has a long and proud history of training doctors and other medical staff to provide basic medical care in the Pacific region and in recent years Papua New Guinea has trained its own doctors. However most hospitals and health clinics provide only basic care, not because they want to, but because they cannot afford to provide anything more.

Discussion:

What more can be done to support the delivery of healthcare services in the Pacific?

What do you know about the work of development agencies and their partners in the Pacific? How best can their work be supported?

Papua New Guinea - A case study



Male reproductive health needs are discussed between a local villager and Community Based Distributor Robert Awai in the Markham District, a rural area in Papua New Guinea.

© 2002 Papua New Guinea Family Health Association, Courtesy of Photoshare

A major factor in the HIV epidemic is the prevalence of sexually transmitted infections (STIs), which is among the highest in the world. The status of women in PNG often means that women are disempowered when it comes to making safe sex decisions. The WHO estimates that PNG generates more than 1 million cases of curable STI's each year, but that STI health centres are seeing only 1% of these cases. It predicts that 1 in 5 men, women and children will be infected by HIV within the next decade unless urgent action is taken now.

Related to this is the difficulty in accessing healthcare. People in PNG often cannot get to a clinic because there isn't one, or it is too far away. Another issue is staffing a clinic only with a male nurse.

The first case of HIV was confirmed in 1987 but it is only in the last year or two that enough people have been making enough noise to ensure that the epidemic is being faced realistically. But recognising the problem does not mean that the resources can easily be found to deal with it. There is a history of pushing the problem under the carpet, a history of stigma and persecution and a reliance on all kinds of "alternative" treatments for the disease. Some health workers are reluctant to care for people with HIV and many HIV positive people are rejected by their families, their Church and communities. Some reports say that about 3,000 children, many of them AIDS orphans, are living on the streets in Port Moresby.

There is also the problem of testing for HIV and the provision of ARV drugs. Testing is spasmodic and dependent on what a clinic can offer. Although the WHO has guaranteed five years of free ARV drugs there is not much chance of getting these drugs into rural areas.

Many people who receive an HIV positive diagnosis disappear and then return to the clinic or the hospital only to die. A further complicating factor is the shortage of qualified health workers. With stigma attached to HIV and AIDS there has been little enthusiasm for nurses to train for working with people affected by HIV or AIDS.



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Women and men crowd around the entrance to the Papua New Guinea Family Health Office in Lae to learn more about reproductive health. People walk great distances from their villages, often walking for days to receive free advice and education on reproductive health issues.

With 40% of 5.5 million people living in poverty there are bound to be a few health problems. When 80% of the population are living in remote areas isolated from health services, add to the mix, 700 different languages in which to convey the message of disease prevention; you can begin to understand a little of the health crisis facing Papua New Guinea.

Some additional facts for PNG.

- Life expectancy – 57 years
- Estimates that between 40-65,000 people are living with the HIV virus with a 50% increase each year. The spread of the disease matches Africa in the mid 1990s
- 12% of students at the University of Papua New Guinea are HIV positive
- 30,500 people with TB with 2,700 deaths in 2004
- 20% of TB patients are HIV positive
- 81,000 people confirmed with malaria in 2006 (1 million suspected) with 700 deaths
- 10 out of every 100 children die before the age of 5

(NZAID, UNAIDS, WHO, OXFAM)

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"If I get a test and it is positive then I am condemning myself to being discriminated against."

(anon)

Where more than 90% of the population are Church-going Christians it would be hoped that the Church would be in the forefront of changing attitudes toward this epidemic. However, the Church in PNG is theologically conservative and has preferred to preach abstinence, fidelity and the sinfulness of sex outside marriage. It has been judgemental on sexually transmitted infections (as have most churches around the world). It has cared for those who suffer but it has not been leading the way to ensure that a disease is treated at its source. Even though the official word from the Government is "100% condom use" some Churches find this difficult. A Catholic clinic gets around the problem by having a box of condoms at the exit door with a sign "Help yourself".

Much of the assistance for HIV and AIDS sufferers, apart from the hospitals in the main urban centres, has been provided by Non Governmental agencies (NGOs) that do not have the same reservations as Church clinics.

Some good news

There is a growing awareness that the problem has become an epidemic and there are signs that Government health services, the Churches and the NGO's are beginning to cooperate to stem the tide. The business community has also taken some initiative. In January 2007 180 of PNG's leading business companies came together to "declare war on HIV and AIDS". Employers are now co-operating with staff to ensure access to HIV treatment, and to embark on an educational campaign amongst employees. The business community has promised K4.5 million over 3 years. With the PNG government tripling its budget for HIV this year and Australia committing K200 million over the next five years, the opportunity to turn the tide has never looked better.

The National Parliament through an act of Parliament set up the National AIDS Council and its Secretariat to facilitate a comprehensive multi-sector response to HIV and AIDS in the country. Its membership comprises 17 government departments, representatives of the private sector through the Chamber of Commerce, the Church sector, non-

government sector, the Council of Women, Department of Justice and Attorney General, Department of Finance and Person Living with HIV and AIDS.

For more information refer to:
www.staging.nacs.org.pg

For more information on a programme encouraging men to be responsible as partners in reproductive health refer to the NZ Family Planning International Development programme at: www.theword.org.nz/SITE_Default/SITE_fpaid/SITE_programmes/PNG.asp

Also refer to - HIV and AIDS in PNG: A reality check. Trevor Cullen, Edith Cowan University, Western Australia. Pacific Journalism Review, 12 (1) 2006

Refer to: www.archives.pireport.org/archive/2006/May/jpr.pdf

Stories of Positive people in PNG - www.plwha.org.au/talkabout/HTML/issue%20124/features/pospng.htm

National AIDS Council PNG - www.staging.nacs.org.pg/www/html/7-home-page.asp

Discussion:

The business community of PNG are being so committed to encourage staff to get HIV tests. Would that happen in New Zealand?

What can be done to further support women in PNG?



**SUPPORTING HANDS
ARE COMPASSIONATE HEARTS**

© Ecumenical Advocacy Alliance, 2004.
Babatunde Morgan/Sierra Leone



© 2006 Steven Nowakowski, Courtesy of Photoshare

A HIV/AIDS counsellor hangs a sign on her door stating her counselling office is full in Angau Hospital, Lae, Papua New Guinea. HIV/AIDS has the potential to cripple the country at current rates of infection. Unfortunately, HIV/AIDS carries a stigma which forces victims to leave their communities and often end up on the streets.

PERSPECTIVES

"We need to care, treat and protect people infected and affected by HIV/AIDS. Papua New Guineans living with HIV/AIDS could be our brothers, sisters, sons, daughters and wantoks. Let us give out support and care."

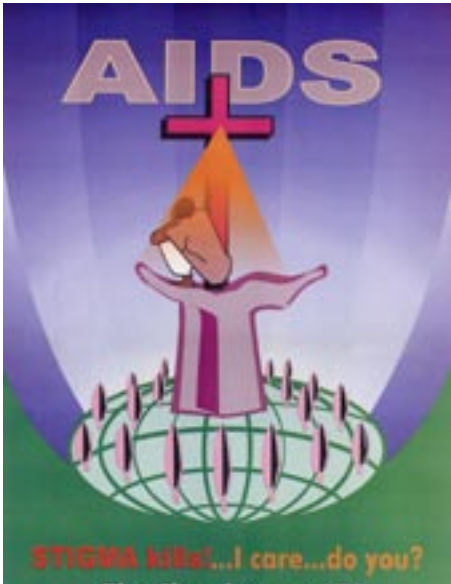
The Right Honorable Sir Michael Somare, CMG Prime Minister of Papua New Guinea

"Silence kills, stigma kills. We should not want those living with HIV to be the modern equivalent of the biblical leper who had to carry a bell and a sign saying, 'I am unclean'."

Archbishop Desmond Tutu, July 2004



What more can the Church do?



© Ecumenical Advocacy Alliance, 2004. David Daniel/Sudan

- Break the culture of silence, ignorance and denial in the face of human suffering.
- Challenge the health policies of governments to pursue people-centred and life-centred development.
- Encourage Church leaders to gain scientific knowledge and capacity skills to combat the disease.
- Join hands with other people-organisations, including associating with people who live with HIV and AIDS.
- Be visible in the suffering and struggle of the people.

An international alliance of churches (including the WCC) in a publication in 2006 set out 5 goals for churches

1. Fight stigma and discrimination
2. Promote prevention
3. Mobilise resources
4. Get access to treatment
5. Promote accountability

Discussion:

A UN sponsored consultation on various theological issues related to HIV and AIDS produced a report suggesting some important themes for Christians as they reflect on their attitude to people who are HIV positive or who have AIDS. The consultation concluded that there are at least 6 themes that determine our attitude to HIV positive people:

God and creation - Is God one who punishes or is God one who has compassion?

Interpreting the Bible - Is the central theme one of exclusion or inclusion?

Sin - Is it a sin to alienate or stigmatise people who have HIV? Why do some say that HIV is a result of sin?

Suffering - Some see suffering as a virtue, is it?

Covenantal justice - Churches have tended to deal with the symptoms

rather than tackle the causes of injustice. What can the Church do to tackle the causes of HIV and AIDS?

Inclusiveness - The Church is an inclusive and healing community. Is it really?

Do you agree?

AIDS related stigma. Thinking outside the box: The Theological Challenge. A resource available from the Ecumenical Advocacy Alliance refer to: www.e-alliance.ch/media/media-6250.pdf

A Pacific Prayer

Compassionate God,

United as a family of your Pacific people
We pray for all humanity yearning for peace

in our hearts
in our minds
and for the world

We pray for those who have no peace-
for the anxious and frightened
for the ignored and despairing
for those who are ravaged by war
for those whose way of life has been
wrecked by disaster,
prey to disease, hunger and death

And we pray for those deprived of
home, livelihood and decent health
because of the insensitive brutality of
others

We ask that peace reigns through the
storms of life.

Make us your messengers of truth
Make us loving and forgiving of each
other;
Gentle and generous to all we meet,
Following the example of Christ
Who is the face of hatred
Persisted in love.

Opening the way for all humanity
From despair to hope
From death to life

Amen

In 2006 the Christian Conference of Asia called on its member churches to mobilise in a creative response to HIV and AIDS.

It said the Church is called to:

- Promote a theology of life, reaffirming that AIDS is neither a sin nor a punishment from God.

PERSPECTIVES

“Religious leaders are bound by their own laws and codes. Many would like to play a more public role but opt instead for a pastoral message of care and compassion, and so avoid the tricky issues of education and prevention. It’s a great pity, because they are well placed to deliver much clearer and stronger messages. If contraceptives and condoms are the problem, then one would think that an emergency situation demands emergency measure.”

Dr Trevor Cullen from Perth University

The Pacific Islands AIDS Foundation



The Pacific Islands Aids Foundation (PIAF) is the first and only regional non-government organization focusing exclusively on HIV and AIDS in the Pacific. It was set up in 2003 and has its base in the Cook Islands. PIAF was born out of the vision of its founder, Ms Maire Bopp Dupont, a young Tahitian woman first diagnosed HIV positive in 1998.

The aim of PIAF is to improve the quality of life for people infected with HIV and to promote prevention through:

- **Positive living.** To create a friendly environment to make it easier for people who are HIV positive to disclose their status without fear or discrimination.
- **Positive health.** To reduce the number of people who are HIV positive from progressing to the AIDS virus by providing access to treatment.
- **Positive partnership.** To involve all sectors of society in tackling the epidemic.
- **Positive action and prevention.** To improve policies that address HIV issues.
- **Positive investment.** To minimise the economic burden of HIV and AIDS on households.

PIAF sees some common barriers that constrain an effective response to the HIV epidemic:

- A failure to acknowledge the serious nature of the problem.
- The invisibility of HIV and STD transmitting behaviours.
- National leaders, especially in the Church, preferring to deny the problem.
- A lack of societal and personal openness to discuss sexual matters.

Ms Dupont says "I believe that 'keeping it secret' is unhealthy at the individual, community and national level. People living with HIV must be given the support that will empower them to tell their story."

For more information about the PIAF refer to: www.pacificaids.org

Adults and Children estimated to be living with HIV in 2006



Useful websites:

New Zealand Aid	www.nzaid.govt.nz
Millennium Development Goals	www.un.org/millenniumgoals
United Nations HIV and AIDS	www.unaids.org
NZ AIDS Foundation	www.nzaf.org.nz
International Global Fund Secretariat of the Pacific	www.theglobalfund.org
Asian Development Bank	www.spc.int
World Health Organisation	www.adb.org
Australia International Aid	www.who.org
World Council of Churches	www.ausaid.gov.au
Christian World Service	www.wcc-coe/resources
Oxfam New Zealand	www.cws.org.nz
Family Planning International Aid	www.oxfam.org.nz
Fiji School of Medicine	www.fpaid.org.nz
HIV and AIDS information (CID)	www.fsm.fj
Council for International Development	www.avert.org
Pacific Islands Aids Foundation	www.dev-zone.org.nz
www.worldaidscampaign.info/index.php/es/parti..	www.pacificaids.org
Ecumenical Advocacy Alliance	www.pacificaids.org/blog/
	www.e-alliance.ch

This is the final HOT TOPIC issue on the **Pacific Paradise Lost?** In the first issue we looked at the future economic sustainability of the region. In the second issue we laid out the bare facts about climate change and how this is already having an effect on the smallest and most vulnerable of Pacific Island nations. In this third issue we have been looking at the critical health issues for the Pacific.

These three issues come together and are highlighted when a natural disaster like the recent earthquake and tsunami in the Solomon Islands occurs.

The economy of the very fertile and productive area of the Solomons was destroyed overnight. Villages have been wiped out, food sources destroyed for at least six months, hospitals and health clinics badly damaged and boarding schools no longer able to provide for the students. All those Government-sponsored programmes to improve village agriculture or to establish an effective infrastructure of airstrips, roads and transport are mostly gone. The village canoes and their outboard motors tied up to a big tree at the beach have all gone.

Malaria will return with a vengeance, diarrhoea will kill young children, and there will be a severe shortage of medicines. Daily hardship will turn to real poverty. What will happen to any fledging HIV programme? It will go on the back burner as village people are focused on survival.

But wait - there is some good news

The Church in the area has organised itself into "support" teams going out into the villages to help people cope with the effects of this tragedy, to encourage communities and to support them in their time of need. Christian World Service received \$80,000 from its emergency appeal for the Solomon Islands. Some financial assistance has already been

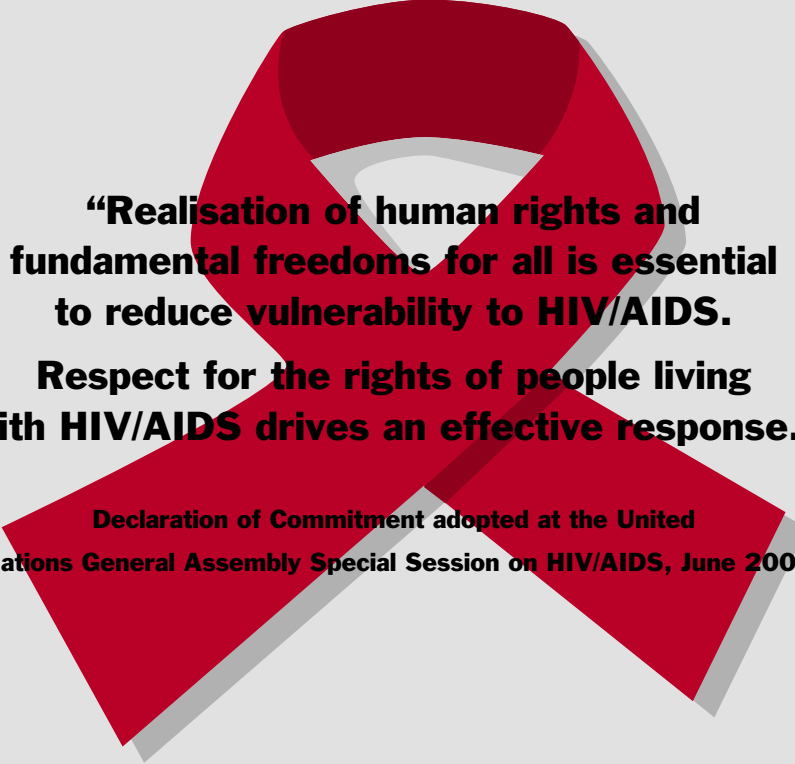
given and CWS will continue to provide assistance to support the long term reconstruction needs.

More good news for healthcare in the Pacific

• In June 2006 the United Nations called its member countries to New York to report on their promises to combat HIV and AIDS. Thousands of letters from children around the world were on display asking their leaders to renew their commitment to combat AIDS. The Zambian Foreign Minister brought with him 400 of those letters.

- The Australian Government announced in May 2007 a contribution of US\$21 million for malaria prevention in PNG, the Solomon Islands and Vanuatu.
- The NZ Government has made a huge increase in the 2007 budget for overseas aid in the Pacific.
- The Asia Development Bank is providing "drop in centres" in Pacific ports where seamen can get HIV testing and counselling.

(There are items of good news in many of the articles in this pamphlet. Go through and underline all the things that are being done.)



“Realisation of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS. Respect for the rights of people living with HIV/AIDS drives an effective response.”

Declaration of Commitment adopted at the United Nations General Assembly Special Session on HIV/AIDS, June 2001

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