



# Pacific AIDS Alert



Secretariat of the Pacific  
Community

*bulletin*

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I Care, Do You? –  
Fathers Make a Difference  
Finding a Purpose to Live

Media:

Reporting HIV/AIDS

# Editorial

This issue of PASA brings a mixed bag of stories on news, events, projects and personalities from the Pacific and around the world. Putting it together has been a joint effort. Patricia Sheehan and Andrew Peteru from the SPC HIV/AIDS and STD project gathered a significant amount of raw material and Patricia suggested the cover story. We gave her a hard time when, in a moment of technological confusion with a microphone, she recorded some great background sound louder than the interview. There were some light moments at the ICAAP conference too like when a giant condom, aka project assistant Catherine Ita-Sipa, innocently walked up to a priest and offered him a brightly coloured package. Father politely refused and the flustered condom retreated hastily.

At the end of the two-year "Men Make a Difference" global AIDS campaign which aimed to involve men more fully in the solution to the pandemic, two Pacific men share with us how AIDS has affected them and their efforts against it. Rev Passa from New Caledonia and Mr Bopp Dupont from French Polynesia, who are featured on our cover, are campaigning for a more responsible society with an increased understanding of the disease and tolerance towards people living with HIV/AIDS. They're also encouraging other men to take a more active role in prevention. They hope their stories will help break down the barriers society has constructed around sexuality which are obstructing efforts to combat the disease. "World AIDS Campaign against Stigma and Discrimination" has recently been announced as the new campaign theme for 2002.

As countries start to feel its effects in their economic, political and social sectors, AIDS has become more than just a health issue. Twenty years after the first official AIDS diagnosis, the AIDS fight has taken on a multisectoral approach uniting government and private sectors, religious institutions, community-based organisations and non-profit agencies. Many countries in the Pacific are adopting this multisectoral approach (see Nadi Workshop stories).

Access to drugs has been a contentious issue particularly in the last few years. Following the September 11 terrorist attacks in the United States, the use of anthrax as a

biological weapon refuelled the debate. The anthrax scare exposed the hypocrisy of rich nations in exempting themselves from drug patent laws while imposing them on poor nations. The debate was taken up at the World Trade Organisation Ministerial Conference in Qatar, in November where trade ministers approved a deal that will allow poor nations better access to cheap drugs (in theory at least).

Meeting such a strong-willed, dedicated person as Catherine Phiri, an AIDS activist in Africa profiled in this issue, was both humbling and inspiring. She has managed, against all the odds, to bring a positive change to the lives of thousands of people in her community and continues to work with a group of devoted volunteers to educate people about AIDS. Her story will encourage many who are struggling in the effort against AIDS under difficult circumstances. A month after meeting Catherine, I met Maire from French Polynesia, another determined woman, brimming over with youthful energy and enthusiasm. This meeting seemed to bring the story full cycle as it was in reading an article on Maire that my attention had been caught by Catherine.

Ten years after Pacific AIDS Alert was launched, responses to the questionnaire sent out in the last edition indicate the majority of readers are satisfied with the bulletin (see PASA Readers' Survey later in this magazine). We hope you continue to find it informative and useful in 2002.

Wishing you all the very best in the year ahead.

Tione Chinula

**COVER PHOTO:** Rev Passa and Mr Bopp Dupont in the SPC grounds in Noumea – Two Pacific men campaigning to make a difference. Photo: Vincent Talbot

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# Tracking AIDS

Scientists have clear evidence that the HIV virus causes AIDS. Therefore the source of AIDS lies in the origin of HIV. Simian (monkey) immunodeficiency virus (SIV) closely resembling HIV has been found in chimpanzees from western and central Africa. As certain viruses can pass from animals to humans, the general opinion is that HIV is a descendant of SIV. However, it is not certain the chimpanzees were the original source of HIV as it is possible they too were infected by a third, unidentified primate. It is also likely that the virus crossed over to humans on more than one occasion which means that it could have emerged in another continent at the same time or before it emerged in Africa.

The first AIDS cases were identified in the USA in 1981. However, the earliest known records of HIV infection go back to a plasma sample taken in 1959 from a man living in the Belgian Congo (today known as Democratic Republic of Congo). HIV was also found in tissue samples from an American teenager who died in St Louis in 1969 and a Norwegian sailor who died around 1976. But some scientists have suggested that HIV could have been introduced to humans around 100 years ago.

Several factors have influenced the global explosion of AIDS over the last 20 years. Improved transport infrastructure has made international travel easier and increased the chances of infection spreading over long distances. Also, when people working in the transport

industry such as airline crew, truck drivers and sailors have unprotected sex with different partners in different ports, they're more likely to contract and spread the virus. The growth of the blood industry increased the risk of infection through transfusions before systematic blood screening for AIDS was established. As demand for the product increased and countries began exporting it, in some countries donors, including intravenous drug users, were paid. In the 1970s drugs such as heroin, became more accessible which saw an increase in intravenous drug use.

Today, sexual taboos, ignorance, complacency, cultural and religious beliefs and practices, and politics continue to stand in the way of AIDS awareness and prevention efforts, and fuel the stigma associated with the disease. But there has been some progress, albeit slow, in the past 20 years. Doctors have overcome their initial fears about caring for people with AIDS.

In developed countries, improved drug therapies have significantly reduced the death rate, and transmission from pregnant mothers to their babies has become rare. Some experts believe the first vaccines could be in use in 15 years although they will need to be constantly modified to stay ahead of the virus' rapid mutation rate. And in many cases these first vaccines may not work. They may also not be effective for people who are already infected. With these not-exactly-promising prospects, the emphasis, for now, remains on prevention.

## A History of AIDS

- 1981: First AIDS cases detected among young gay men in the USA.
- 1982: First known case of HIV/AIDS in the Pacific reported in the Northern Mariana Islands.
- 1987: AZT, the first AIDS drug, slows the progression of AIDS.
- Early 1990s: Criticism over toxicity, cost and effectiveness of AZT.
- 1997: Highly active antiretroviral therapy (HAART) becomes available. The triple-therapy drugs reverse the progression of AIDS.
- 1999: Multinational pharmaceutical companies commence legal action against South Africa for amending its legislation to legalise the importation of low-cost generic AIDS drugs.
- 2001: AIDS turns 20 having infected 58 million people of whom 22 million have died. The pharmaceutical industry drops case against South Africa following pressure from popular opinion around the world. Brazil wins legal battle with US drug companies to produce its own generic AIDS drugs. Many of the big drug companies agree to reduce prices of AIDS drugs in developing countries.

## PACIFIC AIDS STATISTICS

HIV/AIDS STATISTICS FOR PACIFIC ISLANDS AS AT 31 OCTOBER 2001

COUNTRIES	AS AT	HIV (including AIDS)	AIDS
American Samoa	May 2001	0	0
Cook Is.	May 2001	0	0
Fed. States of Micron.	January 2000	7	5
Fiji	September 2001	77	15
French Polynesia	October 2001	216	77
Guam	April 2001	144	68
Kiribati	September 2001	38	17
Marshall Islands	August 2000	9	2
Nauru	September 1999	1	0
New Caledonia	October 2001	237	86
Niue	June 2001	0	0
Northern Mariana Is.	March 2001	38	11
Palau	July 2001	4	2
Papua New Guinea	June 2001	3901	1336
Pitcairn	October 2000	0	0
Samoa	March 2001	12	6
Solomon Is.	December 2000	1	0
Tokelau	November 2000	0	0
Tonga	March 2001	12	9
Tuvalu	June 1999	2	0
Vanuatu	February 1999	0	0
Wallis and Futuna	October 2000	2	1

For more details visit the SPC HIV/AIDS web site at [www.spc.int/aids/](http://www.spc.int/aids/)

# Sixth ICAAP

The International Congress on AIDS in Asia and the Pacific (ICAAP) is held every two years. ICAAP is guided by the international commitment made in Paris in 1994 to the “greater involvement of people with AIDS”. It is also committed to involve and hear the voices of young people and indigenous and ethnic minorities who are often neglected or spoken for by others.

The sixth ICAAP was held in October in Melbourne. The theme, “Breaking Down Barriers”, aimed to clear the way for effective community action through care, support and prevention, and the mobilisation of adequate resources. It was also an opportunity for regional organisations to meet with Pacific island delegates and discuss national and regional issues relating to HIV/AIDS. Sixth ICAAP revolved around four main themes; care and treatment, prevention, socio-economic determinants, and gender and sexuality.



Helen Berem



Margaret Anjo

Helen, HIV+ widow of well-known PNG AIDS activist Joseph Berem who died in May 2000, and Margaret, another HIV+ campaigner from PNG, were among the 80 Pacific Island participants at this ICAAP – a record Pacific attendance.



Tapa designed for Pacific booth by Moana Fakava of Tonga.

## The Seven Sisters

A stronger, more unified Asia Pacific community voice in the HIV/AIDS fight emerged in October when seven regional networks in the Asia Pacific region joined to form The Seven Sisters, the Coalition of Asia-Pacific Regional Networks on HIV/AIDS.

The Seven Sisters is a broad based alliance made up of The Asia Pacific Network of People Living With HIV/AIDS (APN+), AIDS Society of Asia Pacific (ASAP), Asian Harm Reduction Network (AHRN), Asia Pacific Network of Sex Workers (APNSW), Coordination of Action Research on AIDS and Mobility in Asia (CARAM-Asia), Asia Pacific Network of Lesbians, Gays, Bisexuals and Transgenders (AP-Rainbow) and the Asia Pacific Council of AIDS Service Organisations (APCASO). The members have over ten years experience and skills in undertaking programmes dealing with affected communities and vulnerable populations.

Among other things, the coalition, launched at the 6th



ICAAP in Melbourne, aims to jointly develop regional policies and programmes responsive to the HIV/AIDS pandemic, advocate for support for these policies and programmes at governmental levels and respond better to emerging issues with implications on HIV/AIDS prevention and care efforts in the region.

For further information, contact Ms Susan Chong, APCASO Coordinator, Coalition of Asia Pacific Regional Networks on HIV/AIDS. Tel: (60) 3 4045 1033 or fax: (60) 3 4043 9178 or email: [apcaso@pd.jaring.my](mailto:apcaso@pd.jaring.my)

The following are extracts from ICAAP NEWS, the daily newspaper of the Sixth International Congress on AIDS in Asia and the Pacific.

## The Forgotten Islands

When pooled with Asia whose population stretches into the billions, it was not surprising some Pacific nations at ICAAP felt insignificant. Many Pacific islanders felt the emphasis was put on problems faced by Asian countries while Pacific countries were ignored.

Vivisila Raitamata from Fiji, said although it was common for the Pacific to be paired with Asia, the two regions had very different problems. "Some people assume that because we are small and far away from the big countries there is no threat. But for some of us who are aware of how the virus spreads, we see that we in the Pacific have a real problem."

According to Jovesa Saladoka Speith from Fiji, there wasn't enough information on the Pacific. "We are very small, we are scattered all over the Pacific, and we have very fragile economies. But we are just as vulnerable as countries from other regions."

However, Pacific countries were partly responsible for the problem. A lot of Pacific governments lacked policies on HIV/AIDS, said Raitamata; "Unless we get the [HIV/AIDS] message up to the policy level, we are not going to get anywhere."

Dickson Kirgia from the Papua New Guinea AIDS council agreed that part of the problem was that Pacific countries needed to make more of an effort to be heard. "We are just as capable as anybody and I think we could have contributed more proactively. I don't think we pushed ourselves forward enough."

## Protecting Rural Women

Asia-Pacific's first ladies spoke out in a special symposium at ICAAP about protecting rural and island women who were more vulnerable to HIV/AIDS because of the discrimination and prejudice they faced. The first ladies included HE Adi Salaseini Kavv Uluivuda of Fiji, HRH Princess Nanasipau Tukuaho of Tonga, HE Madam Azadsurengyn Oyunbileg of Mongolia, HE Professor Mariam Akaeva of Kyrgyzstan and HE Seri Dr Siti Hasmah binti Haji Mohd Ali of Malaysia. They made up the Asia-Pacific component of the International Steering Committee on the Advancement of Rural and Island Women. Her Royal Highness Princess Nanasipau Tukuaho of Tonga said HIV/AIDS disproportionately affected poor women who often bore the brunt of social criticism for the epidemic in rural and island societies. The symposium also highlighted the need for HIV/AIDS to be considered in context of the global feminisation of poverty and negative impacts of policies and programmes that neglected rural, poor and island women. Fighting the virus also required broad-based structural, political and economic change.

## Taking HIV Seriously in Low Prevalence Settings

The session on strategies for HIV prevention in low prevalence settings aimed to address the question of how to convince policy makers and politicians that HIV was a serious threat in their country and, once they were convinced, what then should they be encouraged to do?

The only countries where HIV prevalence was higher than five per cent were in sub-Saharan Africa, while in Asia all countries had low prevalence in their general populations, although several countries had "concentrated" epidemics (in high risk groups), said

Tobi Saidel from Family Health International (FHI). Many speakers mentioned the problematic classification of 'low' and 'high' prevalence. A "low prevalence" status tended to encourage complacency and made it difficult for the countries to attract international funding which they urgently needed to prevent the spread of HIV in the future.

Tim Brown of the UNAIDS Collaborating East-West Centre discussed the need to understand the dynamics of the epidemic to be able to predict what would happen in low prevalence countries. He described a number of explanations for "low prevalence" - where risks may be below the 'threshold' for supporting an epidemic; where the epidemic may not have taken off yet; where HIV may be present but those at risk not yet "found"; where HIV may simply not have entered the population yet; or where surveillance may have been inadequate and simply not detected 'reservoirs' of HIV.

Another speaker recommended targeting approaches with vulnerable sub-populations such as sex workers and their clients, injecting drug users and men who have sex with men although whether this would be appropriate would vary from one country to another.

None of the speakers mentioned the need to involve people living with HIV in the response to the threat of the epidemic in 'low prevalence' countries or the possibility of providing antiretroviral therapy for those relatively few identified as being HIV-positive in low prevalence countries - an approach which might have the effect of reducing stigma, encouraging people to come forward for testing, and reducing the infectiousness of those infected. In these ways the availability of treatment had the potential to dramatically contribute to prevention.

Once the topic was raised, the speakers agreed that more planning was needed to address the issue of making therapy available to those infected.

*Unless we get the [HIV/AIDS] message up to the policy level, we are not going to get anywhere*

# MEN MAKE A DIFFERENCE

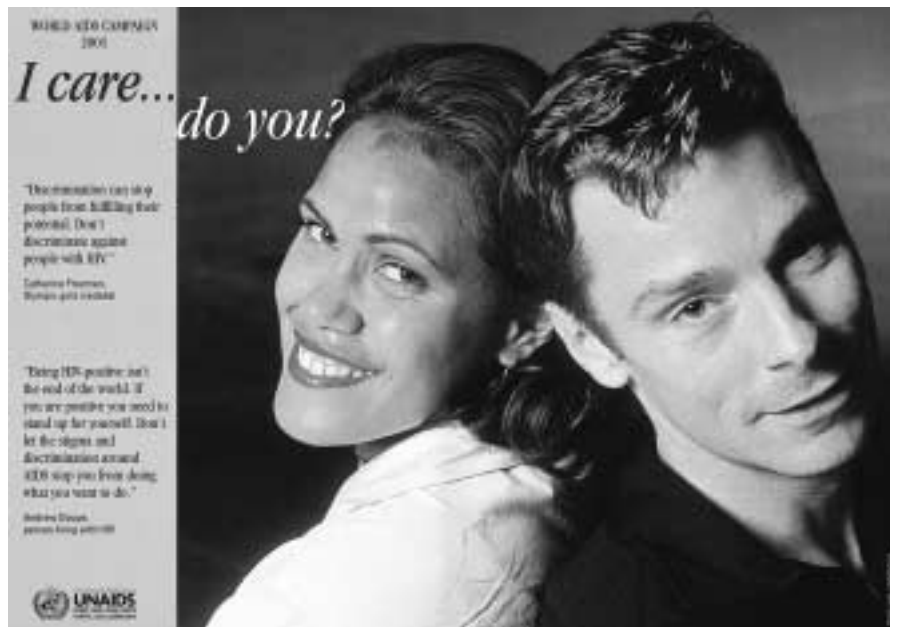
*"I care... Do you?"* was the slogan chosen for World AIDS Day on December 1, in the second year of the "Men make a Difference" campaign. The campaign aimed to increase men's involvement in HIV/AIDS awareness and prevention and create a focus on men in national responses to the epidemic. It also encouraged world leaders to respond to the HIV epidemic in their official capacity but also in a personal way by supporting prevention and care efforts. Although focusing on men, the campaign, through its gender sensitive approach, aimed to complement prevention programmes for women as well.

The same cultural beliefs and expectations that put women at extra risk of HIV infection by depriving them of the power to determine sexuality, also increased men's vulnerability, the campaign organisers pointed out. Men tended to have more sexual partners than women, including more extramarital partners, thereby increasing their own and their primary partners' risk of contracting HIV. Men were more likely to consume mind-altering substances such as alcohol or drugs which influenced their decision-making ability and increased risky behaviour such as having unprotected sex. Millions of men a year were sexually violent towards women, girls, and other men sometimes in their own family or household.

Changing negative concepts and images of masculinity was therefore, part of the solution to bringing the AIDS epidemic under control. Men needed to be encouraged to adopt positive behaviours, and to play a much greater part in caring for their partners and families. More emphasis also needed to be put on men's health care, an area often overlooked.

The Campaign was designed to provide material for national and local organisations to create their own campaign based on the slogan "I care... Do you?", adapted to their particular needs. International celebrities, including Aboriginal Australian athlete Cathy Freeman, added their message in a related poster campaign featuring them with people living with HIV.

The new campaign theme for 2002 will be "World AIDS Campaign Against Stigma and Discrimination". The slogan is yet to be announced.



Aboriginal Australian Olympic champion Cathy Freeman was one of the celebrities who endorsed the 2001 World AIDS Campaign, here pictured with Andrew Doupe of UNAIDS, coordinator of the 2001 campaign.

For more information see the UNAIDS Website at: [www.unaids.org/wac/](http://www.unaids.org/wac/) or write to UNAIDS, 20 avenue Appia, 1211 Geneva 27, Switzerland, fax: (4122) 791 4187.

For a set of World AIDS Campaign 2001 posters, please write to SPC AIDS Project.

# Fathers Make a Difference

By Tione Chinula

Photos by Vincent Talbot

Although they come from very different backgrounds, Teamo Bopp Dupont, an electrical mechanic from French Polynesia, and Sailali Passa, a protestant clergyman from New Caledonia, have a lot in common. Both men have experienced the heartbreak of learning their child was HIV+. Both of them have also shown steadfast support for their children and the courage to face public scrutiny.

Rev Passa lost his son, André, to AIDS in 1994. No matter how much you know about HIV/AIDS, he says, you're never ready for the news that you or someone close to you is infected. Nothing could have prepared him for the shock of his son's revelation. "There's a difference between knowing about HIV/AIDS and having your child tell you they're HIV+."

Mr Bopp Dupont's daughter, Maire, is a prominent HIV/AIDS activist in the Pacific who was diagnosed HIV+ in 1998. She was literally at death's door when she tested positive. But with her family's support, a traditional Polynesian medicinal plant which her father administered and conventional medicine, she was nursed back to health.

Her father is her mentor and one of her most staunch supporters. He says there's no point dwelling on the past because progress lies ahead. "Lots of things change in a lifetime. We need to evolve with the times and correct the mistakes of the past. There's a saying that goes "you need to live twice to understand better" but you can't turn back the clock. Life is about evolution."

Many men feel that they are expected to disguise their emotions or anxiety, which puts a lot of pressure on them, says Rev Passa. "Most men feel a huge responsibility towards their family and learning that your child is HIV+ causes tremendous suffering. Often men's pride makes them seem indifferent but a paternal sentiment lies hidden in their hearts."

When a child becomes sick in this way the first people they look to are their parents, he says. They need to know if their parents still love them and that they haven't been



Mr Bopp Dupont (left) and Rev Passa - time for men to assume responsibility

rejected. "As a father, I feel concerned because the family and the way we bring up our children is their future."

Public opinion, whether it be from religious, customary or other social perspectives, is not always favourable to raising HIV/AIDS awareness. Yet these are the communities that need to circulate the information, he says. "As a movement

which protects life, the church has a big responsibility. It needs to encourage discussion on sexuality through family education seminars. Even at a customary level people need to

be able to come together to discuss such issues."

Going public means taking risks because society has always had a tendency to be accusing, Rev Passa says. Even though people didn't show it openly, he remembers feeling the unbearable scrutiny when he was in public with André.

"Public opinion is very hard to accept but our family went public to show people that we need to front up to serious diseases whether it be AIDS or others. It's much more important to fight for life than to let oneself be killed by people's remarks. If we want to take part in the stability and construction of a respectable society we need to have certain principles of understanding. It's hypocritical to say we want to live in a good society and not face up to such issues."

HIV/AIDS is not just about awareness, it's also about changing behaviour, says Mr Bopp Dupont. Society needs to

*"It's much more important to fight for life than to let oneself be killed by people's remarks"*



(L to R) Rev Passa, Maire and Mr Bopp Dupont - speaking out about AIDS

question cultural, religious and other norms and taboos to avoid perpetuating mistakes. When he accompanies Maire on her campaigns throughout the region, he says there is usually a better response from women while men tend to show less interest. Certain social norms need to be challenged so that men play a more active role in prevention. In parts of Papua New Guinea for example, he observes, it seems to be a cultural norm for men to have several sexual partners. Although they are conscious of the risk of HIV/AIDS they continue this behaviour because such conduct is accepted by the community.

Another important role for men as fathers is helping their children understand sexuality, says Mr Bopp Dupont. He believes that in recent times parents have neglected this responsibility. "In our islands [French Polynesia] before religion brought its taboos, sexuality was discussed freely between parents and children. Nowadays though, many parents believe sex education is the role of schools because they feel uncomfortable talking about it. But we need to wake up to reality and forget about taboos because HIV/AIDS is a more serious issue. Parents need to be able to discuss everything, both the good and the bad, with their children."

Rev Passa agrees; "These days it seems schools have taken over the responsibility of sex education. But parents still have a role to play and need to coordinate this education with schools in a complimentary way. Men often don't talk



André Passa, much-loved SPC colleague and friend

to their children about sexuality because they're afraid it will undermine a child's respect for them. But HIV/AIDS doesn't acknowledge such principles. It's more important to talk about it than to worry about the simple principle of respect. Human sexuality is a responsible sexuality and society should take on this perspective."

## Mobilising Pacific Women Against HIV/AIDS

By Tione Chinula

When the SPC held its 8th Triennial for Pacific Women in September to take stock of women's development in the region, HIV/AIDS was not high on the agenda. The majority of national women's focal points have not considered the role they have to play in HIV/AIDS awareness and prevention, says Amelia Siamomua former SPC women's development advisor. In many Pacific island countries, women's HIV/AIDS awareness is limited to aspects incorporated into family planning and contraception education.

The SPC Pacific Women's Bureau (PWB) wants to get national women's focal points involved but first it needs to educate women on HIV/AIDS and its broader social and economic consequences. "Not many women have been thinking about including HIV/AIDS in their programmes. Many still think it's a health issue and don't think it's their responsibility to do anything about it," says Amelia. "There's a lack of understanding that HIV/AIDS is a cross-cutting concern and all sectors need to play a part in it. We want to look at how national women's machineries should be used to encompass HIV/AIDS. We have to show that HIV/AIDS is not in isolation."

The Pacific Platform for Action (PPA), the regional blueprint for women's development, can be used as a model on which to base new policies to address HIV/AIDS, Amelia says. The PPA lists 13 priority areas for all island countries such as violence, health and education. "We have to show women how HIV/AIDS is linked to all these sectors."

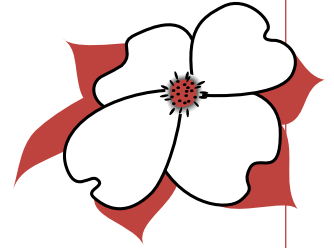
Another essential reference is the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), protecting women's rights. "CEDAW and the PPA have objectives on shared decision making which includes both family and public decision making. Although [the PWB] is using this for gender equity, it could also apply to HIV/AIDS prevention since women should have the right to decisions on their health."

Amelia believes there's a similarity between addressing gender issues and HIV/AIDS because they are both marginalised to a certain extent. Experience shows that for gender awareness to succeed it needs to be placed in the context of family which illustrates how everyone is affected. She believes the same approach is necessary for HIV/AIDS awareness and prevention programmes.

"In the Pacific, the family context is very strong. Both men and women have to work together because just concentrating on women doesn't work. Men have to be part of all the efforts and training for HIV/AIDS. It shouldn't just be the women driving this."



# Discussing AIDS at the Women's Triennial



## Culture at Stake in the Marshall Islands

The shocked reaction of many delegates at the SPC's 8th Triennial for Pacific Women after the HIV/AIDS and STI project presentation, indicates a lack of information in many Pacific islands. Ione De Brum, women in development manager for the Marshall Islands, says she was shocked to learn there were nine cases of HIV in the Marshall Islands. She had thought there were only one or two isolated cases.

She highlights violence, especially when it involved rape, and prostitution as major factors linked to HIV/AIDS in the Marshall Islands. Women don't talk about domestic violence because it is seen as shameful. The national women's council wants a study on violence so it can identify programmes and resources needed to address the issue. A similar survey on prostitution will also be conducted.

"Culturally speaking, my country is a matrilineal society and we have very strong Christian values. We know something is wrong when girls are becoming prostitutes. Girls are highly valued and if prostitution continues then we're losing our culture," Ione says. HIV/AIDS awareness has so far targeted the grass roots level but it is time to move up to the country's leaders, she adds.

## Lack of Funds Slows Progress in Papua New Guinea

Papua New Guinea, which has the highest number of HIV/AIDS cases in the Pacific, has made significant progress in its HIV/AIDS policy development. Its policy document is based on a national health and demography study, and outlines objectives, strategies, targets, action to be taken, and the responsible agency. This makes it possible to measure output, says Yasap Popoitai, senior planner responsible for higher education.

"We're taking a more multisectoral approach to HIV/AIDS policy. The government is acknowledging that it needs the help of the private sector to implement the policy."

It's too early to note a visible change as heavy intervention has only been in place for the last two years. But it's an improvement from five years ago when people didn't know anything about HIV/AIDS, says Yasap. Funding and resources to implement projects are the main setbacks which means many projects have remained in the pipeline.

Cultural and Christian values that force women to be submissive puts them at risk, says Yasap. The majority of women live in rural areas and their husbands often go to find work in towns where they get infected and return to infect their wives. The government is developing campaigns to address women's susceptibility such as literacy programmes integrating HIV/AIDS awareness. "The training is to empower them and hopefully these simple steps will make a difference in the long term and one day they will be able to say no. Maybe it will make a difference for the younger generation."



*Amelia Siamomua, former PWB advisor*

## Churches Closer to Rural Communities

The Churches Medical Council (CMC) in PNG is part of the network that helps government implement programmes, explains Maryanne Kehalie, deputy executive officer. Churches are better placed for HIV/AIDS work in rural areas because they are more established in villages where access is difficult. Because of the geographical isolation of many villages, sometimes the only access is by foot and volunteers can walk for up to eight hours to reach a village. The CMC mainly works through the church's youth and women's networks. It provides education and prevention information, AIDS testing as well as pre- and post-test counselling, care for people living with HIV/AIDS and community counselling to avoid social stigmas.

*Continued from page 9*

It's important to educate people because if they don't understand how it is contracted, they reject HIV+ family members, says Maryanne. CMC councillors try to emphasise good family care. "In the centre where I worked four years ago before I came to Port Moresby there was a case of a man who was HIV+. His family rejected him and built a separate hut for him. In the end he died of hunger, it was not the disease that killed him."

Although they are making progress, Maryanne says it's frustrating and disappointing to note the continuing complacency. "We're doing everything from national level down and yet still the figures are rising. I think alcohol and men's attitude towards women are two factors in the continuing spread of the disease."

## Palau Teaches Negotiation Skills

In Palau, the Bureau of Women's Interests is empowering women through negotiation skills. "Women should be able to negotiate with their partners for protection. It's a matter of how you communicate it to your partner," says Maria Goretti Masayos, director of the bureau.

There is too much complacency about HIV/AIDS, says Maria Goretti "I think people think it's not going to affect them. We need to change our attitude. As women, it should be one of the major topics that we deal with because before we know it our husbands and children will be infected. We need to start with our own families so our children know how to take care of themselves. If we don't start taking the initiative to go public, we'll be shocked when our people start dying."

## Kiribati AIDS Task Force Targets Leaders

Kiribati has a multisectoral HIV/AIDS task force incorporating the ministry of health, NGOs, trade unions, the police, the transport sector, managers of pubs, night clubs and other private sector organisations. Levels of awareness and knowledge of HIV/AIDS were measured during a survey carried out to formulate the national strategic plan. The task force has also targeted parliamentarians through workshops. "As decision makers they can make this issue a priority in the budget and influence people to try and stop the spread of HIV/AIDS," says Aren Teannaki, Kiribati women's development officer.

Another target group is seafarers and their wives. Seafarers' wives have a high risk of contracting HIV/AIDS from their husbands. "Some wives are so happy to see their husbands after they've been at sea that they simply forgive them for being unfaithful. They need counselling to know the consequences. Others have expressed fear of their husband's reaction if they refuse sex."

## POSITIVE VOICE



Vince Crisostomo Pic: SPC - PWB

### **PASA: What was your reaction to being tested positive?**

**Vince Crisostomo:** When I was given the results of my HIV test, I was numb. In the late 80s if you were told you had HIV you were usually dead within six months to a year. It was like being handed a death sentence. My doctor asked me whether I had my papers in order and I realised he was talking about my will. I also realised I was going to have to tell my parents and come out to them about being gay.

### **PASA: What advice would you give to young people about disclosing their HIV status or being gay to their family?**

**VC:** At first I was afraid of rejection. But you need a lot of support. If you have the courage to tell family, they will acknowledge that courage. At first my parents were less accepting of my being gay than of my HIV status. But rather than divide us, my being HIV+ has brought my family closer together.

### **PASA: Why is it important to reconcile yourself to family and home?**

**VC:** If you don't tell your family you rob them of the opportunity to participate if they want to. Once you've broken the news to your family, you also have to deal with the people outside your family in your village or island. The final wish of so many of the AIDS patients I'd worked with in the US had been to go home. Still, I kept putting off going back to Guam because I thought I'd be going home to die but it's turned out to be a new beginning. I count my blessings every day. I've been able to start over here in the Pacific with the skills I learnt in the US. I'd rather regret the things I've done as opposed to what I haven't done. The alternative is to live your life and have nobody know who you really are.

### **PASA: What if you don't want to make your HIV status public?**

**VC:** If you know you're positive, it's not a duty to let people know but being open means you create opportunities for other people because they need to hear your story and know that there are some successes, that things can be different, that it's not always a horror story.

# Finding a Purpose to Live

Vince Crisostomo is the Executive Director of the Coral Life Foundation (CLF), an organisation in Guam aimed at HIV/AIDS prevention, education and awareness. He was diagnosed as HIV+ at 28 in 1989 when he was living in New York. He has worked in organisations involved in the HIV/AIDS sector since the early 1990s. In January 2001, he returned home to Guam where he continues his work. He spoke to Andrew Peteru of PASA about the challenge of living with HIV/AIDS and keeping a positive outlook on life.

**PASA: How did you come to terms with the news you were HIV+?**

**VC:** In the early days, the general attitude was to prepare people for death. I went to a lot of workshops that were teaching people about how to die. But I've reversed that perspective of dying to actually living.

**PASA: Knowing the reality of AIDS and the suffering involved, what gives you strength to carry on?**

**VC:** When you die from AIDS it's an ugly death but life can be more meaningful and fulfilling when you have a purpose for living. Once you give up you're as good as dead. I've made a lot of choices that I wouldn't have otherwise made, because I thought I was dying. When I die, what will determine my success are the choices that I've made in my life and I know that when I go, I'm going to be at peace. I have energy and am positive about life because I set myself goals. If you come up with a plan and you know what you want from that, you don't feel so lost because you have a sense of direction. I now have skills and confidence that I didn't have before. You need to live life to the fullest.

**PASA: How do you know what decisions are the right ones to make?**

**VC:** You need to know what you want and what you believe in and be able to refuse advice or attitudes you don't agree with. I always try to take the positive. There are many occasions when people who you think are allies turn out not to be because you don't have the same perspective. You need to choose your own terms and conditions. Trust your instinct when you know something's not working whether it's the treatment or the doctor. Don't think you're stuck, you need to have courage to change that. Living your life is about risk whether it be disclosing your status or deciding to get a job. But you need to take those risks.

**PASA: What happens to your sex life when you become infected, is it over?**

**VC:** There are so many ways you can be sexually active. In fact you can have better sex because you put more thought into it. The intimacy of connecting with another human being

*"The only one you can take responsibility for in this life is yourself."*

can be nicer than the usual expectations of having sex. You need to be always careful and safe.

**PASA: How do you maintain a healthy lifestyle?**

**VC:** A balanced diet is good and it's important to eat the things you like but in moderation. Exercise improves circulation and muscle tone which keeps you going. Listen to your body, sleep and rest are important. It's good to push yourself but you have to know that you have limitations. I also pray a lot. Whenever I don't know what to do, I give it up to God. You have to listen when God speaks to you.

**PASA: How do you overcome the pressure of social and cultural prejudice?**

**VC:** Social and cultural taboos can put pressure on a person who is HIV+ as well as the family receiving the news. But it's wrong to think people won't love you because of your condition or that you're a bad person because you got this disease. Don't let your fear paralyse you so you can't respond or think that God or the higher power you believe in has let you down. Things happen in life for a reason but if you lose your faith then you're lost. I would never contemplate suicide because it has a negative impact on everyone close to you. Although people I've known with AIDS may have died a horrible death, despite the suffering, when they've died, they've been at peace.

**PASA: What's your opinion on society's attitude toward people living with HIV/AIDS?**

**VC:** There are so many factors in our cultures that don't serve us in HIV/AIDS work. People need to figure out what those are so they don't perpetuate them. I've seen the attitudes change a lot since we've been doing [HIV/AIDS awareness] work in Guam. More people are willing to support our causes than 10 years ago.

**PASA: Do you have a final piece of advice?**

**VC:** The only one you can take responsibility for in this life is yourself. You need to be safe and not put yourself in a situation that's bad for you such as taking drugs or being in an abusive relationship. You need to have the courage to make the choices that support you.

STATEMENT OF HER EXCELLENCY SANDRA SUMANG PIERANTOZZI  
VICE PRESIDENT AND MINISTER OF HEALTH REPUBLIC OF PALAU

ON THE OCCASION OF THE UN GENERAL ASSEMBLY SPECIAL SESSION ON HIV/AIDS

June 25 to 27, 2001

**Mr. President, Mr. Secretary General, Excellencies, Ladies and Gentlemen:**

As all of you may know, the Republic of Palau is one of the newest members of the United Nations, having only joined the United Nations in 1994 shortly after Palau achieved its independence on October 1, 1994. The Republic of Palau is an archipelago consisting of over 200 small islands in the western Pacific. It is another tropical paradise in the Pacific Ocean.

Idyllic as this may sound in this seemingly beautiful, carefree paradise, there is trouble. Palau is not immune from the scourge of HIV/AIDS; the disease respects no boundaries and has also been imported to our shores. Statistically, Palau has lost two of its citizens to AIDS with another three confirmed infected with HIV. While these figures appear low and insignificant compared to statistics from other countries, and in fact, statistics from the Pacific region show still low incidences of HIV/AIDS, when such statistics are taken in light of our small populations, the impact is enormous for us. For Palau's population of only 20,000, the impact is tremendous. Given our small and slow population growth, Palau can ill afford to lose any more of its citizens to HIV/AIDS; the HIV/AIDS threat is very real to us, because if left unchecked, it could decimate our entire community in no time at all.

Like many remote islands in the vast Pacific Ocean, Palau has limited natural resources and therefore relies heavily on assistance from offshore sources. Our number one industry is tourism. While this industry brings in needed revenues, it also brings unwanted extra baggage that puts our people at risk. Our people's propensity to travel abroad and return is another revolving door adding to this risk.

From our standpoint, the best way to effectively combat the HIV/AIDS pandemic is through massive public education on prevention through safe sex. This is especially critical among young people who are active socially and migrate around freely and are most at risk. Our efforts at public education are often hampered by cultural barriers and limited resources.

In the last few months, a young HIV-infected mother gave birth to a healthy baby. With the wonders of medical technology and protocol, our hospital was able to follow closely such protocol where the mother's identity was kept confidential and the proper procedures were followed for delivery. I am pleased to report that early testing has shown the new infant to be HIV-free. The new mother is doing well,

her husband has also tested negative, and with counselling, their family life has continued uninterrupted. This is a milestone in our medical history, but there is no guarantee that it can be repeated successfully.

While we strive to maintain confidentiality when appropriate, we would urge for efforts aimed at removing the stigma and isolation associated with HIV/AIDS so that those infected may come forth without fear of ostracism. This is particularly important where an informed public could avoid further spread of the disease by those intent on passing it around. One young man infected



with HIV has courageously come forth, been accepted by the community, and is a powerful living testimony to the dangers of this disease.

Last but certainly not the least, I would like to say something about women with relation to the HIV/AIDS pandemic. It is noted that women and girls, especially, bear a

disproportionate share of the HIV/AIDS burden, but that women are central to prevention and treatment plans as well as to finding sustainable solutions to this pandemic. Having noted this, I wish to appeal that we ensure gender equality in strategies to address HIV/AIDS, that the disease be recognised as gender-blind and therefore requiring the attention of both men and women equally, and that women be not tasked alone with the responsibility for this affliction on humankind.

The Republic of Palau is privileged and honoured to be part of this global effort to seek solutions to HIV/AIDS and other sexually transmitted diseases. We too recognise and appreciate the [UN] Secretary General's and everyone else's commitment to fighting this disease. We recognise the devastating effects of HIV/AIDS in many large countries, but wish again to emphasise that even our small countries are affected, too, by HIV/AIDS. We all must assure that small countries, such as my country, with limited ability to fight HIV/AIDS, are not left out in the total picture. The Republic of Palau is fully committed to these efforts to seek solutions within our lifetime.

**Thank you.**

*"We would urge for efforts aimed at removing the stigma and isolation associated with HIV/AIDS so that those infected may come forth without fear of ostracism."*

# The Female Condom

## Protection For Women ... and Men

Female condoms are being vociferously promoted by agencies including UNAIDS, WHO and UNFPA because they are currently the only safe barrier that women can initiate and in some ways, control. However, they are currently more costly and less accepted than male condoms.

This strong, soft transparent polyurethane sheath inserted in the vagina before sexual intercourse, is emerging as an important tool in protecting and empowering women. It provides dual protection from unwanted pregnancies and STIs, including HIV, and is a safe and non-invasive method to use. "It by no means replaces the male condom, but is invaluable in the context of prevention of HIV/AIDS and unwanted pregnancy," says Suman Mehta of UNFPA.

### *The biggest drawback of the female condom remains cost and availability*

Introduced in over 60 developing countries in the past four years through small pilot projects, large-scale expansion is now underway in places including Brazil, Ghana, Namibia, South Africa and Zimbabwe. A lot has been learnt about this entirely new method of contraception, which experts say could influence future introductions of other new technologies.

Advocates stress that the female condom should be treated as just a part of a comprehensive programme against HIV/AIDS. "It's important not just to distribute it and walk away," says Michel Warren who works on a project advocating female condoms.

The biggest drawback of the female condom remains cost and availability. At about US 60 cents a piece, it remains out of reach for those who need it most, and is not nearly as widely available as it could be. The importance of female-controlled prevention methods cannot be underestimated say experts, and resource allocation is a priority.

The good news is that costs could go down: a factory in China is now producing female condoms for a third of the 60 cent cost, and the product is currently being tested by UNAIDS.

Source: Shiraz Sidhva, *UN Special Session on HIV/AIDS Conference News Daily*

**A female condom is a soft, loose-fitting polyurethane sheath inserted into a woman's vagina before sexual intercourse. The man's penis fits inside the female condom.**

Both male and female condoms act as barriers to **protect against unplanned pregnancy and sexually transmitted infections** (STIs) including the HIV virus, by preventing bodily fluids such as sperm passing between partners during sexual intercourse.

### How to use the female condom

Before intercourse, the closed end of the sheath is inserted high into the vagina. The closed end contains a flexible, removable ring to help with insertion. The open end remains outside the vagina, kept in position with a larger flexible ring around the open end of the sheath.

### How safe are female condoms?

- **Preventing sexually transmitted infections:** female condoms provide an effective barrier against small organisms, including those that cause STIs such as herpes, hepatitis B and HIV
- **Preventing pregnancy:** when used consistently and correctly, the female condom is an effective method of contraception

### Advantages of the female condom

- Can be inserted up to four hours before intercourse and does not have to be removed immediately afterwards
- Does not require an erect penis for insertion or removal
- The polyurethane is stronger than latex used in male condoms and also adjusts to body temperature so feels more natural
- Sensitivity may be greater than with the male condom
- Covers a greater area than the male condom, so may offer additional protection against STIs
- The woman has more control over its use
- So far, there appear to be few side effects, although some women may experience slight discomfort or irritation after repeated use
- Unlike the male condom, oil-based lubricants can be used with the female condom

### Disadvantages of the female condom

- They are expensive compared to male condoms and can only be used once
- The partner's consent is required
- Supply must be on hand
- They can make a rustling sound which is a cause for concern for some users

# Catherine's Story

By Tione Chinula

Photos by Vincent Talbot

Four faces beamed from the cover of the 21st edition of PASA. The photo was taken in October 2000 in New York. The four people, from different parts of the world, were there to receive a United Nations Development Programme (UNDP) race against poverty award for their work in the HIV/AIDS sector. Most readers in the Pacific would have recognised the radiant smile of Maire Bopp Dupont from French Polynesia. The others were Rita Arauz Molina from Nicaragua and Father Arkadiusz Nowak from Poland. But my attention was caught by the gentle smile of Catherine Phiri from the small south-east African country of Malawi where I was born. In October 2001, on a visit to Malawi, I decided to track her down.

Malawi is a landlocked country, roughly half the size of New Zealand, but its population of 10 million is around three times higher. On its eastern border it's separated from Mozambique by Lake Malawi, Africa's third largest lake, which runs two-thirds of the way down the length of the country. The lake, larger than the land mass of New Caledonia, attracts many tourists to its sandy beaches. Although it's listed as one of the world's 15 poorest countries, the land and the lake usually provide its inhabitants with enough food to get by. Recently though, the HIV/AIDS pandemic has disturbed the rhythm of life in this peaceful little country where there are an estimated 640,000 to 960,000\* people living with HIV/AIDS.

I'd read that Catherine was from Salima, a small town near a popular tourist lakeshore resort area. It was easier than I'd expected to find her. As we drove down the main tree-lined street, slowing down for ox-carts and cyclists, stopping for herds of goats to cross and honking the horn at pedestrians determined not to step down on to the dusty roadside, we spotted a red AIDS ribbon painted on a yellow signpost. We drove up to a long low whitewashed building where the Salima HIV/AIDS Support Organisation (SASO) is based. We found Catherine inside, behind a desk in a small cramped office. A Canadian volunteer, Amanda, sat at the other desk explaining the intricacies of a brand new computer to a trainee.

"Amanda is part of my award from the UN," Catherine laughingly told us. "She came with the computer."

Catherine also got a printer and photocopier for SASO from the UNDP after receiving her award in New York, where she met Maire. She recalls that despite coming from different societies, they had many

things in common. "We were able to discuss quite a lot of things because we sat together most of the time. We discovered that we both often experienced the same judgemental attitude from people. But both of us felt we wanted to be open and talk to people about our status. We gave each other strength."

We sat under a tree outside Catherine's office in the bare front yard and she told me her story.

"I was diagnosed HIV-positive in 1990 after my husband died," she began. "I was a nurse at a private clinic in Lilongwe (the capital) but I resigned and went into hiding as at the time it wasn't easy to cope because of the stigma in this country."

Although she had two young children, under traditional inheritance laws the family property went to her husband's relatives. Her in-laws turned her and her children out with nothing but a suitcase of belongings. You can still hear the hurt in Catherine's voice as she recalls being turned out of her home; "They said it was me who had infected my husband because I was working in a hospital."

So with no money and nowhere to go, she returned to her hometown Salima, only to be shut out again by her own relatives. She spent the next three years as a homeless person sleeping in abandoned houses, under trees or whatever shelter she could find for herself and her children. They even ate food other people had thrown out with their rubbish.

In 1994, she decided her children had suffered enough and for their sake, she went back to her relatives and forced them to accept her. Soon after, she read a newspaper article about a group of HIV-positive people who were meeting in hiding in Lilongwe. "They called themselves the Christian Service Group but in reality they were HIV-positive people who met to give each other support."

After she joined the group, Catherine decided to go public about her status. "I thought it wasn't fair to people who were HIV-positive because society was treating them as if they'd done something wrong."



Catherine gets her copy of PASA.



Interviewing Catherine



Ironically, the HIV support group rejected her; “They told me never to go back to Lilongwe because they didn’t want to be associated with a person living with HIV.”

So she decided to set up a support organisation for “infected and affected” people in Salima and assembled a group of volunteers. Although they didn’t admit it at first, many gradually came out about being HIV-positive. SASO has an HIV/AIDS outreach programme in the community and in 118 schools in the district which has a population of 430,000. It offers an HIV testing service and pre- and post-test counselling. It also runs a home-based care programme to help family members look after people in the final stages of AIDS who’ve been discharged from hospital.

“We’re putting a human face to the pandemic and educating people about AIDS. Before, the image associated with the virus was a sick, thin person with shingles. People are quite shocked to see that we’re healthy. We’re showing people how they can live positively with HIV. It makes it easier for them to get tested.”

Another important aspect of the organisation is its orphan care programme which follows through from the home-based care after the parents die. It currently monitors 1600 children whom it gives psychological support and food and clothes when there are donations to be shared out. Every Saturday it holds a “children’s corner” where the children get a meal and are taught HIV/AIDS awareness. The volunteers are also able to keep track of the children and find out any problems they’re facing in the community.

“We don’t have orphanages but try to get the children looked after in the community. We make sure they get at least one square meal a week on Saturdays. Their main requirements

are food, clothes, school fees and learning materials.”

Despite SASO’s efforts, since 1994, the organisation received no significant funding or resources until Catherine won the UNDP award. With its improved communications equipment, the organisation’s main problem area now is its lack of transport. Its current transport resources are limited to four bicycles for the 4000 square kilometres it covers.

As I listened to Catherine speaking in her firm, determined manner it was hard to imagine that she had a serious health condition. But a delicate web of veins played across her eyelids making her look tired and older than her 39 years. I asked after her health and she smiled quietly then told me she’d been on antiretroviral drugs for the last six months. The UNDP and Dr Marum, an American living in Kenya, were subsidising her treatment. Catherine could not contemplate paying for the drugs herself. In

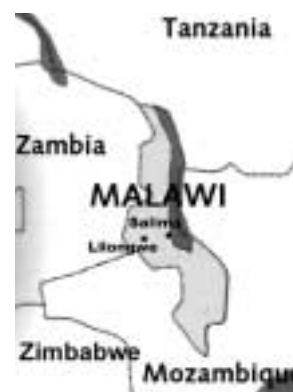
Malawi, a month’s supply costs MK15,000 (US\$230). Catherine’s monthly volunteer allowance at SASO where she works full-time is MK8,000 (US\$123). But most people earn even less. The country’s average annual income per person (GDP per capita) is US\$220.

In 1990, Catherine couldn’t have imagined how much she would achieve in ten years. Her daughter, Sally, is now 15 and her son, Brian, is 13. But the dedicated activist is still looking for challenges. “I’d like to set up a walk-in clinic for people living with HIV/AIDS that’s able to give them the drugs and care they need.” Although it’s almost a dream, Catherine is full of determination.

*\*Statistics: UNAIDS June 2000 report*

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*Tione Chinula is a freelance journalist. She left Malawi to study in New Zealand in 1990. She now lives in New Caledonia. E-mail: chinula@canl.nc*



# Seeking Government Commitment

In August 2001, AusAID and SPC held a workshop in Nadi to discuss the AusAID regional HIV/AIDS programme for the next five years. To increase government commitment to fund programmes, permanent secretaries and senior staff from planning and finance ministries were invited to attend along with health ministries, Pacific NGOs and regional agencies. Their recommendations will guide the design of the new project. Caroline Tupoulahi from Tonga's Ministry of Planning and Donald Kudu from the Solomon Islands' Ministry of National Planning and Development spoke to PASA about their approach to HIV/AIDS projects.

## Emerging Trends Introduce New Dimension to HIV/AIDS

Setting an overall vision for the country to aspire to is how Caroline Tupoulahi describes the role of Tonga's Ministry of Planning. The main function of the ministry where Dr Tupoulahi is deputy director, is to provide social and economic policy advice to government and coordinate

*"You have to ensure that the plan is implementable and affordable otherwise it's pointless having all these ambitious goals and strategies"*

aid offered to Tonga. HIV/AIDS falls under the health sector in the social policy aspect of planning.

There is currently little urgency in the government's response to HIV/AIDS because the low statistics don't have much impact, says Dr Tupoulahi. "There is very little information which exists to warrant urgent attention to the epidemic. However, if we were to follow the standard calculation based on the ratio of carriers to undetected carriers, we could have 33 undetected cases just from the 11 HIV/AIDS victims we have already diagnosed."

Tonga needs to contain the epidemic by maintaining the low levels. From trends in other developing countries, the main concern of HIV/AIDS in Tonga would be its impact on the productivity of the young working age population, says Dr Tupoulahi. The other major impact would be the health cost associated with treating patients. From a social aspect there would be increased problems as a result of instability in disintegrating family units.

In a personal capacity Dr Tupoulahi is involved in the Centre for Women and Children, a non-governmental

welfare agency. She notes the emergence of concerning trends that will have an impact on the spread of HIV/AIDS.

"With the emergence of child prostitution in Tonga I think there is a need now to rethink the health approach to HIV. From my involvement with the Centre for Women and Children there is now evidence, although undocumented, that there are girls as young as twelve coming in to the centre who have admitted that they have been prostituting themselves."

The centre has also dealt with cases that have indicated child pornography. Unfortunately, the young children referred to the centre won't say much but the evidence indicates both locals and foreigners are involved. The media has also reported cases of paedophilia.

Dr Tupoulahi believes the Ministry of Planning has to put more emphasis on the social areas to try and prevent social problems from emerging. It needs to take a proactive approach to the problem of AIDS especially with the evidence from the Centre for Women and Children regarding child prostitutes. It's important to realise that HIV/AIDS is not only a health problem. There needs to be a multisectoral approach with consultation between all sectors to get the issues on the agenda.

The health department has to take the lead role and do a lot of mass awareness at the senior management level within government, amongst politicians, and through the media. By stressing the impact of HIV/AIDS on the overall development process, says Dr Tupoulahi, people will realise that it is a concern for all sectors. The planning office will play a coordinating role, setting the strategic direction through consultation with government ministries and also by involving NGOs and the private sector.

"We can initiate consultation and in my experience you give groups a sense of empowerment when you consult them. With the various research skills the population unit has acquired we can also probably assist in tailoring programmes to various groups. You have to ensure that the plan is implementable and affordable otherwise it's pointless having all these ambitious goals and strategies."



Dr Caroline Tupoulahi



## Group Effort Required to Fight AIDS

One of the purposes of the planning department is to assess projects and relate them to government priorities, explains Donald Kudu, permanent secretary for the Solomon Islands Ministry of National Planning and Development. If a proposed project is not relevant, it is rejected. The planning department also ascertains that programmes, especially donor funded ones, are implemented.

The planning department became involved in HIV/AIDS through its coordination of aid and development programmes, says Mr Kudu. "Planners need to look carefully at critical issues facing the country. For example if AIDS comes in it will wipe out a good portion of our productive population. When taken in this context it is not a health problem but more of an economic and social problem that cuts across all sectors."

*There is some resistance but I think it's because people are not properly aware of what sex education is.*

The Solomon Islands needs to increase public awareness and take a multisectoral approach. "Public awareness is where we're lacking at the moment. There's a lot of room to make more people aware using the media. Next we have to look at how to mobilise the population. That's where a multidisciplinary approach will have to be made where you start to think about not only health sectors, but education, agriculture, rural development, provincial administrations, youth, women, sports, all those things.

"There is a whole debate about sex education in schools. There is some resistance but I think it's because people are not properly aware of what sex education is. That is where public awareness is missing. Then there is this whole issue of culture, taboos, not mentioning anything about it."

The ministry is planning a national summit to encourage participation between the government and NGOs. "We want to call for participation with NGOs to share with us in formulating a strategy that would be the best approach for the next five years. The coordination between donors, ourselves, and the ministry of health is important to continue the flow of information. There needs to be a two-way dialogue."



Donald Kudu

## Better Conditions for Seamen in Kiribati

Norati Antera, president of the Kiribati Islands Overseas Seamen's Union (KIOSU), boarded his first cargo vessel at 22. "Like everyone it seemed to me an opportunity to go overseas and seek a fortune," he says.

In Kiribati, more than 10 per cent of men between 20 and 50 years work overseas as merchant seamen. HIV/AIDS remained unreal for seafarers a long time after awareness programmes were introduced. "We heard a lot about HIV/AIDS, we were quite aware of it because while we were working on the ship, the ship owners got picked up by some programme overseas but we didn't realise that it was coming to Kiribati. Back on the ship, they already provided condoms and advice for the seafarers to be very careful about it. My last vessel was in 1994 and we had condoms then."

*"We thought we wouldn't get it, we're so far away, so isolated, but then we watched the figures increasing tremendously."*

He remembers discussing the American actor Rock Hudson, who died of AIDS, with his colleagues as they were watching his old movies. "As far as relevance to us, it was all myths, nobody believed it, nobody. But then we found out that it's really happening on the islands and in 1998, we started getting more attention from organisations. That's where we were really picked up by the process and I myself attended those workshops, the early ones, it was appalling. We thought we wouldn't get it, we're so far away, so isolated, but then we watched the figures increasing tremendously. Only this year (2001), we have 2 new cases since January."

Since the stress and frustration of being on a ship can lead to carelessness, improving conditions for seafarers is one way the union hopes to lower HIV infection. Providing recreational areas on the ship offers alternative activities to sex and HIV exposure. The union has also managed to reduce the duration at sea from 17 months at a time, to 12.

Initially, when the union identified people who were infected they were in the last stages of AIDS. However, now HIV cases are being diagnosed earlier and when approached by relatives of sick seafarers, the union can offer advice and documentation to families on issues such as home care.



Norati Antera

*Continued from page 17*

AIDS patients are often much better off being looked after at home than in the hospital. Although medical staff are meant to keep patient information confidential, news of infected people still often becomes public.

As far as discrimination in the workplace is concerned, the union in conjunction with the SPC discussed a non discrimination agreement with the shipping companies in 1998. It was agreed that if HIV+ seafarers were healthy, they would continue working.

Along with discrimination, other concerns need to be addressed such as doing something for seafarers' wives who

are worried about their husbands infecting them when they return from a stint at sea. There needs to be more cross-border collaboration on HIV/AIDS prevention with the seamen coming from Fiji. More data and information is needed on the most at-risk groups to know how to target them. And the system of supplying condoms needs to be improved.

"We've got over those days where everyone looked at you if you took a condom. It's becoming more normal. But condom distribution is a problem because the suppliers find that in some places stocks are gone within the day, we need to supply a lot."

*Along with discrimination, other concerns need to be addressed*

## Empowering Sex Workers in Port Moresby

Regina Piam works for Port Moresby's YWCA where, among other development projects, she's involved in an HIV/AIDS awareness programme for sex workers. Initially, she had misgivings about being involved in such work but as she learned more about the women's reasons for working in the sex industry she began to identify with them.

The sex workers project was initially run by the Institute of Medical Research as a targeted intervention but it was taken over by the YWCA in 2000.

The YWCA has often been wrongly criticised of promoting prostitution, Regina says. "Our objective is to minimise the spread of HIV/AIDS through awareness, by empowering these women who are engaged in the selling of sex, to do it in the least risky way possible by using condoms and having the know-how to negotiate safer sex, or having the power to say no that is not the right thing. They should have the power to say 'no'."

The YWCA also runs an appropriate skills programme for the women, most of whom have had little education. "We have sewing, cooking and handicraft classes which minimise sexual encounters during the day and give them skills to earn extra income, and something for when they get married or go back to the village."

Income from the handicrafts is managed by the sex workers association, known as the Jeang Sisters, J-E for Dr Carol Jenkins and A-N-G for Dr Jo Anang - two individuals who worked hard to improve the sex workers' situation. The money is used to help the women when they have a problem or if their children or families are sick. "The sex workers

chose the name Jeang Sisters because they said 'We were nobody, nobody knew about us, and nobody recognised us. We were under the trees and on the streets and Carol was the one who came to us and took us in. Jo Anang takes care of us when we are sick. When we are in trouble, even at the Police Station, he comes even if it's in the middle of the night.' They say 'he's like a father to us,'" says Regina.

As well as the sex workers project, the YWCA's HIV/AIDS programme includes testing, counselling and care, and a health radio programme. Initially, some motel managers were hostile to the YWCA distributing condoms to sex workers because they thought they would lose clientele. However, once the situation was explained to them they started co-operating. But both sex

*They should have the power to say 'No'!*

workers and YWCA staff are still sometimes harassed by motel owners, drunk and rowdy patrons or the police.

Despite the positive results of female condom trials in Papua New Guinea, limited resources mean the YWCA can only supply male condoms. "The girls who come to the programmes come and pick up condoms from us. We also give out condoms during awareness sessions."

Currently the project is focused on female sex workers but there are an increasing number of gay men in the sex industry who have approached the centre for help. So far it has not been able to help them but Regina hopes she'll be able to provide them with information in the near future.

The most rewarding part of the job is when the sex workers gain confidence and find a new occupation. "When the girls have told me they've found a job it gives me more excitement than anything else, I feel so happy for them. That's the satisfaction."



*Regina Piam*

# Reporting HIV/AIDS in the South Pacific

By Rev Dr Trevor Cullen (abridged)

In 1996, former Fijian Prime Minister, Sitiveni Rabuka, compared HIV/AIDS in the South Pacific to a dangerously powerful storm that was forming offshore. He made an urgent appeal for the media to protect people from its ferocity and harm by providing essential information and education about the disease. The current Prime Minister of Papua New Guinea, Sir Mekere Morauta described the HIV/AIDS situation in the country as a “silent catastrophe”. He warned that there were between 10,000 and 20,000 HIV-positive individuals in a population of four and half million people and that the rate of HIV infection could be grossly underestimated.

But interviews conducted by the author with newspaper and magazine editors in the South Pacific between 1999 and 2000, reveal that many editors are not convinced HIV/AIDS is a serious public threat that can damage the social and economic development of their respective countries. Some countries like Vanuatu have no recorded case while in other countries the figures for HIV/AIDS are so low they hardly warrant mention. Other illnesses such as malaria, diabetes and heart disease are more widespread and of immediate concern to the lives of people in the region. For many editors AIDS is far removed and seemingly exaggerated in its importance. More than 75 per cent of the editors considered malaria to be a greater threat than HIV/AIDS. Most editors remain unconvinced that an HIV/AIDS epidemic will eventuate because of the low numbers of HIV/AIDS cases. For this reason the majority of editors were unwilling to lead public debate on HIV/AIDS for fear of exaggerating its presence and influence.

Many editors readily admitted their ignorance and lack of thought on the topic. Only 12 per cent said they were satisfied with their knowledge of HIV/AIDS. Only a few editors, touched by others who are living with HIV/AIDS, think differently and fear for the future. Every editor mentioned the lack of trained health reporters as a stumbling block for future coverage. None of the editors had an editorial policy on the disease, only 8 per cent employed a health reporter and 16 per cent had a health page. In the South Pacific, politics and sport remain the real “hot” topics.

Traditional news values made it difficult for editors to view HIV/AIDS as a consistently newsworthy topic. Criteria for selecting news include aspects of sensation, conflict, mystery, celebrity, deviance, tragedy and proximity. While news items on HIV/AIDS fit some of these categories, it is a disease that has been reported by newspapers since the early 1980s. This makes it difficult to present the disease in a constantly new and interesting way. A new model and news value is needed when evaluating the newsworthiness of HIV/AIDS.

Talking about sex or reporting someone living or dying of AIDS in the South Pacific are issues that local journalists prefer to avoid due to cultural pressures. Also, Christian and traditional beliefs in the Pacific region influence public perception and understanding of HIV/AIDS. The majority of editors interviewed by the author were hesitant to discuss these issues which made it difficult to determine the extent of cultural



*Time to increase coverage.*

influences upon editors and journalists in their approach to HIV/AIDS.

While cultural taboos remain a major obstacle to reporting HIV/AIDS, it is not impossible to overcome some of these barriers. The press is well-placed to influence public perception of a problem especially removing the silence and stigma attached to the disease. Less emphasis should be placed on sensational language, headlines and military metaphors which tend to exaggerate and distort the reality of HIV/AIDS. For example, avoid headlines and news items that constantly describe HIV/AIDS as a killer disease with no cure. Instead, include more positive news items about ways to prevent infection and people living rather than dying with HIV/AIDS. The inclusion of news items about how to avoid being infected, which is closely linked to the educational role of the press, adds a sense of balance by encouraging participation and hope. Understandably, editors and journalists avoid using their publications for HIV/AIDS advocacy work. They can, however, adopt a more pro-active journalistic approach by going out to get the story.

HIV/AIDS came late to the South Pacific. The epidemic in the region is in its infancy. Its real impact is yet to occur. The important influence of press coverage is dependent on editors deciding to keep HIV/AIDS in the public forum. While a number of editors in the South Pacific should be highly commended for the way they have responded to the threat of HIV in their countries, the current information campaign often sounds more like a squeaky tin whistle than a loud and continuous trumpet blast. The time has come to step up coverage. It is time to lead from the front.

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## Samoan drug to combat HIV/AIDS

An experimental compound found in the bark of a Samoan tree (known locally as mamala) may help in the effort to eradicate HIV, the virus that causes AIDS, where current drugs have failed, Reuters Health reported.

Even though combination drug therapy can reduce HIV to undetectable levels in the blood of most patients, a small amount of the virus lies dormant in cellular reservoirs in the body, according to Dr. Roger J. Pomerantz of Jefferson Medical College in Philadelphia, Pennsylvania. In laboratory experiments, Pomerantz and his colleagues were able to lure HIV out of its hiding places with a substance called prostratin.

An Apia-based website news service said Samoa is expected to receive a royalty equivalent to 20 per cent from the commercial production of a drug which is being planned as an important input into drugs required to help cure HIV/AIDS patients. This is a landmark announcement for Samoa as it represents the potential of using some of the indigenous medicine which has now been discovered as not "voodoo" magic.

Prostratin, found in the bark of a Samoan tree, has been used traditionally in Samoa to treat a number of illnesses, including jaundice. Prostratin has a dual effect on HIV. On the one hand, it inhibits the replication of circulating copies of the virus. But on the other hand, it activates HIV that lies dormant. This suggests that a drug containing prostratin might be a "reasonable candidate" to use in conjunction with current HIV medications, Pomerantz and his colleagues note in their report on the findings in the November 15th issue of the journal *Blood*.

The next step is to test prostratin in monkeys to make sure that it is safe to use. If it is not toxic in monkeys, then prostratin should move on to safety trials in humans.

Source: Samoa News

## PNG Looks at HIV/AIDS Protection Laws

Lawyers, judges and academics met in Port Moresby in October to discuss HIV/AIDS issues and what changes were necessary to the laws of Papua New Guinea. According to a recent World Health Organisation and UNAIDS study, protecting the human rights of HIV-infected people remains a low priority for many of the world's lawmakers.

The draft Act, known as the HIV/AIDS Management ACT 2002, is based on PNG's National HIV/AIDS Medium Term Plan, international standards of HIV/AIDS management and protection of human rights. It covers issues such as discrimination, testing, counselling, reporting, confidentiality, and persons who intentionally spread HIV.

Mr. W. Golman, Chairman of the Legal and Ethical Advisory Committee of the National AIDS Council, said PNG needed strong laws to protect the community as a whole and especially HIV+ people from discrimination and stigmatisation.

Meanwhile, in Kiribati, cabinet has approved the development of HIV/AIDS legislation.

## Maire in New Caledonia

In November 2001, AIDS VI WEAMIGNE (Help Others), an association from the Northern Province of New Caledonia, invited French Polynesian HIV/AIDS campaigner Maire Bopp Dupont to tour the province. During her two-week visit she addressed schools, villages, women's associations, local politicians and various other organisations. Although HIV/AIDS information campaigns had already been conducted in the province, the tour organisers felt the message needed to be reinforced. "I'm here to put a face to the virus," said Maire. "People don't realise an HIV+ person can remain looking normal and healthy for years



Photo by Vincent Talbot

and they don't think it could affect them."

When she arrived at the provincial headquarters in Kone, one member of staff refused to meet her because she was concerned about the risk of contracting HIV. Maire said such a reaction proved that even at a senior professional level there were still people who were very ignorant about HIV/AIDS. This was worrying as they were likely to pass on their prejudice. "Obviously there's still a lot of work to be done to inform people correctly."

Maire called on HIV+ people in New Caledonia to help increase awareness. The most recent figures showed 17 new cases in the last year which was high considering the low population figures, she said. "I think if HIV+ people take action, we could curb the epidemic."

She called on the public to accept and support people living with HIV/AIDS as she feared rejection would lead HIV+ people to spread the disease out of revenge. At the same time she called on HIV+ people to be responsible and help fight the disease.

## Vanuatu: HIV/AIDS Highlighted at Regional Meeting

Having being sidelined for years, HIV/AIDS is finally making it onto the agenda of regional leaders meetings. It was highlighted in October 2001 at the 6th Consultative Meeting of the Sub-regional Executive Heads and ESCAP held in Port Vila. In his opening address Vanuatu's prime minister, the honourable Edward Natapei, said the region's leaders needed to address HIV/AIDS to stop the increase in infection rates.

"It is the very nature of the Pacific to sweep under the carpet issues that are supposedly "taboo" and not address them in a practical way. ... Highlighting HIV/AIDS in the political arena and engaging governments to take this matter more seriously is vital in stopping its spread."

The prime minister especially urged political leaders to take into account the needs of the population which was hardest hit by the disease. "As decision-makers, political leaders in the Pacific need to listen to the needs of the marginalised and the poor and implement policies that will ensure protection of their rights. HIV/AIDS is no longer an issue for the Western world to address, we in the Pacific must strive towards implementing programmes that have political commitment to address it."

Mr Noel Levi, secretary general for the Pacific Islands Forum Secretariat, said it was important for sub-regional organisations to focus political attention on HIV/AIDS. Regional meetings were ideal opportunities for organisations to share best practices and lessons learned, he said. "Cultural taboos make frank discussion of the transmission mechanisms of this disease difficult and highlighting HIV/AIDS in the political arena and engaging governments to take this matter more seriously is vital in stopping its spread."

HIV/AIDS was more than just a health issue because it was impacting on social, economic and political sectors. It was also important to develop programmes and policies aimed at countering the stigma attached to people living with HIV/AIDS, Mr Levi said.

## Guam: Hundreds join in AIDS day walk

Hundreds participated in the seventh annual two-mile walk, followed by a candle light ceremony sponsored by the Coral Life Foundation and the Department of Public Health and Social Services at the World AIDS Day 2001 observance in Guam. Since 1985, there have been 168 HIV/AIDS cases reported on Guam. Of those people, 43 have died, according to public health. "These kinds of community events bring healing," Coral Life Director Vince Crisostomo said. "Our country has gone through a very hard time in recent months, and the fact that people would take time out to come and commemorate this with us is very touching." Crisostomo said he hoped the event would encourage people to make responsible decisions about their sexual practices and behaviours.

Source: Guam Pacific Daily News, Sunday, December 2, 2001

## PNG: The controversial K-word

When Papua New Guinea's National AIDS Council Secretariat (NACS) launched a mass media community HIV/AIDS education campaign in September it caused a bit of a stir. Most of the fuss was about the use of the word koap, an explicit Tok Pisin term for sexual intercourse.

The Catholic Church Secretariat questioned the use of language it described as obscene, likening koap to the F-word in English.

But Kaleamen Indistange, Information, Education and Communications Advisor for NACS, said it was important to use clear terminology in straight-talking, no-nonsense messages at the risk of offending some people. Unclear or inaccurate terminology would lead to confusion about how people became infected or how they could protect themselves from the AIDS virus. "Knowledge about safe sex behaviour is a vital part of community awareness and education," he said. "However, this involves discussion of issues which are not usually talked about publicly."

Joe Wemin of the PNG Maire Bopp Dupont Foundation said the comparison of koap to the F-word in English-speaking countries was irrelevant to the PNG context as English had other unambiguous alternatives, unlike Tok Pisin.

NACS director, Dr. Clement Malau said 100 people were being infected every month in PNG.



## Fiji: Spreading Awareness Through Dance

When Ana Rakei and her group of contemporary Fijian dancers, Mekeart Tribe, put on a show it's a real crowd-puller. They've recently drawn on the popularity of their funky music and choreography with young people to build HIV/AIDS awareness. The dancers portray the AIDS message through music, movement and costumes, choosing themes such as chastity, teenage pregnancy, abstinence, fidelity and condoms. As well as performing at cultural and artistic events, the group performs in shopping malls, health centres and at seminars. In

December it performed at the World AIDS Day commemoration in Suva attended by the president's wife, Adi Kavalo Iloilo.

Ana decided to target young people through her choreography because she believes AIDS is a growing threat for teenagers in the Pacific. She hopes to help promote Solomon Islands contemporary dance when she moves there later this year.



Ana Rakei  
Photos by Vincent Talbot



## PNG AIRPORTS BEAR AIDS MESSAGES

The initials CAA do not only stand for "Campaign Against AIDS." They also stand for Civil Aviation Authority, and within the senior ranks of PNG's newly corporatized aviation administration there is a strong sense of social obligation that is setting the standard for other entities to follow.

Major airports in the country now bear signs in English and pidgin warning travelers of the danger of HIV/AIDS. At Jackson's Airport, Port Moresby, the signs are so big you can see them from the air, giving passengers something to think about even before they touch down.

"It's not to give overseas visitors the impression that PNG is an AIDS-ridden country, but simply to remind them that AIDS crosses all international borders, and follows travelers wherever they go," said CAA chief executive officer Miria Ume. "When people travel it is fair to say that they sometimes don't pack their good sense to take with them on the journey."

CAA is showing the way, and other community-minded organisations will follow suit. SP Brewery has donated dozens of its huge billboards across the nation, to be painted with anti-AIDS messages. The newest of these is at Goroka market, where thousands of men and women pass by each day. The market rooftop now carries what may be the nation's biggest-ever outdoor advertising sign, with the important survival message in letters three meters tall: "Lukautim Yu Yet Long AIDS."

The National Aids Council says it is pleased with the support shown by corporations for the national awareness campaign.

"As well as being good corporate citizens, big business may also recognize that HIV/AIDS targets the mobile, active members of our community, including young professionals and people in good jobs," HIV/AIDS council director Dr. Clement Malau said. "The impact of early deaths due to HIV/AIDS will be felt by the corporate sector, and will affect the PNG economy seriously if we do not succeed in warning people of the danger."

Source: *The National*



# An Evolving Epidemic

By Laurie Garrett

With the AIDS epidemic 20 years old, about 37 million people are suffering from various stages of HIV-induced immune system problems. Twenty years into the future, according to some forecasts, the pool of human beings living with AIDS-weakened immune systems could well exceed 200 million.

And that has some biologists worried about the insidious next pathogen that may surface, taking advantage of such an enormous pool of people with compromised immune systems. "I can envisage other horror scenarios," says Dr. Robin Weiss of the Wohl Virion Centre at University College in London. "Where 10 per cent or more of the population is immunocompromised due to HIV infection, just imagine how previously rare opportunistic infections could rapidly evolve to become novel human-to-human pathogens."

## Microbial adaptation

Weiss recently authored a forecast for the British science journal *Nature* in which he suggested: "Microbes that are poorly adapted for human infection could become well adjusted, first to the immunodeficient host and eventually to immunocompetent humans, provided they learn the tricks of human-to-human transmission. This could include free-living microbes from the environment ... as well as microbes and parasites from other animal sources."

Bacteria could become increasingly drug resistant. Floating pieces of "harmless" genetic material, which are common now, could take on lethal forms. And, Weiss predicts, even if HIV comes under control by immunisation, "new diseases may roam former HIV land."

Such speculation may seem apocryphal, except for two points: First, the explosion of HIV is occurring at the same time as societies of the wealthy world are ageing. With age, most people's immune systems deteriorate, rendering them fatally vulnerable to infections such as the flu.

And such events already have occurred with HIV. Several diseases have taken advantage of the immune-compromised AIDS populations, causing not only unusual ailments in HIV-positive individuals but also communitywide outbreaks. These include cryptosporidiosis (an intestinal disease passed in contaminated water), multidrug-resistant tuberculosis, HHV-8 (a cancer-causing virus), Herpes simplex virus, vaccine-associated viruses and bacteria, *Mycobacterium avium* (a bird form of tuberculosis), toxoplasmosis, bird viruses and farm animal parasites.

"The one I worry about is what it's going to do to TB on a large scale," says Dr. David Ho, director of the Aaron Diamond AIDS Research Center in Manhattan. "When I went to rural areas in China, you could just go and track the HIV epidemic by TB. And that could really take off in Asia as the epidemic blossoms. Of the ones we know about, that's the one that's so frightening." And what about the ones we don't know about?

## Surprising Discoveries

Scientists recently completed a rough sequence of the entire

human genome. And among the surprises was discovery that 8 per cent of all the genes in human beings are HERVs — Human Endogenous Retroviruses. Like HIV, there are dozens of retroviruses that have infected human beings, or our ancestor species, says virologist John Coffin of Tufts University in Boston. The HERVs got into human DNA thousands, even millions, of years ago, and have passed from one generation to the next. In some cases they have come to perform useful functions in human biology.

Weiss has asked whether such viruses, or viral fragments, could emerge again, popping out of our DNA to cause disease.

Coffin's laboratory is dedicated to answering such questions. At the Cold Spring Harbor Laboratory's annual retrovirus meeting, his team announced the discovery of 26 HERVs in human DNA, many of which appeared to date to pre-human ancestor species. And, in a first of its kind, Coffin's laboratory successfully resurrected one such virus from its millions-of-years-long sleep inside the DNA of mice.

"It's like pulling dinosaur DNA from amber," Coffin said. "You know, 'Jurassic Park', " a reference to the Michael Crichton book.

Coffin's lab identified a genetic sequence in mouse DNA that looked like an ancient retrovirus. The lab cloned it, added a few missing bits of genetic material, and, sure enough, out popped a fully infectious virus. The question remains: Could such

events happen in nature?

Finally, Weiss and his worrying colleagues wonder whether HIV, itself, might change in dangerous ways.

"This virus mutates a nucleotide every time it replicates, and it replicates every eight hours," explains Dr. Jeffrey Laurence of Cornell University Medical College in Manhattan. "One of these days, by random mutation, we might get something new."

## Rapid mutation

Using new methods of measuring HIV mutation rates, Carrie Dykes and her colleagues from Rochester University Medical Center announced at the Cold Spring Harbor meeting that the virus may actually change itself far more rapidly than that, both through mutations and by combining bits of one HIV strain with bits from another. Every increment of HIV's genetic material mutates, on average, two times out of each 1,000 rounds of viral replication. That's a complicated way of saying HIV may, if the Dykes results hold up, be changing itself 10 times more frequently than previously thought.

Such observations prompt Weiss to say that "one nightmare scenario for us would be if HIV were to change its mode of transmission ... Can we be sure that it is beyond the ingenuity of HIV to travel aboard the mouthparts during interrupted feeding of common bugs? If *Yersinia pestis* can switch from flea-borne bubonic plague to the air-borne pulmonary form of the disease, could HIV also sample new transmission dynamics — adding saliva, aerosol or vectors to the sex and blood it already enjoys?"

*"One nightmare scenario for us would be if HIV were to change its mode of transmission"*

## The Drug War

The Fourth World Trade Organization Ministerial Conference was held in Doha, the capital of the Persian Gulf state of Qatar, in November. One of the most contentious issues raised related to the accessibility of medicines, and in particular AIDS drugs, by all. Over 50 countries, most notably Brazil and India which already produce low-cost versions of AIDS drugs, attempted to pass a declaration stating that the World Trade Organisation (WTO) rules outlined in the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement could not prevent countries from protecting public health. Countries could therefore, ignore patent laws in the interest of public health. In 1999, the US government threatened sanctions against poor nations which refused to respect the patent laws of AIDS drugs produced by US-based pharmaceutical companies. Poor nations were using cheap generic AIDS drugs as substitutes for expensive patented drugs. But the September terrorist attacks in the US and the subsequent threat of anthrax brought a twist to the tale. In anticipation of further anthrax attacks, the US started stockpiling the drug Cipra, a powerful antibiotic used to treat anthrax, which is patented to Bayer AG. However, it could not afford the large amounts of Cipra it required at the price Bayer was asking. So it threatened to use generic forms of Cipra if Bayer did not offer significant price reductions. That the US should take such action for the handful of its citizens

affected by anthrax while ignoring the plight of over a million people who die from AIDS each year in the developing world because they can't afford drugs, raised interesting moral questions. Poor nations and human rights activists accused the USA of hypocrisy for imposing high prices on other countries but reducing them for its own benefit. US pharmaceutical companies were among the first to take legal action against developing nations in Africa, Asia and Latin America for using generic forms of antiretroviral combination drug therapies.

However, American drug researchers and manufacturers argued that the declaration presented to the WTO would lead to abuse by countries bent on economic gain for their own local drug industries and this would backfire on the economic development of poor countries. They accused Brazil and India of trying to boost the profits of their own drug industries by stealing the property of companies that patent their drugs. Although under the TRIPS Agreement nations have the right to override patents in certain circumstances, such as in the event of public health emergencies, this has never applied to AIDS drugs. Developing countries that have tried to apply the TRIPS clause to AIDS drugs have come under pressure from the US and European Union.

At the conclusion of the Doha ministers meeting, the conference adopted a separate declaration on TRIPS with regards to public health and access to medicines. While the declaration did not amend the TRIPS Agreement, it made some clarifications to help in its interpretation in favour of easing access for developing countries to patented medicines.



Nkosi Johnson, HIV/AIDS campaigner  
February 4, 1989 to June 1, 2001.

## Young South African campaigner dies

Nkosi Johnson was born with the HIV virus in 1989 in South Africa where an estimated 200 babies a day are born HIV+. When he was two, his mother left him at a care centre for HIV+ people and one of the directors, Gail Johnson, became his foster mother. He first made international headlines in 1997, when a primary school would not admit him because he was HIV+. Gail Johnson challenged the school and in the end got him enrolled. The incident resulted in a policy prohibiting schools from discriminating against HIV+ children and the formulation of school guidelines on how to treat infected pupils.

Nkosi was back in the media spotlight at the 13th International Aids Conference held in Durban in July 2000. The child addressed the conference asking for an end to the prejudice against and rejection of people living with HIV or AIDS. In South Africa, HIV+ people have been violently attacked and even killed. He also called for the South African government to start providing HIV+ pregnant women with drugs to reduce the risk of transmission of the virus during childbirth.

Nkosi collapsed in late December 2000 with AIDS-related brain damage and viral infections which left him unable to eat and speak. He died five months later on June 1, 2001.

*Production company Globalvision has made a video of Nkosi's struggle to inspire hope, awareness and action for the AIDS orphan crisis. For further information consult the Globalvision website at [www.globalvision.org](http://www.globalvision.org) or email Danny Schechter at [dschechter@igc.org](mailto:dschechter@igc.org)*

## Garlic Supplements Can Lower Potency of HIV Drug

A new study conducted by the National Institutes of Health has found that garlic supplements can cut blood concentrations of the antiretroviral drug saquinavir by more than half.

"The clear implication is that doctors and patients should be cautious about using garlic supplements during HIV therapy," study co-author Dr. Judith Falloon, of the National Institute of Allergy and Infectious Diseases (NIAID), said in a statement. The findings were published in the online edition of the journal *Clinical Infectious Diseases* (2001:34). NIAIDNEWS (<http://www.niaid.nih.gov/newsroom/releases/garlic.htm>) includes a summary of the research.

Falloon said her study was prompted in part by previous research that uncovered a dangerous interaction between the popular herbal remedy St. John's Wort and the protease inhibitor indinavir. "We set out to learn more about these alternative medicine products because there simply are not a lot of clinical data available on them."

In the current study, Falloon and her colleagues tracked blood levels of saquinavir, also a protease inhibitor, in 10 healthy HIV-positive patients. Patients took the drug for 39 days. For part of that time, they also took a

standard dose of garlic caplets twice a day. "In the presence of garlic supplements, blood concentrations of saquinavir decreased by about 50 percent," Falloon said. They found that even after a "washout" period of ten days after the patients stopped taking the garlic, blood levels of saquinavir remained 35 per cent below normal. The researchers stressed that more research needs to be done to determine the effect of garlic supplements on combination drug therapies. For now, Falloon said, "it's clear from this study that any patient using saquinavir as the sole protease inhibitor should avoid using garlic supplements."

The researchers indicated that they were not surprised by their findings since garlic and protease inhibitors share the same metabolic route in the body. The exact mechanism by which garlic impedes saquinavir remains unclear.

*Source: Reuters Health, December 6, 2001*



## Global Antiretroviralism

By Tina Rosenberg, *New York Times* December 9, 2001

With the establishment last year of the United Nations global fund for AIDS, malaria and tuberculosis, the world will nearly double its AIDS spending in 2002 - and for the first time, much of the money in less-developed countries will go to antiretrovirals. At the beginning of 2001, AIDS drugs in Kenya or Ukraine cost the same as in the United States - upward of \$10,000 a year. But practically every week last year brought a giddy new price drop for the third world. One Indian generic drugmaker, Cipla, now offers its triple-combination therapy for \$350 a year. Multinational pharmaceutical companies, responding to competition from generics and widespread public criticism, have slashed prices for poor nations to a little over \$1,000 - although so far, the companies have attached so many obstacles to their offer that few places have been able to benefit.

A year ago, many argued that uneducated and unsophisticated patients could not master the complex antiretroviral regimen. Today, taking AIDS medicine is simpler - most people on antiretrovirals take their pills only twice a day. This year has also seen the rise of small pilot clinics in poor nations, which have found inexpensive ways to treat people successfully, even in the most remote and miserable places. The campaign for antiretroviral treatment in the third world is no longer a battle of ideas; this year the world recognised that universal treatment is both imperative and feasible. What is left is the struggle for money. Until that is won, AIDS will remain treatable for the poor in theory alone.

## Access to Better Treatment Dominates African AIDS Conference

By Stephane Orjollet, *Agence France Presse*, December 10, 2001

Access to superior AIDS treatments, notably tritherapies, dominated talks at the 12th International Conference on AIDS and Sexually Transmitted Diseases in Africa (CISMA) held in December in Burkina Faso. Experts stressed that such treatments were vital for Africa, the continent experiencing 70 per cent of global AIDS-linked deaths. In rich countries, the arrival of tritherapies in 1996 revolutionised AIDS treatment - a phenomenon that has had virtually no effect in Africa given the costs involved. "Access to antiretrovirals is maybe a utopia but it is a necessary one," said Aliou Sylla, a doctor from Mali. "Don't start an ideological battle here. The antiretrovirals are an element of competence against AIDS, let us try and get them for free," he said to thunderous cheers.

The five-day AIDS conference, whose theme was "Community Solutions," also encouraged greater participation by individual companies in the fight against AIDS. UNAIDS said that in the absence of proper treatment, most HIV-positive Africans were not expected to survive the present decade. In their annual report released last month, UNAIDS and the World Health Organization said that in Burkina Faso, Cameroon, Ivory Coast, Nigeria and Togo at least five per cent of the population ages 15-49 had HIV or AIDS.

## Kenya: Churches Said Burning Condoms

Some churches in the Mt. Kenya Region of central Kenya have been accused of buying up stocks of condoms and destroying them on the grounds that they are promoting immorality among the faithful, according to the East African Standard. This development is frustrating efforts to combat the AIDS epidemic. Population Services International's Mt. Kenya representative Davis Muchemi said shopkeepers in some areas no longer sell condoms for fear of excommunication. Muchemi, who is charged with the responsibility of distributing the Trust condoms sold in the region, said even some druggists are afraid to display the contraceptives on their shelves.

Vice President and Minister for Home Affairs Professor George Saitoti said the quality of awareness of the HIV/AIDS campaign has not been substantive enough to speed up behaviour change and also address sexual matters for those ages 13 to 19. "This is an especially unfortunate trend in the rural areas where nearly 80 per cent of Kenyans live, due to a general lack of access to information," he said. Saitoti also said, in a statement to ministry department heads, that the impact of AIDS on the economy remained unclear due to the long period between HIV infection and the onset of AIDS.

Source: *BBC News*, December 6, 2001

## Malaria Drug May Slow HIV Reproduction

By Merritt McKinney, *Reuters Health*, December 3, 2001

Research reported in the Nov. 23 issue of the journal *AIDS* indicates that the malaria drug chloroquine, a cheap and widely available drug, can slow HIV replication in the laboratory. According to lead author Dr. Andrea Savarino of the University of Turin, Italy, the drug still needs to be tested in animals and people but the odds are good that it can be used to treat HIV. "Chloroquine is a cheap drug that is endowed with broad-spectrum anti-HIV activity," Savarino told Reuters.

In laboratory tests, the authors of the study found that the drug worked well against HIV strains most common in the West, as well as against those that predominate in sub-Saharan Africa and other developing countries.

The mechanism for its efficacy, according to Savarino, is that the drug interferes with the formation of HIV proteins that are "the anchors that the virus uses in order to dock to and enter its target cells." Chloroquine targets different portions of HIV than currently used drugs and, used in combination with them, might make it possible "to target HIV at multiple steps of its life cycle," the researcher elaborated.

Chloroquine also accumulates in tissue and continues working after the person stops taking the drug. "Tissue accumulation of chloroquine would be an advantage in settings where outpatient counselling and follow-up is most difficult," Savarino said. It also seems to be effective against some AIDS-related infections.

"Obviously, the authors conclude, "clinical field trials are needed before conclusions can be drawn on the usefulness of the drug in the treatment of HIV infection in resource-poor countries."

## Brazil Breaks Drug Patent for HIV Patients

BRAZIL is to break a Swiss pharmaceutical company's international patent on an Aids drug and manufacture a generic copy of the medicine, the government said yesterday.

Brazil's Health Minister, Jose Serra, said Roche's patent on Nelfinavir, one of 12 drugs used in a cocktail to delay the onset of Aids in HIV-positive patients, would be ignored on the grounds of cost.

Mr Serra said: "The prices [charged by Roche] are abusive. This is an emergency. We are not waiting any longer, we are going to start producing our own."

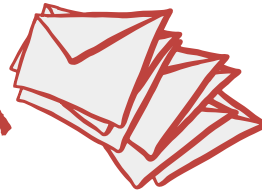
The government said it spent £60 million a year on Nelfinavir - one quarter of its entire Aids drug budget - and had asked Roche to cut its prices by around half. However, the company had refused, Mr Serra said. The Brazilian government invoked a 1997 law that allows it to break patents in "the public interest or national emergency".

By Andrew Downie, *Daily Telegraph (UK)*, August 24, 2001

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[www.aegis.com/news/](http://www.aegis.com/news/)



# Dear PASA



**Greetings** from Tuvalu. We are very interested in the latest issue of *PASA* covering the UNGASS meeting in New York. I am grateful for the wide coverage of activities that took place in Tuvalu this year. We will certainly try to chip in in the next issue. We would appreciate receiving more copies of this particular issue. The whole Ministry of Health and our partner NGOs are dying to get copies. Congratulations for the good work in *PASA*.

*Dr Stephen Homasi, Coordinator, Tuvalu National AIDS Committee, Director of Public Health, Tuvalu.*

**I am writing** to let you know that I have been reading your *Pacific AIDS alert bulletin* thanks to a friend who was very kind in lending me his. Next year I am moving to a new location and would be happy if you could put my name on your mailing list. I personally have used the magazine in my work as a teacher in teaching my year 11 students. The stories of those who come out to share their stories of HIV/AIDS are always a wonderful motivation for my lessons on Value Education. I personally appreciate very much the effort that you put into the outcome of the magazine. Well done. I look forward to the next issue.

*Tony J. Malamo, Kiunga, WHP, Papua New Guinea.*

**I'm a male** student doing Grade 12 and am also a youth leader for the home Catholic parish. It is a great worry that the people of Tari, in the Southern Highlands, are severely affected by this catastrophe, HIV/AIDS. It is currently spreading like bushfire.

I previously taught young people in our parish with the support of a local doctor, but that was not very effective due to a lack of proper material to support our campaign. Hence, I wish to request your department to supply the following resources (...).

Your assistance will surely save the next generation in Tari.

*James Henewa Bari, Tari Secondary School, c/- Catholic Mission, Mendi, SHP, Papua New Guinea.*

**Just a note** to say that we really appreciated receiving your latest bulletin, and that the coverage is excellent and informative and very useful for activists using our Centre's library. Content is good, as well as details of conferences, dates, contact details etc.

*Toni Smith, Librarian, United Nations Information Centre, Sydney, Australia.*

**As a nurse** midwife currently working with Family Health Services, I am working with a group of nurses. We conduct a monthly clinic in villages and communities, staying overnight and sometimes a week or two. We lack resource materials and decided to write to you. Yours in health.

*Sr Elizabeth Ndrasal, Family Health Clinic, Lorengau, Manua Province.*

**I am a former** volunteer with the National Volunteer Service. I am now working as a community-based rehabilitation officer. For the past 5 years I have been working with the PNG AIDS Federation. I have attended several training workshops in carrying out HIV/AIDS awareness programmes. I would like to be added to the mailing list as I'd very much like to know what's happening in the region, to give me some bright ideas on what other Pacific countries are doing to combat this deadly disease. I would also like to share ideas with them.

*Ben Withan, Creative Self-Help Centre, Madang, Papua New Guinea*

**Thanks** for the information you sent me. As you suggested, I also wrote to the National AIDS Council. I'm now starting a theatre group and we are already going from village to village and town to town performing dramas about HIV/AIDS and STDs.

I'd now like to request the following resources (...)

*Alphonse Waninumbo, Wewak, East Sepik Province, Papua New Guinea.*

**I recently** picked up a copy of *Pacific AIDS alert* with a survey form inside from my box, dropped in by someone unknown. There are many interesting things, which make me realise how AIDS is tearing down the precious lives of our people. We are an NGO run by the Church of Nazarene. One of our important roles under Primary Health Care is awareness on HIV/AIDS.

We have a team which goes out to all areas conducting training and awareness through church and youth groups and on big occasions. A very special word of appreciation for the funding from AusAID through our Provincial AIDS Council for assisting us in awareness efforts with our target groups.

We look forward to more information on HIV/AIDS from *Pacific AIDS alert*. We would also like copies of your videos and other publications. Thank you for producing such an interesting bulletin

*Gabriel Mahisu, Director Primary Health Services, Nazarene Health Ministries, Mt Hagen, Western Highlands province, Papua New Guinea.*

**We are doing** a lot to help our people, even in the schools.

Here AIDS victims are not cared for and are left alone without food by families. Due to starvation and worries some are dying before their time. We are conducting some training programmes for HIV/AIDS counsellors in November. Thank you for all the information and the bulletin which you send me regularly.

*Sister Ancilla, Catholic Family Life Apostolate, Kundiawa, Simbu Province, Papua New Guinea.*

**Thank you** so much for sending me the latest *Pacific AIDS alert bulletin*. I find the bulletin interesting and hope that applies to the rest of Pacific readers.

It seems that I'm the only one receiving the bulletin here and therefore I try to spread the news. Please supply me with four copies in future.

Finally could you send the 2002 magazines to me in advance so we interested applicants can apply for forthcoming conferences as well? Also I don't have access to the web so I'd be grateful if you could send me the Pacific UNGASS speeches.

*Jim Wamdi, Chairman, Jiwaka Community Development Association, Minj, WHP, Papua New Guinea*

**I have been** on sick leave. What a surprise I had on returning to work to find 3 parcels from you in my pigeon hole, containing videos, pamphlets, booklets and posters.

Thank you very much indeed for answering my request. The tapes are now being viewed regularly, especially when I have visitors in my house. The message is going out gradually. This is evident from people coming to ask me questions. The tapes are very useful and I am also enjoying the privilege of answering their questions on HIV/AIDS.

Thank you again and may God bless us all in our endeavour.  
*Martha Purai, Director of Nursing, Lorengau Public Hospital,  
Lorengau, Manus Province, Papua New Guinea.*

**Bula vinaka!** We are already planning for our World AIDS Day activities. Our focus will be on issues addressing discrimination towards PLWHA. I would like to request copies of *Caring for people with AIDS a community resource*, and a supply of condoms. Could you also put me on your mailing list for 10 copies of *PASA*?  
*Temo Sasau, National Youth Coordinator, Fiji Red Cross,  
Suva, Fiji Islands.*

**I am a community** health worker at the STD Clinic here in Port Moresby and am privileged to read *Pacific AIDS alert* that my husband, who is a HIV/AIDS counsellor, receives from you.

I want to thank you for featuring affected people such as Maire Bopp Dupont, and from my own country, Joseph Berem. Your bulletins are very useful to me in my work.

Keep up the good work.

*Mrs Mendie Po'o, STD Clinic, Port Moresby General  
Hospital, Boroko, NCD, Papua New Guinea.*



Above: An advertisement published in the New York Times in June 2001, promoting the **FREE** distribution of drugs in the fight against AIDS in Brazil.

Perhaps it is about time nations around the world followed this fine example and helped everyone suffering from HIV/AIDS lead as normal a life as possible.

## CONFERENCES

### Forthcoming Conferences

XIV International AIDS Conference, Barcelona, Spain, July 7-12, 2002.

The conference theme is "Knowledge and Commitment for Action", reflecting a focus on translating the knowledge gained from science and experience from all nations, particularly the most affected areas of the world: sub-Saharan Africa, South and Southeast Asia, Eastern Europe and Latin America, into action at all levels

We regret that we will not be able to assist with funding for this conference but will definitely keep our ears and eyes open for any opportunities. Scholarship queries can be emailed to [scholarships@aids2002.com](mailto:scholarships@aids2002.com)

You can get more details or download the registration forms from the conference web site at [www.aids2002.com](http://www.aids2002.com)

Or contact the Barcelona Secretariat on tel.: (34) 93 254 0555, fax: (34) 93 254 0575.

# Resources

## Global AIDSLink

*Published by Global Health Council (U.S.)*

An attractive new look and extra large format for the Global Health Council's quarterly AIDS magazine. The emphasis is on news and opinions, with just a few longer articles in each issue. Also includes a resources page, conference diary and 'positive voice' page. We really like this one.

Annual subscription costs US\$20 in developing countries but if you can't pay, just tell them and they should supply it free of charge.

Contact: *Global AIDSLink Subscriptions, Global Health Council, PO Box 9671, Manchester, NH 0318-9671, USA. Fax: (1) 802 649 1396, E-mail: [aids@globalhealth.org](mailto:aids@globalhealth.org) Website: [www.globalhealth.org](http://www.globalhealth.org)*



## Impact on HIV

*Published by Family Health International (U.S.) two per year*

Features mainly FHI IMPACT programmes, but this doesn't detract from its usefulness. It also has a very useful resources page.

A subscription is FREE on request from *Family Health International, IMPACT Project, 2101 Wilson Boulevard, Suite 700, Arlington, VA 22201, USA. Fax: (1) 703 516 9779.*

*E-mail: [publications@fhi.org](mailto:publications@fhi.org) You can also order the magazine or download articles from its Website: [www.fhi.org](http://www.fhi.org)*



## The Ecumenical Response to HIV/AIDS in Africa

Global consultation on the ecumenical response to the challenge of HIV/AIDS in Africa, Nairobi, Kenya 25-28 November, 2001.

This document was recently elaborated during a work shop in Nairobi. It can be used by all churches wanting to work in the field of HIV/AIDS, on all continents. The document clearly condemns stigma and discrimination of People living with HIV/AIDS, which is essential as their involvement in all work related to HIV/AIDS is crucial.

*For copies write to SPC HIV/AIDS and STD Project.*

## Planning for Action - A guide to HIV/AIDS/STI Strategic Planning for Pacific Island Countries and Territories

*Published by the Macfarlane Burnet Centre for Medical Research and the Secretariat of the Pacific Community.*

This manual offers guidelines to developing successful programmes to manage and control HIV/AIDS and STIs. However, this strategic planning process can be applied to any issue where changing situations and conditions have to be considered for the planning of activities. The guide is divided into four sections. The first gives an overview of HIV, the strategic planning process and skills used in the process. This is followed by an analysis of the current situation and information

on how to build the foundations of a strategic plan. The next chapter explains how to create goals, strategies and activities. And finally, the guide outlines how to implement, monitor and sustain the plan. Hints for social research methods are included as an appendix. A variety of organisations including government ministries, NGOs, unions, community based organisations and churches, will find this an extremely useful resource.

For copies contact:

SPC, HIV/AIDS and STD Project, BP D5, Noumea cedex, 98848, New Caledonia. Fax: (687) 26 38 18

Email: [spc@spc.int](mailto:spc@spc.int)



## Snippets

*Wedding bells rang in August for SPC HIV/AIDS and STD project assistant Catherine Sipa who married Pierre Ita, an employee of Air Caledonie, New Caledonia's domestic airline. The reception was held at a romantic beach-front hotel in Noumea.*

*Photo by Lisa Williams*



*Wedding bells also rang for editor Tione Chinula late last year. We sneaked in this photo of her Noumea wedding celebration (the first was in Malawi) when she wasn't looking. That's her husband Vincent Talbot at far left.*

## PASA Readers' Survey

A big thank you for the constructive feedback from everyone who took the time to answer the survey sent out with the last edition of PASA. Replies came from teachers, academics, students, health professionals, government departments, religious workers, NGOs, community radio stations and individuals. People wrote in from around the Pacific, the Philippines and the USA. Responses indicated readers were generally satisfied with the magazine.

The majority of readers (60%) wanted four editions a year and the remainder were split between three and two editions. Most readers found the style of articles easily comprehensible although an interesting comment was made on some articles being too technical while others were too simplistic. Overall, the response on the presentation was positive but some readers felt there should be more illustrations and colour.

The main suggestions on what readers would like more of included; more stories about the personal experiences of people living with HIV/AIDS, articles aimed at young people in the Pacific, information on developments in treatment and drugs, HIV/AIDS statistics for Pacific island countries, and developments in government policies and legislation relating to HIV/AIDS.



# Images from the 6<sup>th</sup> ICAAP



*This issue of Pacific AIDS alert was funded by AusAID and UNDP*