

# A Pacific perspective on HIV/AIDS: questions from 1990

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## Introduction

In this the Thirtieth Conference of the South Pacific Commission, AIDS and HIV infection have been given special significance. All of us have been made aware of how this insidious infection has taken an immense toll in the loss of lives as well as in the havoc it has caused in the economies of Third World countries and the damage it has wreaked on the pool of creative talents in the industrialised world.

The Pacific has not been spared. This illness's perfidious reach has not only come knocking at our doors but, as in the case of some of our Island countries, it has already gotten a foot inside the door. What are we to do? As members of the governing bodies of our countries, how are we to meet this, another major challenge confronting us? What should our role or roles be in this regard?

I would like to share with you some of my thoughts on this matter. In so doing, I do not mean to speak to you with the oratorical eloquence of a politician intent on getting you to think his way, nor do I aim to meander through bland pronouncements of facts and figures in an effort to convince you of the importance of what I have to say.

Rather, I would like to speak to you as Minister of Health of my country, Fiji, where HIV may not as yet have had one foot inside the door but where it certainly has forced its fingers through a fissure, a crack we are trying our best to plug; and in my capacity as Chairman of the National Advisory Committee on AIDS being personally involved in many of its aspects. Beyond that, and perhaps more than

that, I would like to speak to you as a physician - a profession I practised for many years before being involved in the broader health concerns of my country. In this dual role, I have had the opportunity to observe first-hand as well as anecdotally the diverse impact that AIDS can result in. I have been profoundly affected by my experiences.

I can well imagine the helplessness of the African physician confronting the silent, uncomprehending faces of children, made orphans by this devastating condition. I can conceive of the bewildered state of a parent trying to find justification for the loss of an offspring in the prime of his or her productive life. I can conjure up the image of myself attempting to counsel a friend or partner of one who has been a casualty of this illness, and who perhaps is awaiting his or her turn as the next fatality. In other words, I want to speak to you not only as a public official with the responsibility for the cost-effective promotion and safeguarding of

the health of my country but also as one who is deeply concerned about the often ignored dimension of human suffering and loss that invariably accompanies any major illness. To assess this problem, to understand its complexity without losing sight of the humane and the human perspective, I

believe, therefore, is the first challenge.

## The HIV/AIDS challenges

Contemplating the word, challenge, one aspect of it comes to mind, and that is, it implies choice. The choice to take it up or the choice not to. Clearly, all countries in the Pacific have chosen the former. However, in making this choice, we need to determine the degree of commitment that we have made. Perhaps we should ask ourselves whether we have sanctioned this choice with our political will or have we merely been providing lip-service? Do our efforts mirror our concern? And is our concern of a magnitude that it is mandated as part of our national policy? Or are we going through the motions of carrying out AIDS prevention and control programmes without any particular motivation and we are only doing so because we feel coerced by inter-governmental and non-governmental organisations,

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because not to do so might jeopardise existing assistance programmes? These questions bear some reflection. We need to analyse our motives. We must deliberate and ascertain our commitments.

The World Health Organization (WHO) has led the global effort, in developing country- and area-specific strategies, for the purpose of achieving results that will not only benefit the country or area concerned, but that will also have impact world-wide. Along with such organisations as the South Pacific Commission (SPC) and Unesco, they have provided resources and expertise to Pacific countries so that each country can come up with its own plans tailored to its needs, to do battle against this seemingly new scourge. Much effort has gone into developing short- and medium-term plans for the control and prevention of AIDS. Co-operation is provided in attempting to determine the magnitude of the epidemic and projecting its future trend in each of our countries. Provisions for HIV testing have been made essential requirements. Hospital laboratories have been furnished with equipment, supplies and training of personnel, to ensure that only blood free from HIV is transfused. Prevention strategies are identified and ways and means to facilitate their implementation have been recommended. The introduction of curriculum material for use in our schools, so that our school children will have a better understanding of their own sexuality, and the problems that can arise from the lack of this knowledge, has been made an integral part. And finally, programmes have been equipped with devices for monitoring and evaluation so that they can better respond to changing needs. These are but some of the collaborative activities undertaken by these organisations with our countries.

How do we implement these plans that so much effort and resources have gone into? Where is our commitment? Are we providing the necessary infrastructure so that these activities can be carried out properly? Have we furnished the personnel resources so programmes can run smoothly? Have we given AIDS the priority it deserves, as available data and information behave us to do? Have we given it the political backing it requires, so that there is no mistaking that our governments are serious in their efforts to counter the spread of this epidemic? Are we putting our fair share into the efforts to achieve a common world-wide goal? Can we say yes to all of these or are we forced to hide our inaction behind the often-used excuse that we have so many problems and so many other priorities? AIDS will have to stand in line and wait its turn.

These organisations supported by us, as member nations, can only function optimally as our collaborators for our own benefit, if we are able to provide them with the proper infrastructure, adequate personnel resources, and most important of all, the political backing required. Are we going to do this now, now that we have the advantage of time? Time that Africa, Europe and the Americas did not have. Or

do we wait until we have our first orphans? Can we then afford to look at them and say, 'I'm sorry child, I didn't know. We had no warning'.

This then is our greater challenge. We must furnish the political will, the backing coming from the top. Our providers involved in prevention and control programmes must know that we are as concerned, if not more so, than they are, for the success of the programmes. The public must be made aware that policies for the control and prevention of HIV and AIDS are determined with the support of the highest echelons of government. They must be assured that implementation of activities is based on policy and that policy is based on need.

And as we perform the various tasks required of us in dealing with this challenge, we must be seen by our constituents to be doing so. Our visibility is important. It confirms how committed we are. Our commitment will measure whatever success we can expect in containing this epidemic.

HIV and AIDS are amongst us. We do not have conventional weapons to combat this condition. However, we do have a powerful weapon at our disposal - education. In putting that weapon to use, I daresay, much argument can be engendered. To educate, one must communicate. In many of our societies, impermeable walls have been erected rendering communication impotent. I am here talking about cultural barriers - barriers that do not make it easy for us to discuss certain subject matters. Matters such as sex, which is a taboo. We not only have cultural barriers but in many instances we have religious ones as well. The result is that essential information to protect our youth is thwarted from reaching its target. How can we get the message across to our young people if our tongues are literally tied?

How do we meet this challenge politically? It is not an easy task. The culture of a people guarantees its survival as a distinct entity. However, a culture is not destroyed if it is modified. In fact in times of major upheavals culture must be modified to ensure its survival and that of its subscribers. I submit to you that we are in the prodrome of a major upheaval. The change required will not in any way render us indistinct from each other. Not to change, however, very seriously entertains the possibility that we may not endure as peoples, with or without distinct cultures.

We must confront reality. Our young people are very sexually active. We do not have the expertise nor the resources to make them less so. Let us not continue with the delusion that since it is not talked about, it does not happen. Along with our sermons and our moral preachings, let us be cognizant of the dangers of ignorance. Let us provide the understanding and the means so that while our youth are going through the difficult demands of their sexuality, illness and death are not added burdens they have

to contend with. There are easily learned skills and ways to modify their behaviour that can offer a safe and responsible lifestyle. But to do this, we must be able to communicate with our youth properly. We must tear down the impermeable walls that bar our getting through to our young people. We must allow the freer flow of information, even if this is by means of sexually explicit language. If we can get the message through to our young people, then perhaps we may avoid the spectre of the bewildered parent, asking why we have allowed our young people to die when it could have been prevented by simply communicating with them in a frank and honest way.

We have to provide the leadership. We must make it known to our community and religious leaders that our concern for our people must not only be for the hereafter but also for the here and now. The change is necessary. We must accept it. Let us then go on with the task of putting the message across.

The last challenge I propose to speak to you about is no less significant than the others. As a matter of fact, its importance warranted deliberation at a session of the World Health Assembly in May 1988. I was present at that session representing my country. During that session a resolution was unanimously passed. That resolution is Resolution WHA 41.24, and provides for the non-discrimination of individuals and groups that are affected directly or indirectly by HIV and AIDS. I voted for that resolution then, and I once more confirm my belief in its provision. In brief, the resolution, 'urges Member States to protect the human rights and dignity of HIV-infected people and people with AIDS, and members of population groups, and to avoid discriminatory action against and stigmatisation of them in the provision of services, employment and travel'.

With nearly a decade of scientific progress and public health experience in preventing HIV infection, it has clearly been shown that policies or laws that discriminate against HIV-infected people and people with AIDS are not useful. They are potentially wasteful of scarce resources and are likely to be counter-productive. In the light of this information and experience with the Global AIDS Strategy, the WHO has suggested that Member States should review their national HIV/AIDS-related policies and laws to consider whether they adequately respond to resolutions of the World Health Assembly, in particular Resolution WHA 41.24, with a view to repealing those that may give rise to discrimination against HIV-infected people, people with AIDS or members of population groups.

We, in this part of the world can do no less. Our tradition of compassion, our strong Christian religious background, and our standing as civilised societies in the community of nations behove us to subscribe to this most humane and human policy. Chance and circumstance have given us the priceless gift of time. Pursuing a policy of non-discrimina-

tion towards HIV-infected people, people with AIDS and members of population groups is essential to the procurement of accurate information on HIV and AIDS and is helpful in providing guidance on its prevention and control.

Let us therefore not squander our advantage by advocating counter-productive laws and policies. Let us instead be examples to the world of what a benevolent society can be. Let us show the world that we care. And that despite the distinctness of our cultures, the differences in our speech and the variations in our colour, we are all one. Whatever harm is inflicted on one of us, it is inflicted on all of us. And whatever kindness is directed to one of us, it is directed to all of us.

## Conclusion

I have offered you several challenges. How should we meet them? What is the role that we should play? We all come from different branches of government, and why should any of us not involved directly in health have anything to do with this? Well, I will tell you why. We all know AIDS is not just a health problem. It is an economic, a social and a political problem. To counter its advances requires a broad-based multi-sectoral approach. Every branch of the government must be involved. Every sector has something to contribute.

We, who are in the higher levels of government, have varying degrees of influence in the determination of policy of our respective countries. Let us put that influence to good use. Let us be lobbyists for HIV and AIDS prevention. That is our first role.

Next, because of the complexity of this problem, we all, in one way or another, will invariably be involved in the implementation of HIV and AIDS preventive and control strategies. Let us do so with the full commitment of our offices, following principles of humane conduct and guided by policies subscribed to by the community of nations.

Finally, as we have been blessed with the gift of time, and availing ourselves of our rich hoard of customs and traditions, let us demonstrate our leadership, by example to the world of how we provide care to those directly or indirectly affected by this condition - caring that is free from discrimination but full of understanding, compassion and love.

## References

References available from the author on request. □