



**Pacific:
Children and HIV/AIDS**

A call to action

**UNITE FOR CHILDREN
UNITE AGAINST AIDS**



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A young girl from Papua New Guinea

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Children play on a beach in Papua New Guinea's capital, Port Moresby.

Foreword

HIV and AIDS have left virtually no country, rich or poor, untouched. The Pacific island countries are no exception. Fed by rapid economic and social changes, conditions have become increasingly conducive to the spread of HIV. Leaders are beginning to match words with action, and progress on prevention, testing and counselling has been made, but much more needs to be done. Children are the missing face of AIDS, and failure to take account of their critical needs for prevention, protection, treatment and care will acutely undermine the region's chance of achieving other development objectives, including the Millennium Development Goals.

HIV and AIDS are redefining the very meaning of childhood, depriving children and young people of the care, love and protection of their parents, of education and options for the future, and of protection against exploitation and abuse. All too often, children affected by HIV and AIDS are stigmatized and discriminated against or slip through social welfare systems, and those children who are already infected are missing out on vital treatment and medical care.

The Global Campaign on Children and AIDS seeks to confront these challenges and renew the drive to meet targets set at the UN General Assembly Special Session on HIV and AIDS in 2001 and the UN Special Session on Children in 2002. Through leveraging resources and creating a wide-ranging alliance with governments, international and national partners and civil society, the Global Campaign will place children at the heart of the Pacific's HIV and AIDS response. The Campaign will also contribute significantly towards the scale-up of responses to HIV and AIDS.

The Pacific island countries face some unique challenges and opportunities. A culturally and geographically diverse region of more than 1,500 islands, its isolation and remoteness have tended to perpetrate romantic myths even as closer links are forged with the outside world. Development is helping to conquer distance but has also presented challenges as populations become increasingly mobile and exposed to both positive and negative external influences. However, the Pacific region is currently in the advantageous position of being able to learn from 25 years of global experience in the fight against AIDS.

It is fitting that the theme of World AIDS Day in 2005 was "Stop AIDS: Keep the Promise", a reminder of the unfulfilled pledges we have made to children. With the Global Campaign on Children and AIDS, we have a chance to renew those pledges and meet our commitments to children and young people.



Anupama Rao Singh
Regional Director
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My parents died and so did my two brothers. I do not know the causes of their deaths, but I have no immediate family left alive. I usually take care of myself, but people from the same ethnic group also take care of me. This is a way of life for me. There are times when we really have to help each other, but most times, it's survival of the fittest.

Nine-year-old boy from Goilala District, Papua New Guinea

Chapter 1:

Introduction

Every day, thousands of children in the Pacific encounter numerous threats to their security and well-being: poverty, hunger, labour, sexual abuse, social instability and political upheaval. Today, they face an additional threat that not only menaces their lives, but could also unravel their countries' development gains of the past 30 years and ultimately, wipe out the Pacific's unique blend of different ethnicities and cultures: AIDS.

In order to fully understand the Pacific's vulnerabilities and challenges, it is essential to appreciate the region's diversity and geographic position. The Pacific comprises 22 countries; the largest being Papua New Guinea, with a population of 5.6 million. The other countries and territories have a combined population of 2 million people living on more than 1,500 islands, spread over a geographical area larger than China. The countries are divided into three geographically and culturally different sub-regions: Melanesia, Polynesia and Micronesia. These sub-regions contain a multitude of societies, cultures and languages. Papua New Guinea alone has more than 800 languages and as many ethnic groups. Vanuatu, with a population of 215,800, has more than 100 languages.

Social and economic changes have already driven some of these unique cultures to the brink. Only a handful of AIDS cases could send some of the Pacific's tiny populations over the edge, and with them, whole cultures. That scenario is not a distant probability; it is already at hand.

HIV has gained a firm foothold in the Pacific over the past 20 years. Papua New Guinea is experiencing a generalized epidemic that experts warn will expand drastically if infections are not contained immediately. Of the 14 other Pacific island countries covered by UNICEF Pacific,¹ all but two have reported HIV cases – a testament to the global pandemic's enormous reach and unrelenting nature. The first case of HIV in the Pacific was detected in the Northern Mariana Islands in 1984. Prevalence in the region is still low, but HIV risk and vulnerability factors are already at play. Among those factors is the region's endemic poverty. Poverty at home means growing numbers of Pacific Islanders are on the move in search of employment – between the urban and rural areas in Papua New Guinea and between islands in Pacific archipelagic nations. Population mobility in turn heightens the risk of HIV infection by exposing previously isolated populations to the virus and by disrupting family and social networks. Population mobility also opens Pacific communities to global and regional influences, including risk behaviours such as substance abuse. Meanwhile, the generally low status of women and children in the Pacific leads to pervasive sexual violence and exploitation and contributes to high rates of sexually transmitted infections (STIs) – all factors that increase HIV vulnerability. Inadequate testing and counselling services are also sowing the ground for more HIV infections in the Pacific. Finally, many Pacific Islanders are reluctant to talk about HIV, AIDS or sex, perpetuating a silence that only results in more infections and deaths, and greater long-term damage to the region's economic and social fabric.

These factors place *all* Pacific Islanders at risk of HIV infection, but particularly children and young people. As with other parts of the world, young people in the Pacific – especially girls – are bearing the brunt of HIV. Reported HIV cases in Papua New Guinea show that girls aged 15 to 19 have four times the rate of infection compared to boys in the same age group.² Although data is sketchy for the other Pacific island countries, trends there indicate young people comprise the majority of cases. **In Fiji, about 53 per cent of reported HIV cases are among young people aged 15-29.** Children and young people in the Pacific are not just vulnerable to HIV infection; they are also becoming poorer, less educated,

less healthy and more vulnerable to abuse and exploitation because of the ripple effects of AIDS. In Papua New Guinea, which has fledgling data collection and surveillance systems, it is estimated that 779,000, or 37 per cent of the country's children, are at risk of being affected by HIV and AIDS.³ Again, there is little data and information on the number of children affected by HIV and AIDS elsewhere in the Pacific, but if prevalence is rising among young people, it is certain more and more children of future generations will lose one or both parents to the disease.

But the Pacific still has time to reverse these alarming trends, especially in low-prevalence countries. By scaling up prevention, treatment and care interventions and focusing them on children and young people, the Pacific island countries can defy dire predictions of escalating, uncontrolled epidemics. Not only do children and young people endure much of the pain and suffering HIV and AIDS inflict, they also offer up the best hope in combating the disease. Time and time again, children and young people have proven that they absorb prevention messages and skills quickly and effectively. The Pacific must also take up the critical task of protecting and caring for children already affected by HIV and AIDS in order to fulfil their basic human rights and to prevent widening social and economic disparities.

The Global Campaign on Children and AIDS provides the Pacific an opportunity to avert an AIDS crisis by making human and financial resources available, facilitating networks and partnerships, and drumming up the political and public will to tackle issues. As part of the campaign, UNICEF and its partners are forging an alliance to confront HIV in the Pacific by:

- **Preventing** new infections among children and young people;
- **Preventing** mother-to-child transmission of HIV;
- **Providing** paediatric treatment and care; and
- **Protecting** and supporting children affected by HIV and AIDS.

In the Pacific, the challenges to accomplishing these goals are great. But political, religious and civic leaders in the Pacific are grasping the immense threat AIDS poses to the survival of their people, cultures and societies. In order to guarantee that survival, the Pacific island countries must focus their efforts on the very embodiment of hopes for the future: their children and young people.



Samoan schoolchildren at play, Apia, Western Samoa

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An HIV/AIDS awareness billboard in Port Moresby, Papua New Guinea

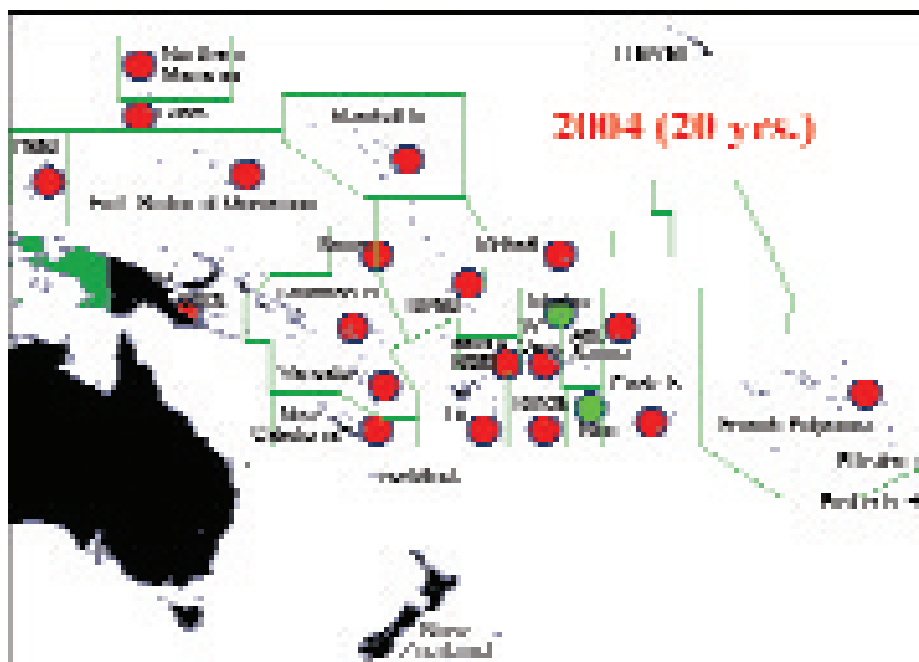
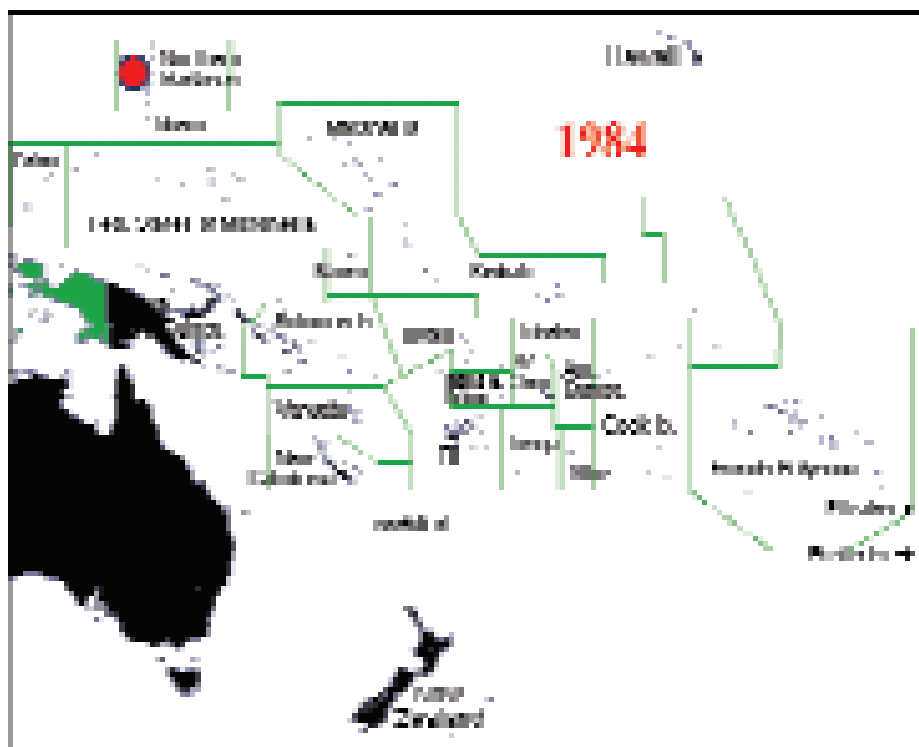
The epidemics in the Pacific

In 2002, Papua New Guinea became the fourth country in Asia and the Pacific to have a generalized HIV epidemic of more than one per cent of its population. However, the epidemic's consequences in Papua New Guinea could be more devastating because the country has a much smaller population than the three other Asia-Pacific countries that are experiencing generalized epidemics – Thailand, Myanmar and Cambodia.

Between 1987 to June 2004, more than 12,300 HIV cases have been officially reported in Papua New Guinea, with all 20 of the country's provinces recording infections. However, actual numbers are assumed to be much higher because of underdeveloped surveillance systems, limited access to voluntary counselling and testing, deep-rooted fear about HIV, and stigma and discrimination associated with the virus. All of these factors combined hamper people's willingness to undergo HIV testing. Papua New Guinea has put into place some monitoring systems, and a national consensus workshop in 2004 agreed that between 25,000 and 69,000 people are infected with HIV – about 0.9-1.5 per cent of the country's 2.8 million people between the ages of 14-49.⁴ Some experts say the number could be as high as 80,000, or two per cent of the population, when infections above and below the 14-49 age group are taken into account.⁵

Until data collection and monitoring systems as well as a culture of tolerance towards those infected with HIV are in place, exact numbers in Papua New Guinea will remain elusive. What is clear is that the country has not yet seen the worst. Existing data reveal the danger signs of an epidemic poised for an explosion. Infections are being passed through unprotected commercial, transactional and casual, multiple-partner sex, most of it heterosexual.⁶ The mixture is particularly potent. In countries where HIV epidemics centred first on sex workers and their clients, infections were concentrated within high-risk groups before they reached the general population; the combined prevalence of commercial, transactional and multiple-partner sex in Papua New Guinea meant the general population was exposed much more quickly. It also meant Papua New Guinea's epidemic was 'feminized' from the start; infections have been nearly equally split between men and women since the first reported cases in 1987.⁷ Moreover, there are indications that HIV infections are taking place through trans generational sex. Twice as many girls and women between the ages of 15-29 are getting infected than boys and men of the same age, but more men than women above the age of 30 are acquiring the virus. Unlike in other Asia-Pacific

HIV prevalence in Pacific Island countries: 1984-2000



- Reported instances of HIV/AIDS infection
- No reported instance of HIV/AIDS infection

countries, these gender and age imbalances are similar to the ones sub-Saharan Africa is witnessing.

All these factors create fertile ground for an exponential growth in HIV infections unless resolute, strong actions are undertaken. Some experts say Papua New Guinea will experience 50,000 adult deaths a year by 2010, which will increase to 98,000 adult deaths by 2020.⁸ Others predict more than 500,000 cases, or some 13 per cent of the adult population, by 2010.⁹

HIV incidence varies from country to country among 22 Pacific island countries. As of December 2004, there were 1,028 cases in the Pacific excluding Papua New Guinea. But, as with Papua New Guinea, cases in the other countries are likely vastly underreported because of weak surveillance systems, lack of access to voluntary counselling and testing, and persistent stigma and discrimination of people living with HIV. Moreover, low numbers still spell devastating consequences for these sparsely populated countries. A generalized epidemic in the Pacific excluding Papua New Guinea would only require 20,000 HIV cases – the equivalent of the entire population of Palau or the student population at the University of the South Pacific.



An AIDS awareness-raising session in Port Moresby

And the potential is there for expanding epidemics. There is evidence that most of the infections are happening through heterosexual sex. Many of the Pacific island countries also report high rates of STIs – a proxy to HIV infections. STIs increase the risk of HIV transmission by three to five times.¹⁰ In Vanuatu's capital, Port Vila, six per cent of pregnant women were infected with gonorrhoea, 13 per cent with syphilis and more than 20 per cent with chlamydia.¹¹ The numbers are even more startling in Samoa: 43 per cent of pregnant women in the Samoan capital Apia were found to have at least one STI.¹² The Pacific island countries are also grappling with many of the challenges associated with rises in HIV infections: high levels of poverty and population mobility accompanied by low levels of education, condom use and access to services. The maps below also show HIV's progress in the region, vividly illustrating how the virus ignores national and cultural boundaries as well as geographic distance and isolation.

While the HIV situation in the Pacific varies from country to country, these island nations do share several important similarities: Most communities in the Pacific would be socially and economically devastated if their epidemics become generalized. Because the virus strikes people at their prime, HIV has the potential to ravage the already fragile economies of the Pacific and seriously set back development gains if it is left unchecked. Scaled-up, aggressive interventions may seem costly at first, but they pale in comparison to the eventual economic toll of uncontained epidemics. The Centre for International Economics in Australia has predicted that by 2020, the workforce in Papua New Guinea will be reduced by about 34 per cent¹³ if the epidemic there is not effectively tackled. A report by the Asian Development Bank warns of devastating economic ramifications when high-risk populations such as seafarers – whose earnings comprise up to 25 per cent of the gross domestic product in Kiribati and Tuvalu – develop AIDS.¹⁴ The longer scaled-up responses are delayed, the greater the treatment, care and other related costs are down the road.

I am HIV-positive and was infected by my husband when I was still in school. Although both of my parents are alive, I will not be able to visit them. I was told to leave after completing Grade 10, because they knew I was HIV-positive. These days, when my family members see me, they pretend that they have never seen me before. I do miss my family home, but unfortunately, I can never visit them again because I am HIV-positive.

17-year-old girl from Gulf Province, Papua New Guinea

Chapter 2:

The Impact of HIV and AIDS on Children and Young People in the Pacific

Too little data and information has been gathered on the impact of HIV and AIDS on children and young people in the Pacific – an essential step in pinpointing the epidemics and tailoring responses. Only Papua New Guinea has obtained enough information to provide national estimates of the number of children infected or affected by HIV. Estimates reveal that around 11,000 children in the country are infected with HIV.¹⁵ Most of them acquired the virus through mother-to-child transmission, though there have been reported cases of children who became infected through sexual assault. More than 779,000 children, or 37 per cent of all children in Papua New Guinea, are estimated to be at risk of being affected by HIV and AIDS, including around 9,400 children who are believed to have lost one or both parents to the virus.¹⁶

By 2010, those numbers are projected to soar up to 982,000, or nearly half of all the country's children.¹⁷ Elsewhere in the Pacific, children and young people rarely appear in the scant data and information on HIV and AIDS.

This much can be surmised about the impact HIV and AIDS is having on the children and young people in the region. Every day in the Pacific, a child – most likely a girl – is being exposed to HIV through coercive or exploitative sex. Teenagers are experimenting with alcohol, cannabis and other substances, and thus, are more likely to practise unsafe sex – a risk aggravated by their limited access to condoms. Infected children are dying because of the lack of proper medical treatment. Some children are foregoing their educations, and indeed, their childhoods to tend to parents or relatives living with HIV. And when their parents or guardians die, many children are being forced into the streets to fend for themselves.

AIDS kills, harms and renders children vulnerable through many routes. Children from HIV-affected families face problems in finding adequate food, shelter and other material needs as money is being funnelled into paying for expensive medicines. When parents or other family members become sicker, children are pulled out of school to care for their ailing relatives or for younger siblings. Many are sent into the streets to beg or look for work: a situation that only heightens their exposure to HIV. Health care and other basic services are now beyond their reach. And when parents die, children often do not receive enough love, care and protection. They also risk possible neglect, loss of inheritance and homelessness – all factors that make them defenceless against exploitative labour and sexual exploitation, and in turn, HIV. Throughout all these stages, children experience emotional distress from having to watch their parents die, from being shunned by their communities and from enduring so much uncertainty and pain in their lives. Self-esteem and eventually hope are shattered.

This cycle of sickness, impoverishment and degradation has been witnessed throughout the world. In the Pacific, this cycle is already in motion; one study predicts more child-headed households in Papua New Guinea in the coming years – a sign of growing ranks of children orphaned by AIDS who are slipping through family safety nets and the social welfare system.¹⁸ Throughout the Pacific, children's vulnerability to HIV and its devastating effects are aggravated by these specific dynamics: the low status of women and children, accompanied by sexual and physical violence; poverty, the rise of commercial sex and increased population mobility; political and social upheaval and risk behaviours among adolescents; limited access to voluntary testing and counselling, and other health services; and stigma and discrimination associated with HIV and taboos that surround open discussion about sexuality. Again, it is important to emphasize the diversity and nuances found in the Pacific; while these factors exist throughout the region, their extent differs from country to country.

The Friends Foundation

As Papua New Guinea's AIDS epidemic has worsened over the last two years, Tessie Soi, a dedicated social worker at Port Moresby Hospital, has buried at least 80 children who have died from the disease. Before their untimely deaths, these children received support from a group that Tessie Soi has set up for HIV-positive parents and their offspring. Located in a narrow building next to the country's largest hospital, with 900 beds – many filled with people sick with AIDS – the Friends Foundation also provides support for pregnant women.

With limited resources and only five social workers, Port Moresby Hospital was not able to support the outreach services necessitated by the growing number of AIDS-related illness. In response, Tessie Soi decided to start an organization that could track HIV-positive mothers, especially those who tested positive when pregnant, and administer a prevention of mother-to-child transmission programme.

One of the children the Friends Foundation helps is Kerry (not her real name), a 9-year-old girl who is sick with AIDS. Kerry and her family have been in and out of hospital since she was born. Kerry's mother is also HIV-positive, and her two older sisters, who keep Kerry and her mother company at the hospital, depend on the support and friendship the Foundation provides. It is hoped that this model of care can be replicated at other hospitals around the country.



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Tessie Soi has provided invaluable support and friendship to many mothers, children and families affected by HIV/AIDS.

Violence and the low status of women and children

Across the Pacific, the status of women and children varies from island to island. But indicators in poverty, employment, education, literacy and representation in government throughout the region generally reveal inequalities between men and women. In some countries, gender disparities are particularly noticeable in education. According to the Asian Development Bank, the Solomon Islands and Vanuatu have significant gender gaps in adult literacy rates. While other Pacific island countries have successfully reduced gender disparities at least in primary schools, Papua New Guinea is still struggling to keep girls at all levels of education.¹⁹ Gender disparity can also be found in the political arena. In 2004, women held less than 10 per cent of parliamentary seats in many Pacific island countries.²⁰

A woman's low status sometimes translates into equally low status for her children, especially for her daughters. Viewed as their parents' property, many children in the region are shuttled from home to home as part of informal arrangements between relatives or friends to help each other with childcare or housework. A study conducted in 2005 showed that in Papua New Guinea, up to 25 per cent of children do not live with their biological parents and stay with extended family.²¹ Such practices, which are common elsewhere in the Pacific, are largely unregulated and unmonitored, opening up the possibility for abuse and exploitation – and thus, exposure to HIV. Unfortunately, children who suffer exploitation and abuse at the hands of their adoptive families are often beyond rescue because of traditional customs that stipulate that natural parents must compensate adoptive ones if they want their sons or daughters back.²² Village councils in Papua New Guinea, Vanuatu and the Solomon Islands often hear such compensation cases.²³

As a result of their low societal status, violence against women and children – especially girls – is a pervasive and enduring problem in some parts of the Pacific, and one that increases the possibility of HIV transmission. Between 827,000 to 1.3 million children in Papua New Guinea are believed to be living in violent households.²⁴ Violence means sexual assault for women and girls in some Pacific island countries. Nearly half of reported rape victims in Papua New Guinea were under the age of 15 while 13 per cent were under the age of seven, according to the World Health Organization (WHO).⁵ A recent WHO study on violence against women found that 46 per cent of women aged 15-49 in Samoa had experienced physical or sexual abuse by their partners.²⁶ The same study also showed that the majority of Samoan women believed a woman did not have the right to refuse sex to her husband if she did not want it, while 35 per cent of women who first had sex under the age of 15 said it was forced.²⁷ Indeed, earlier ages of sexual debut for girls recorded throughout the Pacific is often an indication of coerced or 'survival' sex.

When women and girls are not equals with men and boys in society, they become exposed to HIV through ways other than sexual violence. Early marriages for girls – a practice common in the Solomon Islands and Papua New Guinea²⁸ – increase HIV vulnerability because child brides are usually denied educations, are married off to older men who are more likely to abuse them, and are often part of polygamous unions.²⁹ Granted only limited access to basic services such as health and education, girls and young women do not possess the knowledge and skills that could protect them from HIV. Ninety-five percent of girls and young women in Papua New Guinea do not have access to correct information on reproductive health.³⁰ Even if they knew how to negotiate condom use, girls and young women in Papua New Guinea and elsewhere in the Pacific still confront the threat of sexual violence because of their subordinate status. Limited job opportunities force some to turn to sex work to survive. Throughout the Pacific, the lack of employment for women renders them economically dependent on their husbands, making them fearful of abandonment even when their partners abuse them. General cultural acceptance in the Pacific that men can have multiple partners puts their wives and children at high risk of HIV. In cases of serious gender discrimination, women and girls are blamed for transmitting HIV or face violence if they seek voluntary counselling and testing, creating an atmosphere that discourages all people from discovering their sero-status.³¹

And when women and girls become infected, their babies are more susceptible to HIV, especially in countries where programmes to prevent mother-to-child transmission have not been implemented.

Examples throughout the world have shown that teaching boys and men about sexual responsibility and gender equality can help reduce HIV rates. In Thailand and Cambodia, for instance, HIV awareness campaigns effectively drove home safer sex messages to young men and teenage boys. These programmes were later linked with a significant reduction in the number of visits to sex workers and an increase in condom use.³² Despite evidence of their effectiveness in curbing HIV infections, such programmes have yet to be implemented in many Pacific island countries.

Reducing gender disparities, gender-based violence, and in turn, HIV vulnerability requires the participation of *both* genders, and Pacific HIV and AIDS responses need to harness the potential of men and boys in order to ensure long-term success.



A peer educator discusses AIDS prevention measures in Papua New Guinea

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Children participate in a traditional drama performance at a child-care centre in Papua New Guinea for children who have lost their parents to AIDS.

Poverty, the rise of commercial sex and population mobility

Poverty fuels HIV epidemics, and unfortunately, it is an entrenched problem in the Pacific. Poverty heightens HIV vulnerability because it denies children and young people access to education and health services, and thus vital AIDS information. Poverty also sends boys as well as girls into the streets to beg. Because of poverty, many Pacific island countries are also seeing an increase in commercial and transactional sex – major routes for HIV infections. As mentioned, gender disparities are partly to blame for the trend. Given their scarce job prospects, a small sample in Papua New Guinea shows that two in three women aged 15 to 24 accept cash or gifts in exchange for sex.³³ But poverty is undeniably the catalyst for the spread of commercial and transactional sex in the Pacific. Young people in Papua New Guinea increasingly view sex as a commodity that can be traded.³⁴ Social attitudes towards sex for sale, including the commercial sexual exploitation of children, are also changing in other Pacific island countries as deeply impoverished families become more dependent on the earnings of sex workers.³⁵ As a result, transactional sex is cited as a major source of HIV vulnerability in Palau, the Marshall Islands, the Federated States of Micronesia, the Solomon Islands, Vanuatu, Fiji and Kiribati.³⁶

While poverty is forcing more young people into sex work, demand among adult men in the Pacific is rising. Outlets for commercial sex tend to proliferate around economic ‘hot-spots’ – logging sites, palm oil plantations, mines, fish factories and urban commercial centres – where men are flush with disposable cash and spending it on alcohol and sex with young people and children.³⁷ Because of the rising demand, foreign sex workers are being trafficked into Papua New Guinea, Fiji and Palau.

All these dynamics provide ample opportunities for HIV infections among ever-increasing numbers of adults and children. Sex work was initially the main route of transmission in many East Asian countries. But in the Pacific, there is one more factor that quickens the pace of HIV transmission – population mobility. Elsewhere in the world, mobile populations such as truck drivers and construction workers introduce the virus to previously untouched communities. Given the geographic complexity and sheer dispersion of the Pacific island countries, mobility is a fact of life for many people: seafarers, professionals, army and police recruits, students, businesspeople, athletes and humanitarian workers. All have the potential to become infected with HIV, and to bring it home to their communities, their families and their children.

Social upheaval and risk behaviours among young people

Over the past 20 years, the Pacific has undergone radical social transformations as contact with and influences from the outside world increased; urbanization and the growing dominance of cash-based economies are two major manifestations of those changes. Too little attention, however, has been paid to how development and modernization are altering the fabric of social relations, local communities, clans and families. As seen in many other parts of the developing world, social and economic transformation in the Pacific has been accompanied by a breakdown of traditional modes of social control, a consequence most acutely felt and displayed by adolescents.

Adolescents in the Pacific are no different from their counterparts worldwide. They are curious about life and sex. They are also wide open to outside influences and naturally drawn to popular culture, often questioning or discarding old social mores and replacing them with new ones acquired through the media and popular entertainment. As a result, adolescents in the Pacific are having their first sexual encounters at younger ages. By itself, this trend – witnessed worldwide – should not cause alarm. But many Pacific island countries are also recording alarming increases in STIs among young people and unwanted teenage pregnancies – signs of unprotected sex and shortfalls in basic sex education and reproductive healthcare. One Vanuatu newspaper report in 2004 noted that 80 per cent of teenage girls on one island had become pregnant.³⁸ Elsewhere in the Pacific, young people are having unprotected sex with multiple partners. The Suva STI Clinic in the Fijian capital has reported that more than 70 per cent of its STI cases were young people between the ages of 15-25 – 90 per cent of whom said they had had more than one sexual partner.³⁹

Discouraged by the toil of rural life, growing ranks of young Pacific Islanders are lured by the deceptive glamour of urban centres. Once there, however, they are confronted with the harsh reality of high unemployment and crowded slums. Bored, alienated and pessimistic about the future, more Pacific adolescents are turning to alcohol and cannabis for solace – risk behaviours that often precede unsafe sex. In Kiribati, traditional forms of entertainment such as singing and dancing are giving way to nightclubs, bars and other venues that sell alcohol and thus, fuel risky sex.

Limited access to voluntary counselling and testing for HIV, and other health services

More than 20 years into the global HIV pandemic, the world has learned one of the surest ways of controlling the transmission of the virus is encouraging people to find out their HIV status, and then providing counselling and healthcare for those who do test positive. For future generations of children, it is vital that pregnant mothers and their partners are routinely offered voluntary counselling and testing (VCT) for HIV because mother-to-child transmission can be safely and effectively prevented in the majority of cases. Wide VCT coverage also eventually helps break down the stigma and discrimination surrounding HIV. Successful HIV responses also need to incorporate aggressive prevention campaigns – including the promotion of male and female condoms – that are implemented on a large enough scale to make a difference in the epidemic's course.

HIV testing and counselling services are becoming increasingly available in the Pacific, but only Papua New Guinea and Fiji have set up facilities devoted to VCT for HIV. But those VCT sites are mostly concentrated in large towns and therefore, rural residents are unable to access them. Moreover, instituting a culture of confidentiality among health workers at these centres – a key component in persuading people to get tested – has proven difficult, especially in the Pacific's many small communities where everybody knows each other. Stigma, discrimination and low levels of education also conspire to prevent people from seeking testing even when services are available. Less than 10 per cent of HIV-infected people in Papua New Guinea know their sero-status.⁴⁰ Meanwhile, in other Pacific island countries, AIDS cases are often only identified when people seek treatment for opportunistic infections,⁴¹ which usually signals late stages of the disease. In some countries, only mothers receiving antenatal care and blood donors are tested. Because of the lack of testing facilities, many Pacific island countries need to send blood samples for confirmation to Australia, New Zealand, Guam or Hawaii,⁴² producing waiting times of up to three months for test results.⁴³

Additionally, the great distances between the Pacific island countries and rough terrain in some areas

present a huge logistics hurdle to ensuring adequate health care to residents in remote areas, let alone VCT services. From the Cook Islands' capital of Rarotonga, it is cheaper to travel to New Zealand than it is to the northern Cook Islands.⁴⁴ Kiribati's outer islands from east to west cover a distance that is equivalent to the size of America, coast-to-coast.

Other missing components in many Pacific health systems also heighten children and young people's vulnerability to HIV. Apart from Papua New Guinea, only Fiji has integrated prevention of mother-to-child transmission programming into antenatal care services, which is currently available just in the capital.⁴⁵ Access to life-prolonging antiretroviral treatment for people living with HIV is limited throughout the Pacific. For infected children, it is almost non-existent; in Papua New Guinea, only 10 children were receiving antiretroviral treatment when this report was written.⁴⁶ And many young people in the Pacific speak of their reluctance to seek health services because of hostile or patronizing attitudes among doctors and nurses.⁴⁷

As mentioned previously, the high levels of STIs in the Pacific, especially among young people, are a major cause of HIV vulnerability. In 2000, 21-30 per cent of pregnant women seeking antenatal care in Fiji, Samoa and Vanuatu had chlamydia and trichomonas.⁴⁸ A 2003 study of seafarers in Kiribati showed more than nine per cent had chlamydia.⁴⁹ These rates point to the urgent need for health professionals in the Pacific to diagnose and treat STIs early, before they become conduits for HIV infections. The high STI rates also reflect another major health issue in the Pacific: generally low condom availability and use, especially among high-risk populations and young people.

Stigma, discrimination and taboo

Stigma and discrimination make children and young people vulnerable to HIV by discouraging testing, by instilling enough fear into parents that they abandon children believed to be HIV positive, by driving boys and girls out of schools, by making them targets of hatred and exploitation, and by many, many other ways. Taboos leave children and adolescents in the dark about sexuality, depriving them of information that could protect them from sexual exploitation and unsafe sex. Cultural squeamishness about sex also limits young people's access to condoms.

As with other parts of the world, stigma, discrimination and taboos have worsened HIV epidemics in the Pacific by obstructing prevention, treatment and care programmes, and thus, have placed children and young people more at risk.

Because of stigma and discrimination, HIV is shrouded in shame and secrecy in the Pacific. Meanwhile, in some countries, taboos surrounding sexuality are so strong that teenage pregnancies and other sexual transgressions incur severe punishment – a consequence that discourages teenagers from seeking guidance and from buying condoms. Low levels of education are partly to blame for this



Solomon boys, Honiara, Solomon Islands

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atmosphere of fear and taboo, as is religious conservatism and in the Solomon Islands and Papua New Guinea, adherence to sorcery and black magic. High prevalence does not translate into greater acceptance of people living with HIV or affected children. In Papua New Guinea, health workers reportedly shun the children of HIV-positive mothers. Children with HIV-infected parents also experience verbal and emotional abuse. Family members often stay away from infected women and children. School officials in Papua New Guinea have reportedly driven affected children out of school because of fears that they will infect other children. Stigmatization is so strong in the Pacific that committed leadership – as seen in Fiji – cannot defeat it without bold and sustained efforts to educate the public.

Stigma and discrimination have also marginalized another group at high risk of HIV infection: men who have sex with men. Although homosexuality is widely practiced in Melanesian societies, taboos against frank, open discussion about sexuality seriously obstruct efforts to educate men who have sex with men about the dangers of HIV.

Fighting stigma

In the town of Banz in the Western Highlands province of Papua New Guinea, Sister Rose has established a sanctuary for HIV-positive people. Having lived in the community for more than 40 years, she was one of the early pioneers in the Pacific region who sounded the warning against the dangers of HIV and AIDS.

Over the past decades, she has gone out to villages to increase awareness against the virus and demonstrate compassion to those already sick. She quickly realized early on that more systematic care was needed, especially for the women who often had no other place to go. So, Sister Rose started the Shalom Care Centre in 2002, offering hope to those who thought their lives were over.



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Sister Rose's Shalom Care Centre offers PMCT services and family support for people living with HIV/AIDS.

Every other week, couples come for a week-long stay at the centre and learn how to improve their health and how to conduct full, meaningful lives as HIV-positive individuals.

For Margaret, who was infected through her husband and worried that her unborn child would also be HIV-positive, Sister Rose has provided a miracle. After coming to the Shalom Centre, she found out about prevention of mother-to-child transmission services at a nearby mission hospital. After successfully following the strict programme, Zachary, now almost 18 months old, is negative.

"Many people said to me that if I looked after Margaret and her children, I would get the sickness too," says Rachel, Margaret's sister-in-law. "They are very afraid of this sickness, but I felt sorry for Margaret and I quickly learnt you couldn't get this illness by looking after someone who is sick. Other people expected Margaret and Zachary to die, but Zachary instead has kept on growing healthy and strong. Margaret also has gained weight and is out in the garden and doing things again. People are now starting to realize that people don't have to die as soon as they get infected."

To combat entrenched stigma and discrimination, Sister Rose often follows her patients back to their community. "You still have cases of discrimination, but if we can go back to the villagers and talk to the people and families, this will break down the discrimination. I think we've made a lot of difference, but there is still a long way to go...but there has been improvement," Sister Rose explains.

Sister Rose's Shalom Centre is now being replicated throughout the province. With her team of volunteers, she has inspired other community groups to start their own centres and provide the support and care needed for those living with HIV and their affected children.

I really enjoyed everything about the Life Skills (course) ... When I got back to the village my uncle and me started a training for the village youths and we told them all about AIDS and the things in the Life Skills course. I think negotiating skills are the best and I can talk better to my parents now. I feel so much better. I'm a girl and I talk more now. Yes, of course I am using this knowledge. It's in my head.

18-year-old woman from Tana Island, Vanuatu

Chapter 3:

The Way Forward

Hundreds of thousands of children and young people in the Pacific are already feeling the damaging effects of HIV and AIDS, and thousands more will be caught in the epidemic's vortex if swift, strong action is not taken now.

Encouragingly, political, religious and civic leaders in the Pacific are heeding warnings that HIV and AIDS poses a major threat to their countries and to their young. Most Pacific island countries have developed national responses that voice the need to target prevention efforts at young people and provide child-friendly services. A Pacific Regional HIV/AIDS Strategy was recently developed and endorsed by Pacific Forum leaders. The strategy paper acknowledges that young people are highly at risk and urges their full participation in all activities addressing HIV and AIDS.⁵⁰ Finally, an Australian-funded Pacific Regional HIV/AIDS Project – launched in November 2003 to strengthen interventions and surveillance – repeatedly expresses concern over young people and the need to target them in a recent report.

However, decisive action on these plans has been slow because of a number of challenges. First, governments need to establish surveillance systems to understand the nature of the threat. They also need to track risk behaviours among young people to gain a full appreciation of their target audience. Multi-sectoral responses need to be implemented and coordinated; experiences in Thailand have shown that programmes involving the education, health, welfare and justice sectors are the most effective in confronting HIV and AIDS. The Pacific island countries also face challenges in finding sufficient human and financial resources. With the exception of Papua New Guinea and Fiji, few Pacific island countries are setting aside public money for HIV and AIDS responses. Even in countries where public money is being allocated towards HIV and AIDS programmes, the resources are still far from sufficient.

By participating in the Global Campaign on Children and AIDS, the Pacific island countries will be equipped to address these challenges and formulate effective national plans of action. The campaign, which will run from 2005 to 2010, will help the Pacific governments scale-up interventions by forging alliances with local, regional and international partners ranging from grassroots non-governmental organizations to UN agencies such as UNAIDS and the WHO. These alliances will then harmonize interventions, facilitate vital information-sharing networks, introduce initiatives and implement practices proven to be effective in containing HIV infections. By focusing in the 'four P's' – preventing new infections, preventing mother-to-child transmission, providing paediatric treatment, and protecting and supporting affected children – the Global Campaign will help the Pacific island countries ensure that the needs of children and young people are met, and thus, guarantee the future of their unique cultures and societies.

Preventing new infections

Preventing new infections is the most critical strategy in the Global Campaign, especially in countries where HIV prevalence is low. Throughout the world, it has been proven countless times that prevention efforts directed at children and young people successfully curtail HIV infections because they absorb the message more quickly than adults. Childhood and adolescence is also a time when life-long habits and beliefs are being shaped and established. Moreover, children and young people often bring home HIV prevention messages and awareness and pass them onto their elders.

While many HIV responses in the Pacific have focused primarily on prevention, there are signs that prevention facts are not sinking in with children and young people. Studies in Papua New Guinea show that young people display only a fleeting knowledge of HIV, and many are unsure how the virus is transmitted. Despite progressive policies and leadership, many teenagers in Fiji underestimate the dangers of HIV because of myths that obscure the facts about transmission.⁵¹ In Tuvalu, young people are well-acquainted with the basics of HIV and AIDS, but still believe themselves as being low risk because of their country's geographic isolation.⁵²

Peer education in universities

At the University of Port Moresby, peer educators target first-year female students who often come from rural areas and are not prepared for the transition to city and student life. Arriving early on a Saturday morning, they hold a session on reproductive health and a condom demonstration in the girls' dormitory.

Talking about sex in families and schools is taboo in many families, schools and communities. But the lack of open discussion about relationships and sexuality combined with high levels of sexual violence against girls and women means that HIV is spreading quickly, and women and girls are most at risk.

"The major mode of transmission is primarily unprotected heterosexual sexual contact, says Dr. Grace Karigwa, a consultant for UNICEF's HIV/AIDS programme in the country. "From all the evidence we have got, from the age group 15-29, women are infected nearly two to three times compared to the men. Women are more vulnerable not only because of biological reasons but also because of the issues to do with stigma and discrimination and violence. Violence itself perpetuates the transmission, particularly for women, domestic violence and rape, and therefore increases the risk of women getting the virus."

Velda Thom, a 22-year-old student, believes that many of her friends do not know much about AIDS. "I became a peer educator volunteer because most of my friends didn't feel free to come to the clinic to ask questions about reproductive health and sex," she said. "I decided I could help my friends by becoming a peer educator and also help my extended family back home. I was trained to help my peers, but I also train older people and some who are younger people."



Peer educators give a demonstration on female reproductive health at a university in Papua New Guinea.

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A demonstration on condom usage conducted by peer educators in Papua New Guinea

In order to achieve success, prevention programming must be complemented by universal access to condoms; child-friendly services; VCT services; early STI screening and treatment; and life-skills education, especially for girls. The Global Campaign will also prioritize keeping children, particularly girls, in school because that is one of the best ways to protect them and teach them about HIV prevention. To achieve that goal, one of the key components of the campaign in Papua New Guinea is advocating for universal primary education.

Prevention programmes in the Pacific should also embrace child and youth participation because its benefits are significant. First, participation allows young people to take ownership of the issue and to really internalize prevention messages. Second, it empowers children and young people and teaches them social responsibility. Third, children and young people are often better at communicating prevention messages to their peers than adults. And finally, children and young people have the right to express their opinions and be heard on issues and decisions that affect their lives. Many regional plans have identified young people as a vulnerable group, but few take their views and their potential as agents of change into account. As a result, many youth initiatives languish amid inadequate planning and capacity and therefore, struggle to attract funds.

Young Pacific Islanders are already enabling change. Young people across the Pacific island countries are training as peer educators under programmes implemented by UNICEF Pacific and its partners. For instance, under the UNICEF-supported Pacific Stars Life Skills Training Programme, young people in seven Pacific island countries practise and develop communication, negotiation, decision-making and problem-solving skills. Girls learn how to assert themselves and say 'no' to unwanted sex as well as negotiate condom use. Young participants also pass their skills to others in their communities, an activity that boosts their self-esteem and confidence. UNICEF Pacific and its partners want to make such vital skills available to all young people in the region: we are actively looking for ways to integrate Life Skills training into the public education system. With the assistance of NGOs, young Pacific Islanders also run their own sexual health information centres and clinics in Vanuatu, the Solomon Islands, Fiji, Papua New Guinea and the Marshall Islands. There are thousands more children and young people who can be mobilized in prevention campaigns.

Preventing mother-to-child transmission

Excluding Papua New Guinea, the number of cases of mother-to-child HIV transmission in the Pacific is currently low. But as more women and girls get infected, the region will undoubtedly see an increase in HIV-positive babies. Without any intervention, 15-30 per cent of HIV-infected mothers will transmit the virus to their children during pregnancy and delivery while 20-45 per cent will pass it on while breastfeeding.⁵³ The tragedy about mother-to-child transmission is that it is preventable in most cases once HIV infection is detected. When interventions are properly applied, the risk of mother-to-child transmission can be cut down to less than two per cent.⁵⁴

Most countries in the Pacific do not have nationalized preventing mother-to-child transmission (PMTCT) programmes in place. According to a 2003 WHO study, only about three per cent of pregnant women in the Western Pacific Region have access to PMTCT Plus treatment. Successful PMTCT Plus responses, such as Thailand's country programme, entails more than supplying mothers and babies with antiretroviral drugs before and after delivery. They also include preventing new infections among girls and women; preventing unintended pregnancies among HIV-positive women; encouraging safe delivery practices; dispensing advice on infant feeding; and providing care and support for the entire family.

Again, the potential is there for the Pacific island countries to implement and scale-up PMTCT programmes. Most Pacific island countries have sufficient antenatal systems where PMTCT can be integrated. And equally important, many Pacific women regularly attend antenatal services; 60-95 per cent of women in the Pacific, excluding Papua New Guinea, seek antenatal services within 28 weeks of pregnancy. At least seven countries have laid down the foundations for broader, more ambitious PMTCT programming. Still, there is room for improvement: women in the Pacific island countries need to be encouraged to seek antenatal care earlier.⁵⁵ The situation in Papua New Guinea is more challenging: antenatal attendance is less than 60 per cent, while only 40 per cent of women have supervised deliveries. Still, Papua New Guinea has promising beginnings, and PMTCT programmes are being integrated into existing health systems such as antenatal clinics, maternal child health services and provincial hospitals.

The Global Campaign on Children and AIDS is doggedly pursuing the goal of dramatically increasing expecting mothers' access to PMTCT programmes. For the Pacific island countries, the campaign seeks to arrange opportunities for them to learn from effective PMTCT responses in Asia, such as Thailand's deservedly lauded programme. UNICEF and its partners will also provide technical assistance and policy guidelines to Pacific governments on formulating PMTCT strategies and building capacity.

Providing antenatal care

Over the years, antenatal coverage in the Pacific has deteriorated and made the challenges of reaching women with PMTCT services more difficult. In 1996, antenatal clinic coverage was 80 per cent in Papua New Guinea; by 2004, it had dropped to 59 per cent of women. On top of that, with only six provinces out of twenty offering PMTCT services at major urban hospitals, there is an urgent need to invest and expand maternal and child health services across the country, especially in rural areas where the majority of the population still lives.

At Port Moresby's General Hospital, pregnant women who test positive are referred to a PMTCT support group by the Friends Foundation, with support from UNICEF.

"The Friends Foundation's main focus was look at mothers once they are diagnosed to follow them through to delivery and take them home," explains the founder and social worker, Tessie Soi. "We follow the child right through to 18 months because of the treatment now being given to the mum during delivery and the baby at birth." The foundation, with a team of volunteers, also does outreach and works to break down stigma and discrimination against those living with HIV.



An expecting mother receives a check-up at Port Moresby's General Hospital.

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Ni Vanuatu girls, Eton Village, Vanuatu

Providing paediatric treatment

Until adequate PMTCT programmes are in full operation, the Pacific must attend to swelling ranks of children affected by HIV and AIDS, including those infected with the virus. In the absence of appropriate treatment and care, up to 30 per cent of HIV-infected children will not see their first birthday and up to 60 percent will die before the age of two, succumbing to opportunistic infections and even common childhood diseases. Infected children are also more likely to be malnourished because their parents and families believe that they will die anyway. AIDS is already slashing life expectancy rates among children and adults in the worst-affected areas, and in the Pacific, it could roll back hard-won gains in lowering infant and child mortality rates.

Providing medical treatment to HIV-positive children is a challenge throughout the world because of the scarcity and expense of paediatric formulations. Moreover, many countries fail to take into account the other aspects of paediatric care such as psychosocial counselling; providing treatment to HIV-positive parents; training health professionals on how to administer antiretroviral therapy (ART); providing support services to make sure children and their families follow the strict regimen; and alleviating stigma and discrimination so families and children actually feel comfortable enough to seek treatment. Additional challenges in the Pacific include insufficient transport links, geographic distances, a lack of basic storage facilities for drugs and pharmaceutical management knowledge, and the possibility of corruption. Still, ART has benefited thousands of children and can help millions more live happy, productive lives. Children, however, are simply missing from treatment agendas throughout the world, especially in developing nations where costly medicines are usually reserved for adults.

Again, without surveillance systems and VCT services, it is unclear how many children in the Pacific need ART and how many children are actually receiving it. What little information there is, however, suggests that very few HIV-positive children are being treated. In 2004, Papua New Guinea began providing ART at a specialised clinic in the capital Port Moresby. Currently, 300 adults are receiving treatment at the clinic, but only nine children. Elsewhere in the Pacific, ART programmes have only recently begun and are often limited to the capitals. In Fiji, only a handful of children are receiving ART.

To address these shortfalls, UNICEF and its partners plan to help governments identify, care and support children in need of both cotrimoxazole and ART. This alliance will also strive for universal access to ART for all HIV-positive children in the Pacific. Indeed, the region's relatively late arrival in providing universal treatment could provide an excellent opportunity to integrate children's needs from the start. And excluding Papua New Guinea, the Pacific island countries' currently low prevalence means providing paediatric care to HIV-infected children can happen quickly. In Fiji, the Ministry of Health has established a treatment hub to coordinate AIDS treatment services, and eventually, antiretrovirals will be distributed beyond the capital, Suva.

Protecting and supporting children affected by HIV and AIDS

In the absence of universal treatment, AIDS leaves rising numbers of orphans in its wake. Without special protection, care and support, children orphaned by AIDS are at risk of exploitation, malnutrition and disease. Even before their parents and caregivers die, these children require special attention and care because the virus exacts a huge emotional, financial and physical toll on families. And when stigma and discrimination prevail, children affected by HIV and AIDS become even more defenceless as relatives, friends, teachers and health professionals shun them out of ignorance and fear. Already in the Pacific, reports indicate that children affected by HIV and AIDS are slipping through family and social welfare safety nets. In Papua New Guinea, children orphaned by AIDS have reportedly turned to sex work in order to survive.⁵⁶ Others have been ejected out of their families. Even experienced practitioners of counselling and care services say they feel daunted and unprepared for the growing ranks of affected children in Papua New Guinea.⁵⁷ Until the rate of new infections slows, the entire Pacific region will undoubtedly witness more children affected by HIV and AIDS who are at risk of becoming infected themselves.

The Global Campaign seeks to help the Pacific island countries prepare for the growing numbers of children affected by HIV and AIDS through advocacy, training and programming on the national, community and individual level. First, UNICEF and its partners urge Pacific governments to recognize the need to address HIV and AIDS in child protection legislation. Only Fiji, Samoa, the Solomon Islands and Papua New Guinea have nationwide social welfare services. Churches, private organizations and NGOs fill in the gaps elsewhere, but they do not have enough resources. The Pacific island countries also need to mobilize against stigma and discrimination, including gender biases, because until those forces are defeated more children will suffer, more women and girls will become infected, and fewer people will come forward to be tested and treated.

Second, the campaign seeks to strengthen community-based responses to HIV and AIDS. UNICEF and its partners strongly believe that children should not be taken out of their communities and institutionalised care has a detrimental effect on children in the long run. With that in mind, awareness of children's rights will be raised in Pacific communities, and networks of community-based care and support established through the Global Campaign. The campaign will also push for multi-sectoral responses because protection and care for children affected by HIV and AIDS are not the sole responsibility of one agency or government ministry. Protection and care demands the full commitment and involvement of the health, education, social welfare and judicial sectors. Again, the Pacific has the advantage of being able to examine and replicate exemplary models from East Asia and Africa, and the campaign seeks to enable such learning.

Finally, protection and support efforts must embrace children and young people as equal partners. A child who understands her rights knows how to protect herself and seek help when she is threatened or mistreated. A teenager who has participated in peer education not only knows that risk behaviours ought to be avoided, but also has the confidence and self-esteem to resist peer pressure. Adolescents who have been educated in reproductive health and sexual responsibility know how to prevent STIs, including HIV. And in the long run, these children and young people will grow up to be responsible and caring adults who not only ensure the survival of their countries but also bear the promise of a better future.

Endnotes

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