SPC/9th Triennial Conf/2nd Ministerial on Women

Technical paper no.4
Original: English

Research paper prepared for the Secretariat of the Pacific Community and presented during the ninth Triennial Conference of Pacific Women,
Nadi, Fiji, 16-19 August 2004

EMERGING ISSUE: HIV/AIDS and WOMEN IN THE PACIFIC ISLAND COUNTRIES AND TERRITORIES

by:

Chaitanya (Chetan) Lakshman, Barrister & Solicitor
Project Manager, Institute of Justice & Applied Legal Studies (IJALS)
Suva, Fiji

CONTENTS

Executive Summary 2

1.0 Introduction 3

2.0 Background and Terms of Reference 3
2. 1 Background 3
2.2 Terms Of Reference 4

3.0 The Trends and Status of HIV/Aids – Globally and in the PICTs 4
3.1 The Global Picture 4
3.2 The Pacific Island Countries and Territories 5
3.3 HIV/AIDS Statistics for Pacific Islands Countries and Territories 6

4.0 The Pacific Platform for Action (PPA), The Beijing Platform for Action (BPA) and The Convention on the Elimination of Discrimination against Women (CEDAW) 8
4.1 The Pacific Platform for Action (PPA) 8
4.2 The Beijing Platform for Action (BPA) 8
4.3 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)9
4.4 National Programmes and Policies 11
4.5 Cook Islands 13
4.6 Papua New Guinea........ 14
4.7 Samoa........ 14
4.8 Solomon Islands........ 15
4.9 Vanuatu 16

5.0 HIV/Aids – Human Rights and Security 17
5.1 Human Rights 17
5.2 Security 19

6.0 Gender and Cultural Inequalities that Enhance HIV/Aids in the Pacific Island Countries and Territories 20

7.0 Social and Economic Factors that contribute towards HIV transmission among Women 21

8.0 Availability of Resources, Access to information and education regarding HIV/Aids and Sexuality and Reproduction 22

9.0 Male Partnership in combating HIV/Aids 23

10.0 Recommendations for Future Direction 23
10.1 Creating Enabling Environment – Review of the existing laws 23
10.2 Programme issues 24
10.3 Advocacy and Partnerships 25

11.0 Conclusion 26

12.0 References and Bibliography 27

Executive Summary

Recent Reports reveal that women are ‘increasingly at great risk of infection’ and that they have accounted for nearly half the number of all people living with HIV worldwide. In the Pacific Island Countries and Territories (PICTs) the vulnerability of women is apparent and this is reflected in the increase in the number of women reported to have HIV/AIDS.

A number of critical issues in relation to HIV/AIDS and women are discussed in this Report, some of which include:

- human rights/security perspective,
- impact of gender and cultural inequality, including that of violence against women,
- women’s ability to access resources for care and support, and
- social and economic factors that foster conditions for risky behaviour,

The Beijing Platform for Action and the Convention on Elimination of All Forms of Discrimination against Women (CEDAW) set up the agenda for national action to end all forms of discrimination against women and to comply with the treaty and it seeks that national governments take steps to address women’s susceptibility to HIV/AIDS.

The main recommendations of the Report seek that the PICTs:

- address the gender and cultural inequalities,
- create enabling environment where the vulnerable status of women can be protected from HIV/AIDS – by reviewing the existing laws,
- strengthen primary health care,
- encourage the civil societies to sustain their programs, by proving additional funding,
- provide access to free and voluntary counseling and testing for HIV infection,
- provide access to affordable treatments for opportunistic infections and antiretroviral therapies,
- provide support, care and education, and
- work in partnership with other stakeholders.

The Report acknowledges that only sustained commitment on all fronts can tackle the epidemic as HIV has not lost of its potency and its ability to tear at the fabric of our societies and it seeks an unfettering imagination, solidarity and the unflagging will to act, to turn the tide on HIV/AIDS and save lives in the PICTs.

Emerging Issue: HIV/AIDS and Women in the Pacific Island Countries and Territories.

1.0 Introduction

HIV/AIDS is a major concern in the Pacific Island Countries and Territories (PICTs) and over the years the threat of HIV/AIDS has considerably increased with almost all the Countries and Territories having officially recorded cases of HIV/AIDS.

According to a recent UNAIDS report,[1] women are increasingly at great risk of infection. As of December 2003, women accounted for nearly 50% of all people living with HIV world-wide and for 57% in sub-Saharan Africa. It has been noted that women and girls mainly bear the brunt of the impact of the epidemic and they are most likely to be the care-givers of sick people, to lose jobs, income and schooling as a result of illness, and to face stigma and discrimination.

Initially in the PICTs, those known to be HIV positive were predominantly men, however, over a period of time the particular vulnerability of women has become more apparent and this is reflected in the increase in the number of women having HIV/AIDS in the PICTs. There are a number of factors that contribute to women's susceptible to HIV/AIDS, and these include the subordinate status of women in the PICTs, heavy work burden, high fertility rate, limited access to economic resources, cultural and social discrimination, and the extent of violence directed towards women, which hinder women's health.

2.0 Background and Terms of Reference

2.1 Background

This paper is being prepared for the Secretariat of the Pacific Community's (SPC), Pacific Women's Bureau (PWB). The PWB was established in 1982 as a direct result of the need, identified by the Pacific women, for a regional co-ordinating agency to promote women's issues and concerns. The PWB is the sole regional intergovernmental body recognised by the Pacific women's national mechanisms and non-governmental organisations to co-ordinate women's issues in the Pacific Region.

The PWB has to date apart from a number of other sterling outputs successfully co-ordinated the Pacific Platform for Action (PPA) in 1994, which subsequently formed the basis of the Pacific region's contribution at the Fourth Women's World Conference in Beijing in 1995, where the Beijing Platform for Action was adopted.

In preparation for the 9th Pacific Women's Conference (Triennial) and the 2nd Pacific Women Ministers Meeting (2PAWMM) to be held from the 16th to 20th August 2004, in Fiji, the PWB has identified a number of emerging issues since the Pacific Platform for Action (PPA) was initially endorsed as matters which need closer scrutiny and one of those emerging issues considered is the impact of HIV/AIDS on women in the PICTs. The two Meetings are expected to bring together decision makers, from national governments, development partners, academics and non-governmental organisations from the PICTs, create a forum for constructive dialogue on the role and place of gender in the development processes of the Pacific Island Countries and Territories and to identify the challenges and make recommendations for the future.

---

[1] UNAIDS 2004 Report on the global AIDS epidemic 2004, Released on 6th July 2004. The full report can be obtained from this web site- http://www.unaids.org/bangkok2004/report_pdf.html

2.2 Terms Of Reference

The contracted research required the consultant to research and produce a paper on the following:

- The trend of HIV/AIDS within the Pacific,
- HIV/AIDS in relation to women from a human rights/security perspective,
- The impact of gender inequality on HIV/AIDS including that of violence against women. Gender as it relates to women and men's different vulnerabilities to HIV infection, and their different abilities to access resources for care and support in order to cope with the impact of the epidemic,
- Social and economic factors that foster conditions for risky behaviour,
- the programmatic responses at regional and national levels including the availability of resources including access to information, education regarding HIV/AIDS, sexuality and reproduction,
- Male partnerships including young people as part of the solution in combating HIV/AIDS, and
- Recommendations for future direction.

The Contracted Research also required an examination of the Pacific Platform for Action for the regional commitment made by the SPC member countries and territories, and a brief analysis of at least five countries, if possible, representative of the three sub-regions on their stated HIV/AIDS programmes and policies funded by their budget and how gender is mainstreamed into the same.

3.0 The Trends and Status of HIV/AIDS – Globally and in the PICTs.

3.1 The Global Picture

A recent UNAIDS report[2] states that in 2003, an estimated 4.8 million people (range: 4.2–6.3 million) became newly infected with HIV, which is more than in any one year before. Today, some 37.8 million people (range: 34.6–42.3 million) are living with HIV, which killed 2.9 million (range: 2.6–3.3 million) in 2003, and over 20 million since the first cases of AIDS were identified in 1981. According to UNAIDS,[3] AIDS continues to expand and vulnerable populations are at greatest risk and individual country data indicates that the number of people living with HIV continues to rise in all parts of the world despite the fact that there exist effective prevention strategies.

In Asia, the HIV epidemic remains largely concentrated in injecting drug users, men who have sex with men, sex workers, clients of sex workers and their immediate sexual partners. It has been seen in Asia that even effective prevention programming coverage in these populations has been inadequate and ineffective.

In the Eastern Europe and Central Asia, HIV/AIDS is very diverse and injecting drug use is the main driving force behind epidemics across the region. In many high-income countries, sex between men plays an important role in the epidemic. Drug injecting plays a varying role and in 2002, it accounted for more than 10% of all reported HIV infections in Western Europe and was responsible for 25% of HIV infections in North America.

In Latin America and the Caribbean, 11 countries have an estimated national HIV prevalence of 1% or more.

[2] Supra n. 1
[3] Supra n.1

3.2 The Pacific Island Countries and Territories

No region of the world has remained untouched by HIV, with the virus spreading among groups ranging from ethnic minorities in North America to drug users in Asia, to almost all of the Pacific Island Countries and Territories, with the exception of Niue, Pitcairn and Tokelau which to date have not officially reported cases of HIV/AIDS.

According to UNAIDS[4], Papua New Guinea, which shares an island with one of Indonesia's worst-affected provinces, Irian Jaya, has the highest prevalence of HIV infection of the Pacific Island Countries and Territories. Prevalence is over 1% among pregnant women in the capital, Port Moresby, and in Goroka and Lae. Papua New Guinea's epidemic appears largely heterosexually driven and high level of other sexually transmitted infections indicate behavioural patterns that would also facilitate HIV transmission beyond sex workers and their clients.

In the other Pacific Countries and Territories, HIV infection levels are still very low, but levels of sexually transmitted infections are high. A person with a sexually transmitted infection faces a higher risk of contracting and transmitting HIV during sexual encounters. In Vanuatu, pregnant women have chronically high levels of some sexually transmitted infections: 28% have *Chlamydia* and 22% have *Trichomonas* infection. Some 6% of pregnant women are infected with gonorrhoea, and 13% with syphilis. About 40% of the women had more than one sexually transmitted infection. Similarly, in Samoa, 31% of pregnant women had *Chlamydia* and 21% had *Trichomonas* infection. Overall, 43% of pregnant women had at least one sexually transmitted infection.[5]

While the number of officially reported cases of HIV/AIDS in the Pacific is low relative to other regions of the world, HIV/AIDS is well established in Guam, Papua New Guinea, New Caledonia and French Polynesia. The inadequacies of the data available on HIV/AIDS in many countries in the region mean that it is difficult to know with any certainty the full extent of the pandemic.

There are several specific risks that are inherent in the Pacific Island Countries and Territories that contribute towards the spread of HIV/AIDS within the community and these include; cultural and religious taboos which make people reluctant or unable to talk about sexual matters, existing high rate of Sexually Transmitted Diseases, generally low status of women, lack of strong health infrastructure, a multitude of languages, scattered populations (either over many islands, or huge geographical area).

According to the Secretariat of the Pacific Community (see Table on pgs 10-12) as at December 2003 there were 8260 reported cases of HIV/AIDS in the Pacific Island Countries and Territories of which 7320 (89%) are from Papua New Guinea and according to an AUSAID Report,[6] since the 1990's, HIV prevalence in Papua New Guinea amongst women attending antenatal clinics, blood donors and tuberculosis patients has grown sharply. The heterosexual mode of transmission is the predominant means of infection in Papua New Guinea with approximately equal numbers of men and women affected, except in the 15 to 29 year old age group where women outnumber men.

---

[4] Supra n.1

[5] Supra n. 1

[6] HIV/Aids in Papua New Guinea, AUSAID Country Report – February 2004, (http://www.ausaid.gov.au/country/png/hivaids.cfm)

While complete statistics of HIV/AIDS by sex is not available for the region, analysis of the data available reveals that while in some countries (Fiji, Guam, Kiribati, New Caledonia, and Tuvalu) man outnumber women among those affected by HIV/AIDS, in other countries (American Samoa, Marshall Islands, Palau, Solomon Islands, and Tonga) the number of HIV/AIDS cases reported are generally on par. Vanuatu is the only country in the region where women outnumber men that are HIV+.

While HIV/AIDS has not yet reached dramatic proportions in most of the Pacific Island Countries and Territories, as is the case in some other regions (notably Sub-Saharan Africa). The gradual increase in the HIV/AIDS numbers in each country necessitates all stakeholders to make early intervention to limit the spread of the epidemic.

3.3 HIV/AIDS Statistics for Pacific Islands Countries and Territories

Cumulative HIV cases (including AIDS) and rates per 100,000 population as **at 31st December 2003** or **date specified**.[7]

Country	As at	HIV including AIDS	Mid year population (June2003)	Cumulative incidence rate per 100,000	AIDS + (AIDS deaths)	Male (HIV/ AIDS)	Female (HIV/ AIDS)	Unknown (HIV/ AIDS)
American Samoa	Dec 2003	2	61,400	3.3	1 (0)	1	1	0
Cook Islands	Dec 2003	1	17,800	5.6	0 (0)	1	0	0
Federated States of Micronesia	Dec 2003	14	112,600	12.4	7 (3)	n/a	n/a	n/a
Fiji	Dec 2003	142	831,600	17.1	25 (15)	88	54	0
French Polynesia	Nov 2003	229	250,000	91.6	77* (56*)	#	#	#
Guam	Jun 2002	168	162,500	103.4	68 (42)	145	23	0
Kiribati	Dec 2003	42	88,100	47.7	19 (19)	28	14	0
Marshall Islands	Jun 2002	9	54,000	16.7	2* (2*)	3	2	4
Nauru	Dec 2003	1	12,100	8.3	0 (0)	1	0	0
New Caledonia	Dec 2003	263	235,200	111.8	99 (58)	193	68	2
Niue	Dec 2003	0	1,650	-	0 (0)	0	0	0

[7] Source: Secretariat of the Pacific Community, 6th May 2004, (Website) http://www.spc.org.nc/aids/English/Tables/PICTHIVcases03-05-04.doc

Country	As at	HIV including AIDS	Mid year population (June2003)	Cumulative incidence rate per 100,000	AIDS + (AIDS deaths)	Male (HIV/ AIDS)	Female (HIV/ AIDS)	Unknown (HIV/ AIDS)
Northern Mariana Islands	Oct 2002	25	75,400	33.2	11 (7)	#	#	#
Palau	Dec 2003	4	20,300	19.7	2 (2)	2	2	0
Papua New Guinea	Aug 2002	7,320	5,617,000	130.3	1,336* (n/a)	#	#	#
Pitcairn	Dec 2003	0	50	-	0 (0)	0	0	0
Samoa	Oct 2002	12	178,800	6.7	8 (8)	#	#	#
Solomon Islands	Feb 2004	2	450,000	0.4	1 (0)	1	1	0
Tokelau Islands	Dec 2003	0	1,500	-	0 (0)	0	0	0
Tonga	Dec 2003	13	101,700	12.8	11 (11)	9	4	0
Tuvalu	Dec 2003	9	10,200	88.2	2 (2)	8	1	0
Vanuatu	Dec 2003	2	204,100	1.0	2 (0)	0	2	0
Wallis and Futuna	Oct 2000	2	14,800	13.5	1 (n/a)	#	#	#
TOTAL reported by 31 Dec '03	**Dec 2003**	**8,260**	**8,500,800**	**97.2**	**1,672 (n/a)**	**-**	**-**	**-**
TOTAL (excluding PNG)	**Dec 2003**	**940**	**2,883,800**	**32.6**	**336 (225)**	**480**	**172**	**-**

Key:

***** As at December 2001
MoH: Ministry of Health
DoH: Department of Health
n/a: Not available
Not Stated

4.0 The Pacific Platform for Action (PPA), The Beijing Platform for Action (BPA), The Convention on the Elimination of Discrimination against Women (CEDAW), and the National Programmes and Policies.

4.1 The Pacific Platform for Action (PPA)

In 1994, Pacific Ministers for Women from 22 SPC member countries and territories endorsed a blueprint for equality for women: the Noumea Declaration and its implementation plan, the Pacific Platform for Action (PPA).

The PPA identified thirteen critical areas requiring immediate attention and called on the governments and civil societies in the region to make available necessary resources to advance and address the critical areas, which included: health, education and training, economic empowerment, agriculture and fishing, legal and human rights, shared decision-making, environment, culture and the family, mechanisms to promote the advancement of women, violence, peace and justice, poverty and indigenous people's rights.

4.2 The Beijing Platform for Action (BPA)

The Beijing Platform for Action (BPA) was a result of the Fourth World Conference on Women[8] in September 1995, to advance the goals of equality, development and peace for all women, globally in the interest of all humanity. The Governments, the international community, civil societies and the private sector attended the World Conference and the BPA called upon all stakeholders to take strategic action in the following critical areas of concern:

- The persistent and increasing burden of poverty on women,
- Inequalities and inadequacies in and unequal access to education and training,
- Inequalities and inadequacies in and unequal access to health care and related services,
- Violence against women,
- The effects of armed or other kinds of conflict on women, including those living under foreign occupation,
- Inequality in economic structures and policies, in all forms of productive activities and in access to resources,
- Inequality between men and women in the sharing of power and decision-making at all levels,
- Insufficient mechanisms at all levels to promote the advancement of women,
- Lack of respect for and inadequate promotion and protection of the human rights of women,
- Stereotyping of women and inequality in women's access to and participation in all communication systems, especially in the media,
- Gender inequalities in the management of natural resources and in the safeguarding of the environment, and
- Persistent discrimination against and violation of the rights of the girl child .

[8] On the fiftieth anniversary of the founding of the United Nations.

The importance of applying all human rights to improve women's status within societies and thus their negotiating power within sexual relationships was underscored by the BPA and the BPA explained that:

> "[t]he human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences."[9]

The BPA expounded that:

> "HIV/AIDS and other sexually transmitted diseases, the transmission of which is sometimes a consequence of sexual violence, are having a devastating effect on women's health, particularly the health of adolescent girls and young women. They often do not have the power to insist on safe and responsible sex practices and little access to information and services for prevention and treatment. Women, who represent half of all adults newly infected with HIV/AIDS and other sexually transmitted diseases, have emphasised that social vulnerability and the unequal power relationships between women and men are obstacles to safe sex, in their efforts to control the spread of sexually transmitted diseases. The consequences of HIV/AIDS reach beyond women's health to their role as mothers and caregivers and their contribution to the economic and health consequences of HIV/AIDS and other sexually transmitted diseases need to be seen from a gender perspective."[10]

The Governments that endorsed the BPA agreed under Strategic Objective C.3 to undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues that include reviewing and amending laws "that contribute to women's susceptibility to HIV infection and other sexually transmitted disease, including enacting legislation against those socio-cultural practices that contribute to it, and implement legislation, policies and practices to protect women, adolescents and young girls from discrimination related to HIV/AIDS."[11]

4.3 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

The Convention on the Elimination of Discrimination against Women (CEDAW) is often described as the international bill of rights for women. The CEDAW consists of a preamble and 30 articles, it defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination. As of 26th March 2004, 177 countries[12] were parties to the convention and an additional one has the treaty binding itself to do nothing in contravention of its terms.[13]

The Convention defines discrimination against women as "...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."

[9] Paragraph 97, Platform for Action adopted by the United Nations Fourth World Conference on Women: Equality, Development and Peace, Beijing, China, Advance Unedited Draft, 15th September 1995.
[10] Supra n. 8, Para 99
[11] Paragraph 109 (b) of The Beijing Platform for Action.
[12] over 90% of the Members of the United Nations.
[13] Source: United Nations Web Site, http://www.un.org/womenwatch/daw/cedaw/states.htm

By accepting the Convention, States have committed to undertake a series of measures to end all forms of discrimination against women, which include:

- incorporating the principle of equality of men and women in their legal system, abolish all discriminatory laws and adopt appropriate ones prohibiting discrimination against women;
- establishing tribunals and other public institutions to ensure the effective protection of women against discrimination; and
- ensuring elimination of all acts of discrimination against women by persons, organizations or enterprises.

The Convention provides the basis for realizing equality between women and men through ensuring women's equal access to, and equal opportunities in, political and public life - including the right to vote and to stand for election - as well as education, health and employment. States parties agree to take all appropriate measures, including legislation and temporary special measures, so that woman can enjoy all their human rights and fundamental freedoms.

CEDAW is the only human rights treaty, which affirms the reproductive rights of women and targets culture and tradition as influential forces shaping gender roles and family relations. It affirms women's rights to acquire, change or retain their nationality and the nationality of their children. As signatories to CEDAW the State parties also agree to take appropriate measures against all forms of traffic in women and exploitation of women.

The Countries that have ratified or acceded to the Convention are legally bound to put its provisions into practice and they are also committed to submit national reports, at least every four years, on measures they have taken to comply with their treaty obligations.

The following Pacific Countries and Territories are signatories to the Convention.

State	**Date of Receipt of the Instrument of ratification, accession or succession**
Fiji	28th August 1995 a/b
Kiribati	17th march 2004 a
Papua New Guinea	12 January 1995 a
Samoa	25th September 1992 a
Solomon Islands	6th May 2002
Tuvalu	6th October 1999 a
Vanuatu	8th September 1995 a

a- Accession
b- Declarations or Reservations

New Zealand ratified CEDAW in 1995 has territorial application to the Cook Islands, Niue and Tokelau. As Cook Islands and Niue are a self-governing state in free association with New Zealand under this relationship they are required to produce their own reports to the international human rights bodies. Tokelau, New Zealand's last remaining non-self-governing territory has its report incorporated in the New Zealand Report.

For the time being, Fiji is the only Pacific Island Country, which has reported to the UN Committee on CEDAW in New York. During the reporting period, and more recently, New Zealand has drawn to the attention of the governments of the Cook Islands and Niue their obligations to report under the Convention and noted New Zealand's readiness to provide technical assistance in this regard.[14]

Federated States of Micronesia, Kiribati, Nauru and Marshall Islands have not yet ratified CEDAW, while French Polynesia and Wallis and Futuna have ratified through France and American Samoa through USA.[15]

4.4 National Programmes and Policies

Most of the PICTs have taken various steps towards combating the spread of HIV/AIDS and the policies and programmes developed in the PICTs generally seem to mainstream gender. While information on the various activities that are being carried out in each of the Pacific Island Countries and Territories could not be obtained, comments by various countries representatives at the twenty-sixth Special Session of the UN General Assembly on HIV/AIDS[16] are encouraging and shows that the PICTs governments recognise that women and girls are vulnerable and necessary measures need to be taken to protect them from the risks posed by HIV/AIDS.

Here are excerpts of some of the statements made by the respective government representatives at the twenty-sixth Special Session of the UN General Assembly on HIV/AIDS, in New York.

Tonga

"It is of grave concern that HIV/AIDS prevalence is higher amongst women and young girls than any other group. There is clearly a need to develop measures to increase the capacity of women and young girls to protect themselves from the risk of infection. This might principally be done through prevention education and the provision of reproductive health services."- (Address by Hon. Dr Viliami Langi, Minister for Health of the Kingdom of Tonga to UN General Assembly on 25th June 2001)

Fiji

"The government of Fiji seeks to promote a supportive and enabling environment for women, children and other vulnerable groups, including men who have sex with men, and sex workers by addressing underlying prejudices and inequalities through community and multisectoral dialogue." – (Address by H.E Mr Amraiya Naidu, Permanent Representative to UN, on 7th June 2001

Vanuatu

"Vanuatu is acutely aware of the fact that the devastating effects of this pandemic is debilitating the already vulnerable members of our society, women, children and young people. It is in this regard that we endorse the strengthening of human rights in our global fight against HIV/AIDS especially for the vulnerable group." – (Hon. Clement Leo, Minister of Health, Vanuatu, on 27th June 2001)

Solomon Islands

"We know the severity of the AIDS epidemic but we do not always agree on how to address it. If HIV/AIDS is a disease of poverty, ignorance, sexual promiscuity, and gender discrimination, and has the greatest effect on poor women and children; a global strategy to combat it must integrate balanced and practical measures to confront all the issues therein." – (Dr. Lester Ross, Permanent secretary of Health and Medical Services, 26th June 2001)

Nauru

"Respect and protection of all human rights, in particular, the rights of women – including their reproductive and sexual rights, and the rights of children, especially girls, must be an integral part of any program against HIV/AIDS. in this regard, we support the call for governments that have not done so, to ensure that their national laws, policies and practices are inclusive and enhance equality and participation for all, particularly persons living with HIV/AIDS." – (Madame Roslyn Harris, First Lady of the Republic of Nauru, 26th June 2001)

Palau

"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 counseling, 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 recognized as gender-blind and therefore requires the attention of both men and women equally, and that women be not tasked alone with the responsibility for this humankind affliction." – (H.E Sandra Sumang Pierantozzi, Vice President and Minister for Health)

Some the National Programmes and Strategies undertaken taken in **Cook Islands, Papua New Guinea**, **Samoa**, **Solomon Islands**, and **Vanuatu** to combat HIV/AIDS are outlined below.

4.5 Cook Islands

In 2000, the Ministry of Health in consultation with various stakeholders developed a Strategic Plan[17] for responding to HIV/AIDS and STIs in Cook Islands. This plan was reviewed in 2003 and further developed at a multi-sectoral workshop to address the following priority areas:

- Reducing vulnerability and promoting safer sexual behaviour within specific groups.
- Safe blood.
- Prevention and control of sexually transmitted infections (STIs)
- A support and caring services (SCS) system for people living with those affected by HIV/AIDS.
- Co-ordinating the HIV/STIs multi-sectoral response.
- Testing for HIV.

The plan acknowledges that there is "no room for complacency as many of the indicators that renders [the] country vulnerable to the arrival and easy transmission of HIV/AIDS are found at the village, island and national level". Some of the key indicators identified in the Plan were:

- Lack of an available, efficient, effective and regular HIV/AIDS testing system,
- Limited understanding of community people to be able to carefully handle the situation should HIV/AIDS be in the country,
- Prevalence of moralistic attitude especially from older community leaders and parents.
- Poor use of condoms,
- Embarrassment/hesitation amongst people to access/purchase condoms,
- High consumption of alcohol nation wide,
- High number of Cook Islanders travelling overseas,
- High number of tourists visiting the country, and
- Cultural barriers that constrain open discussions between parents and children regarding care and prevention.

The ultimate goal of the plan is to effectively respond to HIV/AIDS and STIs in the Cook Islands and it generally relies on a number of guiding principles and it includes:

- That all youths are entitled to a full education inclusive of safer sexual practices and STIs, and
- That all women, children and men have equal rights of opportunity without fear of abuse, violence and sexual violation.

At the time of preparation of this paper it is not known whether the Cook Islands Cabinet had endorsed the Strategic Plan. However there was great deal of optimism within the Health Ministry that the Cabinet would endorse the Strategic Plan.

---

[17] Reviewed at a multi-sectoral Consultative Workshop, Manihiki Hostel, Rarotonga, February 24-26th 2003 (Conducted by Ministry of Health)

4.6 Papua New Guinea [18]

The National Parliament through an Act of Parliament has set up the National AIDS Council and its Secretariat in Papua New Guinea to facilitate a comprehensive multi sectoral response to HIV/AIDS in the country.

The Government of Papua New Guinea, through the PNG National AIDS Council (NAC) has embarked on the development of comprehensive National HIV/AID prevention and care program. The Australian Government has given $60 Million through the National HIV/AIDS Support Project (NHASP).

The Program which is for five years commenced in October 2000, is located in all twenty provinces and has six components, namely dealing with: (a) Education, Information And Advocacy, (b) Counseling, Community Care And Support, (c) Policy, Legal And Ethical Issues, (d) Monitoring, Surveillance, And Evaluation, (e) Clinical Services And Laboratory Strengthening, and (f) Support to the National AIDS Council Secretariat.

In particular, the program is designed to alleviate socio-economic disparities, focus on gender, domestic violence and improved education, literacy and law and order, and assist in addressing the conditions that contribute to the spread of HIV/AIDS.

4.7 Samoa [19]

Samoa has a National Plan, which is the first official plan approved by the Government to deal with HIV/AIDS.

The Samoan national policy has 4 main goals, namely:

- to promote healthy and responsible sexual lifestyles, to reduce the transmission or spread of HIV/AIDS infection;
- to promote public health whilst preserving human rights, dignity and civil liberties of persons with HIV/AIDS or persons living with HIV/AIDS;
- to improve multi-sectoral collaboration in the implementation of HIV/AIDS programs in Samoa; and
- to reduce the socio-economic impact of HIV infection in Samoa.

The main objectives of the Samoan National Policy are:

- to ensure the identity and status of HIV/AIDS cases are managed in strict confidentiality;
- to ensure HIV/AIDS responses are co-ordinated and monitored;
- to ensure HIV/AIDS information is produced/generated and disseminated to the public and interest groups;
- to ensure ‘vulnerable groups’ access to technical support and resources; and
- to ensure interested providers accessing technical and as necessary financial support.

The Samoa HIV/AIDS Policy was approved by Cabinet and became a formal document in 2001.

---

[18] Source: National Aids Secretariat, www.nacs.org.pg
[19] Source: Samoa In-country Consultancy Report, Prepared by Lalatoa S. Mulitalo, June 2003

The government does not have any specific funding for HIV/AIDS activities for the Ministry of Health, Ministry of Women Affairs, or the Ministry of Youth Sports and Education. The government Ministries receive their share in the government budget like all other Ministry when the government budget is passed in June of each year and the Ministries then utilize their budget according to their priority list.

According to the Ministry of Health their priority is sorted with a result of an assessment of the highest risk illnesses and diseases in Samoa. In 2003, HIV/AIDS was not a priority in relation to the use of the Ministry of Health budget. Rather, non-communicable diseases such as diabetes and high blood pressure were given priority. The allocation for HIV/AIDS is insignificant and it only allows minimal tasks to be carried out in 2003 for HIV/AIDS.

4.8 Solomon Islands[20]

Solomon Islands has focused its programming within the health facilities, the Ministry of Health and Communities with the following outcomes:

- Secure blood supplies, monitoring resistant strains of gonorrhea, needle sterilisation, adopting a syndromic approach for the treatment of sexually transmitted infections;
- Training;
- Establishing the National Aids Coordinating Committee (NACC);
- Situational Analysis and Response Review;[21]
- Community education and awareness on STI and HIV/AIDS, including youth peer educators from NGOs; and
- 1st Multi-Sectoral Strategic Plan.[22]

The initial response was the development of a Short Term Plan in 1988, which promoted prevention measures. Following the Comprehensive Health Review in 1996 further programmes were implemented and eventually the 2000 National Multi-Sectoral Strategic Plan was produced. This Plan elaborates how Solomon Islands can focus its efforts and responses for the prevention of STI and HIV infection and it seeks to support and compliment other government policies already in place in the Country.[23]

The guiding principles for the implementation of the plan are drawn from the Constitution and existing government policies and reports.[24]

The Plan recognised the following wide-ranging target groups at risk:

Priority Areas	Priority Group
Reduce vulnerability of specific groups and promoting safer sexual behaviours	Sex Workers Married Men and Women Seafarers Youth Health Workers

[20] Source: Solomon Islands In-country report, Kenneth H Averre, May 2003.

[21] Buchannan,H.R., Konare, K. and Namahari, A. (1999). "Chance Chance Noa Ia! A Situational Analysis of STI and HIV in Solomon Islands. Honiara: Ministry of Health and Medical Services.

[22] The Solomon Islands 1st National Multi-sectoral Strategic Plan (August 2000). Honiara: Ministry of Health and Medical Services.

[23] Ibid, page 3.

[24] Ibid, page 10.

	Traditional Birth Attendants
Prevention and control of STI	Youth and Adults
Blood Supply	General Population
Care and support for people living with HIV/AIDS and care and support to those caring for people with HIV/AIDS	People living with HIV/AIDS Families Care Givers Health Workers
Promoting multi-sectoral responses	Government NGOs CBO Churches Businesses

4.9 Vanuatu

The Ministry of Health has drafted a national strategic plan (**Policy and Strategic Plan for HIV/AIDS and Sexually Transmitted Infections – 2003 –2007**)[25] and it builds on previous plans first implemented by the Ministry of Health in 1988.

The Plan identifies the following as particular risk factors that exist within Vanuatu:

- The low condom use in Port Vila (indicated by the high level of STIs), which are risk factors for further STIs and HIV.
- The high proportion of young people in the population, who because of their level of sexual activity and physiological development are at increased risk of HIV transmission.
- Vanuatu's proximity to other pacific countries with higher prevalence of HIV.
- Social change and transition which manifests in: the flow of people from rural areas to town; increasing travel abroad; a tourist industry; increasing teenage pregnancy rates; multiple sexual partners; and transactional sex (to gain money or favours).
- The low status of women, which generally makes it hard for them to assert themselves with men in issues relating to reproductive health.
- Cultural and religious attitudes that discourage the use of condoms.

[25] Information Supplied by Ms Dianna Sant Angelo, VSP Volunteer, Assistant HIV Co-ordinator – Vanuatu and is being used with her permission.

The Vanuatu strategy acknowledges that there is a shared responsibility amongst all people to address the threat of HIV. It requires Government Departments to work in partnership with NGOs alongside all areas of the community, including chiefs, churches, educational establishments, the private sector, adults, women, children, and youth.

The strategy aims to:

- Increase awareness and knowledge about sexually transmitted infections, HIV, and AIDS throughout the population; with specific focus on young people, Ni-Vanuatu who travel abroad, sea-farers, users of STI services, and people who exchange sex for money.
- Increase the use of safer sex behaviour, particularly the use of condoms.
- Reduce the incidence of STIs through treatment and public health action.
- Use surveillance methods suggested by World Health Organisation (WHO) and core indicators from UNAIDS UNGASS to monitor HIV prevalence and measure the success of behaviour change interventions within Vanuatu.
- Ensure that appropriate treatment and care is provided to people living with HIV/AIDS and their families.

The Plan suggests that a revised work plan and budget will enhance the National AIDS programme to monitor their activities and identify more effective strategies to prevent the spread of HIV and AIDS in Vanuatu. The key strategic directions include prevention of mother to child transmission of HIV and early intervention and care and support to people with HIV.

5.0 HIV/Aids – Human Rights and Security

5.1 Human Rights

Discussion on human rights in relation to women and HIV/AIDS in the PICTs brings into context two crucial issues. The first issue is why human right is critical in response to HIV/AIDS in the PICTs and the second is of the inevitable discord between individual rights and the public health.

The precarious position of women in the PICTs often means that they are not free to make their own decisions about their sexual relations, exercise options or insist on preventive measures. Cultural expectations in relation to marriage and childbirth and child rearing, together with the absence of economic support outside the kinship add to the difficulties that women face in avoiding exposure to HIV/AIDS. This brings about a special need to honour the rights of women who are in grave danger of being discriminated against and socially stigmatised.

The second point that clearly needs to be dispelled in the Pacific Island Countries and Territories is the widespread myth that there must be an inevitable discord between individual rights and public health. The general perception within the PICTs is that respect for human rights can be a gloss to be added to other aspects of HIV/AIDS policy. One of the most contentious issues within the PICTs has been the issue of privacy and confidentiality. On this issue the human rights activists in PICTs have campaigned for the right to privacy of the individuals living with HIV/AIDS, while the public health proponents and other anti-human rights fanatics have frantically been lobbying for the disclosure of the identity of individuals living with HIV/AIDS. Similar sentiments have also been echoed on the issue of compulsory testing in the PICTs.

What needs to be understood by the community (the infected, uninfected and the government) is that in order for there to be an effective response to HIV/AIDS, demands a rather complex understanding of both the concepts and that it is vital for the containment of the spread of HIV/AIDS and to ensure the survival of the community and families that all concerned work together. The rationale for this leaves as paramount issue the 'commonality of interest' rather than potential conflicts.

A human rights approach emphasizes the claims or entitlements that all people have to a full and satisfying life, in which each person is able to develop to his or her full human potential. Human rights also impose obligations on states and non-state actors to ensure that these claims are met, thus affirming democratic principles of accountability and participation.

Importantly, human rights set standards for human well being and development, and constitute important resources for the achievement of this. While there has been some progress in relation to women's human rights and to HIV/AIDS and human rights, less attention has been paid to human rights as they relate to gender and HIV/AIDS. As a result, HIV/AIDS has only been addressed in relation to health in relevant core international documents on women's human rights: the Convention on the Elimination of All Forms of Violence Against Women, the Programme of Action of the International Conference on Population and Development (ICPD), the Beijing Declaration and Platform for Action and the United Nations Special Session of the General Assembly on ICPD+5 (1999) and Beijing+5 (2000).

It has as yet been insufficiently mainstreamed as a cross-cutting concern. The primary rights response to HIV/AIDS is set out in the "HIV/AIDS and Human Rights International Guidelines". These state that:

> "In the context of HIV/AIDS, an environment in which human rights are respected ensures that vulnerability to HIV/AIDS is reduced, those infected with and affected by HIV/AIDS live a life of dignity without discrimination and the personal and societal impact of HIV infection is alleviated."[26]

These Guidelines, which constitute a significant resource for a human rights approach to HIV/AIDS, offer 'an important means for supporting both human rights and public health, emphasizing the synergy between these two areas'. They also include a section on the vulnerability of women. They require extension and amplification, however, in order to address the additional human rights concerns that emerge from a gender perspective in the PICTs. **It is recommended for the PICTs that future Guidelines need to address gender inequalities that fuel the epidemic, as well as the obligations of both state and non-state actors to address these. Central to this is the indivisibility and interdependence of political, civil, social, economic and cultural right.**

More specifically, a gendered approach to HIV/AIDS and human rights in the PICTs should:

- **Identify the human rights that specifically pertain to gender and HIV/AIDS;**
- **Recognize the interdependence and indivisibility of political, civil, social, economic and cultural rights;**
- **Seek to ensure that all these rights are respected, protected and fulfilled at all levels in the family, community, the workplace and the state as well as during armed conflict (including civil unrest);**

[26] Office of the United Nations High Commissioner for Human Rights and Joint United Nations Programme on HIV/AIDS, HIV and Human Rights, International Guidelines, New York and Geneva, 1998, HR/PUB/98/1; Commission on Human Rights Resolution E/CN.4/RES/1997/33

- **Set out the obligations of all state and non-state actors, including international institutions, multi-national corporations and the private sector;**
- **Ensure that cultural and religious practices promote the well-being and security of women;**
- **Ensure that the experience of women infected and affected by HIV/AIDS is reflected in the interpretation and application of human rights, in various international and national documents;**
- **Set out a variety of legal and non-legal strategies for the achievement of rights;**
- **Set out an enabling legal framework that ensures that the rights of women are respected, protected and promoted.**

5.2 Security

There is a direct and reciprocal relationship between increased vulnerability to, and impact of, HIV/AIDS and decreased human security. In order to integrate a gender perspective into our understanding of the linkage between HIV/AIDS and human security, it is important to consider the existing gender norms that exist in the PICTs and that result in the differing roles and expectations for women and men, and the dominant constructions of femininity and masculinity. These roles, expectations and constructions in the PICTs heighten the vulnerability of women and girls both to HIV infection and the impact of HIV and AIDS.

The dominant constructions of femininity and masculinity in the PICTs generally influence three key dimensions of gender differences and inequalities and these include:

- sexuality and gender relations,
- social and occupational roles, and
- access to and control of economic and social resources.

Gender differences and inequalities in each of these dimensions have important implications for HIV/AIDS and security in the PICTs. A sense of security for a woman would presumably mean freedom from want and fear, as well as access to and control of resources and opportunities, including:

- Survival (food, water, shelter, health);
- Safety (freedom from violence);
- Opportunity (education, employment, information);
- Dignity (tolerance, respect);
- Agency and autonomy (participation in decision-making, self-determination, individual agency).

And moreover, the evolving concept of human security implies:

- Shifting the emphasis from the security of the PICTs to the security of people;
- Re-emphasizing the obligations of states to ensure the security of their citizens, and more particularly, women and the young children;
- Recognizing the ways in which problems cross borders and national boundaries;
- Recognizing the accountability for violations of human rights and humanitarian law; and
- Acknowledging the need for multi-faceted responses to human security issues in times of peace and conflict, including conflict prevention and post-conflict reconstruction and transformation.

Human security and human rights are harmonizing concepts, which are crucial in addressing HIV/AIDS. In many ways, human security is not a new concern, as human rights already contain many of the substantive aspects of human security. These can be found in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women and other declarations and treaties.

However, as a concept, human security provides significant added value because it:

- Acknowledges that in a globalising world, threats to human rights often result from forces beyond or across national borders;
- Emphasizes that effective responses to such threats require co-operation between states, and between states and inter-governmental organisations, trans-national corporations and civil society organizations; and
- Promotes anticipation and prevention of problems, rather than later intervention.

For example, a gendered discussion of food security in the PICTs from the point of human rights might:

- Examine rights to life, health, freedom from hunger, adequate food, and access to knowledge of the principles of nutrition;
- Explore how this lack of rights differentially impacts on women and girls as compared to men and boys;

Added to this is the corresponding responsibility of states and non-state actors to respect, protect and fulfil these rights. It is also worth examining how factors such as HIV/AIDS and the effect of globalization in the PICTs have resulted in changed food production and market patterns which impact negatively on the ability of women, men and their families to secure an adequate food supply. A weakened physical condition in turn increases the vulnerability to HIV infection and the impact of AIDS, and as this pattern is repeated in the PICTs, collective human security is endangered.

Although in advocacy for human rights, and in describing a state of minimum human well-being, the language of human security may serve some strategic value, it should never be used in a way which diminishes the universality and inter-relatedness of human rights, or states' commitments to respect, protect and fulfill human rights.

6.0 Gender and Cultural Inequalities that Enhance HIV/Aids in the Pacific Island Countries and Territories

In the Pacific Island Countries and Territories, cultural and gender inequalities hold unique challenges and opportunities for responding to HIV/AIDS. Women in the PICTs are inexplicably affected by HIV/AIDS because of their social status in the community and sexual subordination. The stigma of HIV/AIDS in the Pacific Island Countries and Territories is mostly "compounded by the general lack of knowledge and fear".[27] It is quite poignant to note that some cultures do not acknowledge the existence of HIV in their own islands, believing HIV 'only happens to others.'[28]

[27] Rarabici, V, 1999, "Pacific Women and Aids", Pacific AIDS Alert, Vol 18, 1999, SPC, Noumea, New Caledonia. P.3

[28] Supra n. 25, p.3

In the Pacific Island Countries and Territories there are various other cultural determinants and traditional expectations that differ from men and women. The role of women and men in the family and the community differs and this in turn reflects in the nature and pattern of the sexual activity. For instance, a male in the Pacific society is usually seen as powerful and the 'risk taker'. Women on the other hand, find the sexual relationship a difficult one in which to negotiate a strategy for their own good health and safety. If a women tries to negotiate the use of a condom, she comes across a number of obstacles, mostly which relate to the question of fidelity and if the men refuses, the women remain susceptible.

With the perception in the PICTs that male is 'powerful' and risk taker in the household and the community, lies the longstanding perception that men have the right to commit violence. Violence in whatever form and to whom so directed, irrespective whether the victim is male or female is unacceptable. In the Pacific Island Countries and Territories, violence against women is a common occurrence[29] and studies have shown that "women are more at risk from their husbands, fathers, neighbours or colleagues than they are from strangers."[30] This postulation is apt as a woman in the PICTs spends more time with those that are close to her.

Sexual violence against women is widespread in the Pacific Island Countries and Territories and is largely unopposed by strong cultural or legal norms. Incest, rapes, non-consensual sex, forced sex within marriage, seriously increase women's vulnerability to acquiring HIV.

Married Women in the Pacific Island Countries and Territories are powerless to negotiate sex, let alone safe sex, and in some instances it is seen that an attempt to negotiate safe sex has led to violence. Women make up large proportion of the unpaid labour force and stock needs to be taken of the damning violence against women and its detrimental effect on national development.

The traditional school of thought that saw women primarily as child-bearers and caregivers need to be 'weeded out' and it is crucial that the contribution of women as 'home-manageress' and development partners are acknowledged and enhanced. Correcting the structural and cultural barriers, coupled with the even distribution of the benefits of development would greatly promote gender equity and reduce women's vulnerability to HIV.

7.0 Social and Economic Factors that contribute towards HIV transmission among Women

The vulnerability of women to HIV/AIDS in the Pacific Island Countries and Territories can be linked to a number of social and economic factors that define a nation's development context. Factors such as youthful age structure, poor health status of the population, mobility and urbanisation, lack of infrastructure and basic services, limited education and employment opportunities all contribute to conditions in which HIV/AIDS flourishes.

It is common knowledge that people between the ages of 18 and 40 are the most sexually active sector of the population and significantly the most economically productive. It is largely seen that at this age range, where one has the world at his/her feet and when they are very 'adventurous', the vulnerability of HIV/AIDS increases.

The poor health status of women presents a major development challenge for the PICTs. Throughout the region, non-communicable diseases such as diabetes, hypertension and heart disease, which are

[29] As an example, In Fiji a Survey of Police Statistics revealed that domestic violence against women and children was a serious national problem – (Source: Adinkrah, M, 1995. Crime, Deviance and Delinquency in Fiji, Fiji Council of Social Services, Suva, Fiji)

[30] Duituraga, E, 2000, "Fatal: Intimacy: Gneder dynamics of STD and HIV/AIDS", Pacific AIDS Alert, Vol 18, 1999, SPC, Noumea, New Caledonia. P.14

associated with diet and life style, together with cancer, asthma and other chronic obstructive respiratory diseases, have become leading health problems,[31] and such situations increase the vulnerability to the effects of HIV and to succumbing early to AIDS because of an already weakened immune system. Coupled with this is the fact that in most PICTs resources in the health sector are limited, management is inefficient and accessibility to basic health services, inadequate.

Internal migration of women for educational purposes, search of employment, or relocation due to internal strife or conflict in the PICTs is a significant demographic factor and to a large extent reflects the desire to access basic services and participate in the modern economy. The rural to urban shift generally in the PICTs cause overcrowding and a strain on the infrastructure. The lack of proper water supply and poor sanitation are major problems in urban settlements and consequently poor hygiene is seen to lead to communicable diseases.

Most of the Pacific Island Countries and Territories have unique geography, which is a basic constraint to the delivery of essential services. Road transport, communication and electricity are all severely limited by the remoteness of most islands and the high costs of investment and maintenance. Many rural communities are at a considerable distance from the nearest aid post, health clinic, community school and market, and there are a substantial number of women in remote areas that are not reached by any services at all. The household income is another important issue affecting access to basic and essential services. Many rural women do not participate in the formal economy and they do have a regular source of cash income to meet transportation costs to travel to health facilities.

Limited opportunities for education and employment continue to pose a major constraint to women in the PICTs. Lack of income earning opportunities is a major contributory factor to the increased occurrence of commercial and transactional sex in the PICTs. It has been generally noted that women sex workers are under considerable economic and social pressure to meet basic needs for themselves and their families. There have also been a wide variety of situations in the PICTs when sex is exchanged for basic needs like food, clothing and shelter.

8.0 Availability of Resources, Access to information and education regarding HIV/Aids and Sexuality and Reproduction

According to de Bruyn,[32] women in many - though not all - developing countries tend to have lower educational and literacy levels, lower attendance rates at schools (often progressively lower at higher levels) and lower access to the mass media through which AIDS awareness campaigns are promoted (e.g. radio, TV) and these biases tend to particularly affect low-income women in rural areas.

[31] WHO, 1997a. The Rarotonga Agreement: Towards Healthy Islands. WHO Regional Office for the Western Pacific, Manila.1997

[32] de Bruyn, M., 1992, 'Women and AIDS in developing countries,' Social Science and Medicine, Vol 34, No 3, Pergammon, Oxford, P.251

Baden[33] states that in the Pacific there is evidence of differential levels of knowledge by gender and a KABP (Knowledge, Attitudes, Beliefs and Practices) survey of transvestites and bar girls in French Polynesia found that bar girls had significantly lower level of knowledge than the transvestites and most bar girls indicated that they wanted to know more about HIV/AIDS.

It generally appears in the PICTs that women have less accurate knowledge of HIV/AIDS, and that lower income, younger and less educated women are particularly prone to misconceptions. The fact that women in PICTs rely more on family and friends for information is also significant and this suggests that micro-level rather than macro information campaigns will reach women more effectively. It is vital in the PICTs that where mass media campaigns are used to raise public awareness, it is important to establish which programs, stations or channels are most appropriate (including accessibility) to reach women.

9.0 Male Partnership in combating HIV/Aids

In order to effectively combat HIV/AIDS in the PICTs, one of the foremost partnerships that need to be built is a new social contract between men and women. HIV/AIDS and its impact will only be overcome in the PICTs if men and women begin to forge true partnership of mutual respect and trust and of equitable sharing of the burdens of sadness, pain, care and support created by HIV/AIDS. Men and women must seek to establish the kind of honest communication about sexuality and sexual behaviour needed to prevent the transmission of HIV in their partnerships. They must work to restructure the sexual relationships in which they take part.

Women alone cannot stop the spread of HIV/AIDS nor care for its sick and its survivors. Women alone cannot bear the burden of it psychological, social and economic impact. Nor should this be expected of them. To do so would be to build in the certainty of failure.

Changes in individual relationships between men and women will occur only in the context of the emergence of a new social contract, not one simply governing men's or women's behaviour, but one, which changes what it is to be a man or women. The new social contract must encompass the way children are raised in the PICTs and the way society constructs its model.

10.0 Recommendations for Future Direction

10.1 Creating Enabling Environment – Review of the existing laws

The first step the PICTs need to take towards eliminating the spread of HIV/AIDS is to create an enabling environment where the vulnerable status of women is protected. This requires, *inter alia*, ensuring that national law and the policy are non-discriminatory and supportive of women. A comprehensive review of the existing laws and policies for their effect on women is the first step, to be followed by active measures to improve the status of women and their economic independence, and to give them a genuine role in shaping policies that affect them.

[33] Baden. S, 1992, Women, Hiv/Aids and Development: Towards Gender Appropriate Prevention Strategies in South-East Asia And the South Pacific, Report No 5, A Report Prepared for Women, Health and Population Division, Australian International Development Assistance Bureau. (the source of the information is cited to be personal communication with Patricia Sheehan)

All the PICTs Governments need to adopt into law universal human rights instruments and ensure they are reflected in policies, with special attention to reproductive rights, the rights of the girl child, and the rights of women. In addition, measures should be taken to ensure that all policies on HIV/AIDS are gender-sensitive. Adequate protection must also be provided under relevant laws to protect women from forced relocation and internal strife and civil unrest within the PICTs. The laws need to protect and make provision for resources for women to protect them from exploitation by the 'usurpers'.

With the scope for protecting babies from prenatal transmission of HIV increasing all the time, the PICTs governments need to urgently develop national policies on Mother To Child Transmission that provide for equitable access to interventions, and address the complex and sensitive issues of infant feeding and the supply of infant formula.

10.2 Programme Issues

The immediate challenge for most PICTs is to strengthen primary health care - particularly mother and child, family planning, and STI services - as the necessary foundation for HIV/AIDS interventions. The quality of care is a vital consideration, and special attention need to be given to making services user-friendly to women and the youth (especially girl child), and accessible to all. All the PICTs also need to identify what is required to introduce interventions such as voluntary counselling and testing and programmes to reduce Mother To Child Transmission, and to ensure equity of access. Where services already exist but are under-utilised, research should be carried out to identify the factors - psychological as well as practical - that inhibit potential clients. Much more research is needed also at the national levels to understand how best to integrate services for STIs and HIV/AIDS into mainstream reproductive and primary health care services, and how to make them user-friendly. A common criticism is that too often these are stated as ideals without practical guidance on how they should be accomplished or due recognition of the constraints.

In the PICTs, the civil societies play an important role in HIV/AIDS prevention, support and care and in meeting reproductive health needs. This should be actively encouraged in the region and more funds should be made available for the active NGOs to continue their excellent work. Additionally, strategies are needed to ensure that man share responsibility for sexual and reproductive health, including family planning and the prevention and control of STIs and HIV. It is also vital that effort should be made to improve understanding of, and demand for female-controlled methods of disease prevention.

As far as the youth (girl child) are concerned, it is now possible, with the knowledge we have of what works, to formulate policies and programmes which deal directly with their vulnerability to HIV/AIDS. These are policies and programmes aimed at ensuring that the youth (girl child):

- lives in a safe environment which fosters their health and overall development to reduce their vulnerability to HIV, and provides assistance and support in times of crisis through family members, peers and concerned adults in the community;
- is able to acquire information and develop the skills necessary for healthy development and to become responsible adults, as well as to manage specific situations in which HIV poses a risk;
- have access to HIV-related services that are accessible, affordable and confidential, and include education, diagnosis and treatment of STIs, HIV and AIDS, as well as counselling, referral, and commodities such as contraceptives including condoms; and
- have opportunities for genuine participation in developing and defining policies and programmes that affect their lives, including those related to HIV.

It is important that the PICTs Governments ensure, that within a particular time frame, access to free and voluntary counseling and testing for HIV infection, access to affordable treatments for opportunistic infections and antiretroviral therapies, and access to the means to ensure a healthy diet, including recommended nutrient supplements in order to increase life expectancy for people living with HIV infection.

10.3 Advocacy and Partnerships

The role of advocacy in fighting HIV/AIDS in the PICTs is as important today as it has ever been, for the threat posed by AIDS is still greatly underrated by many decision-makers. Denial and lack of commitment at national level remains a serious problem and the reluctance to confront the often sensitive and controversial issues raised by HIV/AIDS - such as teenage sexuality, prostitution, drug-taking behaviour and homosexuality - is common in the PICTs.

The crucial issues that most concern women, including the threat of passing on HIV to their children, have been widely neglected by policy-makers. Moreover, despite much false piousness paid to human rights, their direct relevance to the AIDS epidemic is poorly understood by many people in the PICTs. Violation of human rights, including prejudice and discrimination, remain major barriers to effective campaigns for women. Every opportunity should be taken to fight discrimination so that individuals and communities can openly acknowledge HIV/AIDS, and it can be addressed without shame or fear.

Strong advocacy is needed, also, to guard against the constant threat of waning public interest in a catastrophe in slow motion, for success in the future depends on increased commitment and a greatly expanded response to AIDS. This means, among other things, strengthening existing partnerships in the PICTs, and recruiting new partners from all walks of life who will bring additional expertise and resources as well as new perspectives to the regional campaign against AIDS.

It is vital that all stakeholders significantly upscale their support for, and active involvement in, work with men to challenge gender inequalities in relation to HIV and AIDS, and to encourage men’s fuller participation in prevention, impact alleviation and care. This may include work with formal, informal and traditional men’s groups, targeting couples, rather than individuals, for services and interventions, as well as efforts to tackle gender stereotyping in the media.

Governments and international agencies should ensure the provision of accurate and culturally sensitive prevention education, services and technologies (including the male and female condom) within a gender-sensitive framework and with particular emphasis on adolescents and young adults. This work should aim to promote gender equality in relationships, and provide information and resources to promote the practice of safer sex and human rights.

The PICTs Governments, the international organizations and civil societies also need to work together with religious and traditional leaders to identify the cultural and religious practices that influence gender relations, and to eliminate practices that increase the vulnerability of women, young girls and children to HIV/AIDS. Such work should be undertaken within the framework of the Vienna Programme of Action adopted at the World Conference on Human Rights (1993) and should seek to work with the positive core values and practices of respective cultures and religions in HIV/AIDS education including sex and sexuality education, prevention, treatment and care.

Governments and the private sector must also ensure that all forms of media promote nondiscriminatory gender sensitive images and messages of women and men.

11.0 Conclusion

There is little evidence of the reduction in the numbers of HIV/AIDS and there are clear indications that the rate of HIV/AIDS in the PICTs would accelerate as it expands in other regions. It is vital that all stakeholders give full support to combating HIV/AIDS in the PICTs as HIV/AIDS continues to threaten national development and which could ultimately destabilise the region.

Women and young girls often disproportionately bear the brunt of HIV/AIDS and they usually due to their social and economic status in the PICTs are at increased risk of having HIV/AIDS. One of the keys to combating and to some extent lessening the threat of HIV/AIDS to women and young girls is a strong commitment by the PICTs leadership to implementing HIV/AIDS strategies that affect women and young girls. The PICTs need to revisit the BPA, more particularly Strategic Objective C.3 where they undertook to address HIV/AIDS and sexual and reproductive health issues which included reviewing and amending the national laws.

Ultimately, however, what is needed most is sustained commitment on all fronts. HIV has lost none of its potency, none of its ability to tear at the fabric of our societies, and neither will it forsake any one whether you are a child or an adult, rich or poor, or you are men or women. It is through our unfettering imagination, solidarity and the unflagging will to act, that we can turn the tide on HIV/AIDS and save lives in the PICTs.

12.0 References and Bibliography

Adinkrah, M, 1995, *Crime, Deviance and Delinquency in Fiji*, Fiji Council of Social Services, Suva, Fiji.

AUSAID, 2004, *HIV/Aids in Papua New Guinea*, AUSAID Country Report – February 2004. (http://www.ausaid.gov.au/country/png/hivaids.cfm)

Averre, KH, 2003, *Solomon Islands HIV/AIDS Law, Ethics and Human Rights In-country Report*, IJALS, USP, Suva, Fiji.

Baden, S, 1992, *Women, HIV/AIDS and Development: Towards Gender Appropriate Prevention Strategies in South-East Asia And the South Pacific*, Report # 5, Health and Population Division, AIDAB.

Buchannan, H.R, Konare, K and Namahari, A (1999*). "Chance Chance Noa Ia! A Situational Analysis of STI and HIV in Solomon Islands"*, Ministry of Health and Medical Services, Honiara.

De Bruyn, M., 1992, *'Women and AIDS in Developing Countries*,' Social Science and Medicine, Vol 34, No 3, Pergammon, Oxford.

Duituraga, E, 2000, *"Fatal: Intimacy: Gneder dynamics of STD and HIV/AIDS"*, Pacific AIDS Alert, Vol 18, 1999, SPC, Noumea, New Caledonia.

Jayasuriya, D.C (ed), 1995, HIV- Law, Ethics and Human Rights – Text and Materials, UNDP, New Delhi, India

Mulitalo, L S, 2003, Samoa HIV/AIDS Law, Ethics and Human Rights In-country Report, IJALS, USP, Suva, Fiji.

Rarabici, V, 1999, *"Pacific Women and Aids"*, Pacific AIDS Alert, Vol 18, 1999, SPC, Noumea, New Caledonia.

UN, 1996, Time to Act – The Pacific Response to HIV/AIDS, Suva, Fiji

UNAIDS, 2004, *2004 Report on the global AIDS epidemic 2004*, New York (http://www.unaids.org/bangkok2004/report_pdf.html)

UNHCHR, 1998, *UNHCHR and Joint United Nations Programme on HIV/AIDS, HIV and Human Rights, International Guidelines*, New York. (HR/PUB/98/1; Commission on Human Rights Resolution E/CN.4/RES/1997/33)

UNDP, 1999, *Pacific Human Development Report – Creating Opportunities*, Suva, Fiji.

UNDP, 2002, Law, Ethics and HIV/AIDS in South Asia, Bangalore, India.

Wimalasiri, J.S and Sing J, 2003, *A Survey on HIV/AIDS/STIs in Fiji: Challenges and Opportunities for Action*, USP, Suva, Fiji.

WHO, 1997a. The Rarotonga Agreement: Towards Healthy Islands. WHO Regional Office for the Western Pacific, Manila.