

## Guest Editorial

### Wame Baravilala

In this issue of the "Dialog" there are three original papers dealing with HIV. Orimoto et al (page reference) discuss the psychological adjustment of native Hawaiian women living with HIV/AIDS and introduce a dimension hitherto lacking in the Pacific literature on HIV. While their paper reports "preliminary attempts to identify the ways in which traditional Hawaiian values impact adjustment to HIV/AIDS" it deals with the very real issues of stigma shame, disclosure, what it means to be infected, interaction with the health care system and personal growth and development. These issues are universal and require academic study in all Pacific countries so that we can learn from others, and most importantly understand and better serve those infected and affected by HIV/AIDS. As countries such as Papua New Guinea and Kiribati broach or surpass the threshold for an HIV epidemic it is easy to be swept up and feel stunned by the sheer magnitude of the numbers involved engendering, as it often does, a sense of passivity or, at worst, hopelessness. However, it is important to appreciate that affected persons are not statistics, but individuals, worthy of our consideration, care and attention. Orimoto et al remind us of the challenges that individuals have to face in accepting their condition, and in dealing with their families and their care givers. Similar studies in other Pacific Island countries are needed and will surely find a place in PHD.

Another welcome contribution to the HIV debate is Salomon et al's study of HIV protection and screening in women, in New Caledonia (page reference). The paper is welcome because of its content, casting light on the sexual behaviour of its study population, and also because it comes from francophone New Caledonia. The Government of New Caledonia has been attempting to reduce health inequalities, amongst its various ethnic groups, since the late 1980s. Melanesian and Polynesian New Caledonians have the lowest educational and incomes levels and, not surprisingly, are less well informed and are worse at positive reproductive health seeking behaviours and condom use. Salomon and her team report that of the women who had a new partner in the previous 12 months just under a half

had used no protection. Condom use in this group of women was highest among 18 to 24 year olds. The possibility of an increase in the rate of heterosexual acquired HIV in rural areas is raised. New Caledonia has yet to see a significant rise in the heterosexually acquired disease typically seen in other South Pacific countries.

The third original paper on HIV discusses the mathematical dynamics of the HIV-positive population size in Fiji (page reference). Vanualailai et al have applied the Verhulst and Tsoularis equations to the actual annual numbers of new HIV cases in Fiji between 1989 and 2002 to produce curves that extrapolate future annual case numbers and compare actual to projected figures. Using the above-mentioned equations Logistic and Compertz curve have been used to produce these estimates. The increase in case numbers of HIV at its initial stages follows predicted mathematical behaviour. Vanualailai et al have produced, amongst other things, a table of rounded-up estimated compared with reported numbers. The concurrence of the new case numbers with those predicted by the two curves is startling. The authors are proposing several scenarios for the future, based on applying the curves to the actual figures for 1989 to 2001 or 1989 to 2002. The first two scenarios are that the number of new cases could stabilize at about 23 per year starting in 2005 or 33 per year starting in 2013, with steady annual increases until then. An alternative is that there will be annual increases until 2020 when the number of new cases will be around 41 to 57 per year.

Vanualailai and his team have made some assumptions in their paper, chief amongst which is that Fiji's Ministry of Health have been accurate in their reporting of the case numbers between 1989 and 2002. The paper goes on to question the early prediction by Goforth that there would be 85,000 cases, both reported and unreported, by 2005. Until such time as a proper study of the true seroprevalence of HIV is undertaken we will have to assume that the true incidence of HIV in Fiji is somewhere between what Goforth predicted and what Vanualailai et al are proposing. In the meantime other Pacific countries may find it useful to apply the described methodology to their own settings and obtain ballpark figures for what may lie ahead.

The three papers add to our knowledge of HIV/AIDS and its effects in the Pacific. They come at a time when the level of programme activity in HIV/AIDS is escalating. The programmatic landscape is getting more crowded and more complex. The Forum Leaders identified HIV/AIDS as an important regional developmental issue and asked for a regional strategy to combat the virus. The Secretariat of the Pacific Community is taking a lead role in regional coordination of the strategy. AusAID and the French government are funding a regional programme through

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SPC which is also primary recipient of HIV/AIDS monies from the Global Fund against AIDS, TB and Malaria. In addition the various UN agencies are involved in the fight against HIV/AIDS, each sticking to its own mandate in the battle. UNAIDS is starting to coordinate the UN effort. Another feature of the fight against HIV/AIDS in the Pacific is the emergence of strong and vocal civil society groups in most countries. There is even a regional non-governmental organisation, funded by NZAID, working in this area.

Let us spare a thought for the HIV/AIDS focal points in the ministries of health and civil society who have the unenviable task of having to cope with the multiplicity of actors in this area. Let us hope they do not become so overloaded with the competing requirements for programme and financial reporting, attending meetings, attending workshops and answering questions from politicians and the press that they do not take time out to ponder on the crucial importance of the work they do.

“In the delivery of health care services numerous challenges must be overcome. These include: administrative structures that emphasize hospital-based acute care; the long distance that must be covered to provide care to people in remote areas; dependence on foreign aid; inadequate fiscal and personnel management systems; poorly maintained and equipped health care facilities; the enormous cost involved with sending patients off-island for tertiary or specialized care; and shortages of adequately trained health care personnel. In many cases, the island jurisdictions are also contending with social change brought about by incredible population growth, rapid economic development and a shift away from a way of life based on communal farming and farming that is market and consumer orientated.”

Feasley JC, Lawrence RS (editors) Pacific Partnership for Health: Charting A Course for the 21st Century. National Academy Press, Washington DC; 1998.