

# Papua New Guinea faces an HIV/AIDS epidemic

**Will Marshall****4 June 2002**

A recent report commissioned by the Australian Agency for International Development (AusAid) has revealed that the Pacific country of Papua New Guinea (PNG) faces a potential HIV/AIDS disaster on a similar scale to sub-Saharan Africa.

The report entitled “Potential economic impacts of an HIV/AIDS epidemic in Papua New Guinea” concluded that PNG was likely to follow one of the three African scenarios. In the best case, PNG could emulate “low HIV impact” Kenya, where the population between the ages of 15 to 49 is predicted to decrease by a massive 13 percent by 2020. However, PNG could have South Africa’s “medium impact experience” or Zimbabwe’s “high impact” scenario, where the same age group is expected to decline by 34 percent and 38 percent, respectively, by 2020.

As in Africa, PNG’s working-age population will be most affected, leaving behind many children and the elderly. The report’s author Dr. Jenny Gordon explained in an interview: “You end up with a real change in the dependency ratio, children and old people dependent on the missing adult group”. A whole generation of children will be forced out of schooling to try to find work to provide for their families.

HIV was first reported in PNG in 1987. The number of cases of HIV and fully developed AIDS has been steadily growing since. According to the National AIDS Council Secretariat and Department of Health, a total of 4,075 cases of HIV, including at least 1,366 cases of AIDS, have been reported by July 2001. At least 249 deaths have been attributed to the disease. But the number of reported cases is just an indication of a much wider prevalence of those that go unreported.

Head of the Australian AusAid’s sexual health project, Sue Crockett, warned that there could be up to 22,000 HIV-positive people in PNG’s population of 5.1 million. Crockett estimated that if the AIDS epidemic were left

unchecked it would affect 30 percent of all women by 2010, reducing their life expectancy from 51 years to 38 years. Men’s life expectancy would drop from 53 years to 39 years.

According to research by Australian health expert Professor John Caldwell, PNG may confront a worse disaster than those in Thailand and Cambodia. Already there are epidemic levels of HIV/AIDS in the PNG capital Port Moresby, among the poor and migrants in shanty areas. Over 85 percent of the capital is made up of squatter settlements. Having entrenched itself in urban centres, the danger is that the disease will spread to other parts of the country.

Caldwell suggested the only reason that a major epidemic has not already broken out was because of PNG’s small urban population, the absence of a highway system and the relatively small size of the commercial sex sector. The country has a largely rural population with 83 percent of people living as subsistence farmers. But these factors do not offer any guarantee that the infection will not spread to the rural areas.

The spread of AIDS does not usually occur in a directly cumulative fashion. There is usually a lengthy period in which the number of people infected with HIV builds up gradually, followed by a rapid increase in fully developed AIDS.

The UN and World Health Organisation have identified three stages. The “low-level” phase is when the HIV infection has not spread to a significant degree in any sub-population despite its presence over a period of time. “Concentrated” is when HIV has spread rapidly and widely in a particular sub-population but is not established in the general population. “Generalised” occurs when HIV is firmly established in the population as a whole.

The AusAID report noted: “The current measured HIV/AIDS prevalence places PNG in either the low-level

or concentrated phase". However, it then warned: "The indicators presented in this chapter suggest that there is a high risk of PNG moving to the generalised epidemic state".

It is difficult to establish precisely the total number of HIV cases. The most recent WHO findings suggest that for every case reported, there are three or four that are not. Estimates of the number of people in PNG infected with HIV vary widely from 5,500 to 23,000. According to the National Consensus Workshop in 2000, the likely range was 10,000 to 15,000.

Further evidence that PNG has a HIV/AIDS epidemic in the making is the high incidence of sexually transmitted diseases in PNG. As in sub-Saharan Africa, the number of HIV cases in PNG is growing largely among the heterosexual population, which is uncommon and implies a rapid onset and growth of the epidemic.

While HIV/AIDS is not restricted to the poor, it is certainly a disease that has hit the most deprived countries the hardest. Not coincidentally in sub-Saharan Africa, where the virus has taken its greatest toll, half the population lives in absolute poverty. Lack of knowledge of the disease together with limited or no access to health care produce deadly consequences.

According to Professor Ron Duncan, director of the National Centre for Development Studies at the Australian National University, the number of people living in poverty in PNG doubled between 1985 and 1996, rising to 30 percent of the population. As a result, more than a third of children in PNG under the age of five suffer malnutrition, greatly weakening their immunity to disease.

The population is dangerously susceptible to an AIDS epidemic while at the same time being deprived of adequate access to treatment. PNG cannot afford to provide retroviral drugs on the necessary scale. Not only is the medication expensive but it requires trained personnel and other resources to be effective. Health workers need to be able to interpret CD4 cell count tests in order to advise on the appropriate course of treatment.

The fact that the cost of AIDS drugs have dropped from 2,000 kina (\$US540) to 500 kina per month will help relatively few people. According to a World Bank report, 76 percent of the population does not have access to safe drinking water, let alone medical services and the money needed to purchase drugs. Many households in rural areas have cash incomes as low as 50 kina a year.

The country's health system is crumbling. As a percentage of GNP, the health budget is the lowest of any

country in the Pacific region and it has the smallest ratios of doctors and nurses per 100,000 residents. Life expectancy at birth is the lowest in the Pacific. Such is the state of the hospital system that an outbreak of measles has claimed the lives of more than 100 people since the beginning of the year.

The PNG government of Prime Minister Mekere Morauta has called for more health education and safer sex practices, but is, with the backing Australia, accelerating the economic restructuring measures demanded by the IMF and World Bank. The impact of the Structural Adjustment Program has already been to drive up levels of poverty and unemployment and cut back on government spending. Serious financial restraints have been imposed on the provincial governments, which are responsible for maintaining much of the public health network.

As the AusAid report noted: "Many health centres are not operational due to lack of funds, vehicles, medical supplies and essential drugs, and many aid posts are not functioning. The lack of basic supplies such as disposable syringes and rubber gloves makes it impossible for health workers to adhere to universal precautions, and presents a serious challenge to the protection of health workers and clients from possible HIV infection. Health sector spending as a percentage of total government expenditure declined through the 1990s."

If HIV/AIDS spreads, then the public hospital system will simply break down. The country's current National Health Plan warns: "[I]f the epidemic (HIV/AIDS) is left to run at the present rate of increase, 70 percent of the hospital beds in the country could be occupied by AIDS patients in 2010. For every 5 percent increase in HIV prevalence in PNG, the total national spending on health will need to increase by 40 percent."

However, the plan fails to make the obvious observation: that health budgets are decreasing, not increasing, and thus a HIV/AIDS epidemic in Papua New Guinea will have catastrophic consequences.



To contact the WSWS and the Socialist Equality Party visit:

**wsws.org/contact**