

# AIDS, Security and Conflict Initiative



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## State Fragility and AIDS in the South Pacific

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## **About ASCI**

The AIDS, Security and Conflict Initiative (ASCI) officially launched in September 2006. ASCI is a global research initiative to inform policy and programming by strengthening the evidence base and addressing critical gaps in knowledge across several thematic areas:

1. HIV/AIDS in uniformed services, including military, peacekeeping and policing
2. HIV/AIDS, humanitarian crises and post-conflict transitions
3. HIV/AIDS, fragile and crisis states
4. Cross-cutting issues of gender, data collection & measurement, and media representation

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## Foreword

This research was commissioned by the Fragile States Working Group of the AIDS, Security and Conflict Initiative (ASCI), a cooperative research venture between the Clingendael Institute of the Netherlands Institute of International Relations and the Social Science Research Council (SSRC) in New York.

This paper was prompted in part by discussions at the *HIV/AIDS and Fragile States in Australia's Proximate Region Workshop* held at La Trobe University in Melbourne Australia during April 2007. This interdisciplinary workshop provided a stimulating environment for academics, policymakers, and practitioners from the region to debate the salience of the state failure paradigm for understanding the relation between HIV and governance in the South Pacific. The product was a 'Research Agenda for HIV/AIDS and State Fragility in the Region'. The conclusions were that: "State fragility does not provide an accurate or useful paradigm for examining the reasons for concern over HIV/AIDS in the Asia-Pacific region."..."Actions at the level of the community are highly significant in explaining the spread of the HIV/AIDS epidemic thus far"...(and)..."There is a rich and varied experience of policymaking and policy implementation with respect to HIV/AIDS across the region."<sup>1</sup>

Thanks to Professors Dennis Altman, Tony Barnett and Alex De Waal for their comments and to the participants of the aforementioned workshop. Thanks also to the Clingendael Institute, the School of Social Sciences at La Trobe University, the UK Department for International Development (DFID) and hivpolicy.org that sponsored the aforementioned workshop. Of course all errors are my own.

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<sup>1</sup> ([www.hivpolicy.org/about](http://www.hivpolicy.org/about)) <January 26, 2008>

## 1. Introduction

There is great debate amongst academics, policymakers and practitioners over whether states in the Pacific are ‘failing’, whether issues such as AIDS<sup>2</sup> are contributing to instability, and whether this is a region-wide tendency. This concern is understandable because recent tensions in Fiji, Papua New Guinea (PNG), the Solomon Islands, Vanuatu and West Papua have highlighted what appears to many to be endemic instability.

The need for good public policy responses within and outside the region makes it a priority to make sense of these events in the Pacific. But in doing so the literature on ‘state failure’ must be treated with caution; it was developed from African experience and may not provide ready-made prescriptions for policymakers elsewhere—and indeed is also subject to critique in Africa.<sup>3</sup> It follows that links between state failure and AIDS must be treated similarly.

Therefore this paper aims to illuminate the relationship between the African<sup>4</sup> debate on AIDS and state failure and the situation in the South Pacific. It critically appraises the level of generality in much of the literature that prompts experiences and solutions to be uncritically transferred from one region to another.

That AIDS undermines state capabilities underpins much of the discussion about AIDS and governance and has become orthodoxy. There is a voluminous literature connecting state failure or fragility in Africa to the AIDS epidemic. The Joint United Nations Programme on HIV/AIDS (UNAIDS) provides a representative example of this perspective:

*In regions where HIV prevalence rates are high, the epidemic destroys the very fabric of what constitutes a state: individuals, families, communities and political institutions. AIDS affects and eventually breaks down community structures. Public administration, governance and social services become unsustainable in the process, and both coping capacity and policing capacity are reduced. As a result, communal conflict is likely to increase, which is*

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<sup>2</sup> “AIDS” is used throughout as shorthand for the HIV/AIDS epidemic.

<sup>3</sup> See for instance, Bayart, Jean-Francois, Ellis, Stephen & Hibou, Beatrice, *The Criminalization of the State in Africa*, James Currey, Oxford, 1999.

<sup>4</sup> This paper uses “Africa” to denote Sub-Saharan Africa.

*particularly true for areas with a history of violence and armed conflict.*<sup>5</sup>

It may in fact be the case that this relation between state failure and AIDS exists in Africa, but it has not been demonstrated in the Pacific, and even the case from Africa seems to be unravelling.<sup>6</sup> An orthodoxy based on plausible speculation demands further analysis.

One perspective of state fragility that has been particularly influential and divisive is that we are witnessing the “Africanisation of the South Pacific”. The main thrust of the ‘Africanisation’ argument is that problems that exist in Africa will inevitably be repeated in the Pacific.<sup>7</sup> This controversial perspective has been criticised for a number of reasons and the fact that it has polarised debate makes it worthy of further analysis.

This paper begins with a brief overview of the essence of state failure literature to provide background for later discussion. This is followed by analysis of the ‘Africanisation’ argument. It is clear that the perspective has some merit, and also that it deserves criticism. This leads to a discussion of the epidemic in the region and whether there is any convincing link between AIDS and governance. Whether there is a convincing link between AIDS and governance in Africa is beyond the scope of this paper, the relevant fact is that this link is an orthodoxy and one that is being exported to the South Pacific.

The most surprising oversight in the ‘Africanisation’ debate is that in the transfer from Africa to the Pacific the AIDS epidemic *in the South Pacific* is not analysed in any depth. The epidemic is a major public health, social, governance and security issue in Africa and therefore the ‘Africanisation’ argument is untenable without reference to the ramifications of AIDS. This observation leads to a discussion of the central place that the AIDS epidemic given in essentialised versions of the ‘Africanisation of Africa’. It follows that if we are in fact witnessing the ‘Africanisation’ of the Pacific along the lines posited by many observers then the epidemic will be implicated, so discussion shifts to the state of play in the epidemic in the region in order to discover

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<sup>5</sup> UNAIDS, *Security and Humanitarian Response to AIDS*, (<http://www.unaids.org/en/PolicyAndPractice/SecurityHumanitarianResponse/default.asp>), <January 17 2008>.

<sup>6</sup> See for instance Allen, Tim, ‘AIDS and Evidence: Interrogating Some Ugandan Myths’, *J. biosoc. Sci.*, 38, 2006, pp. 7-28.

<sup>7</sup> Finnin, Gerard & Wesley-Smith, Terence, ‘Coups, Conflicts and Crises: The New Pacific Way?’, *Race & Class*, 42, 4, 2001, p. 3.

whether African AIDS analogies are relevant or whether something altogether different to 'Africanisation' is occurring.

## **2. State Failure Typologies**

### **2.1 State Centric Perspectives**

There are numerous typologies of statehood that focus on how states function and how well they deliver public goods, such as physical security, law and exchange and essential services.<sup>8</sup> These typologies are significant as they are used by aid providers to justify priorities, such as resources devoted to countering AIDS. It must be noted that explicitly and implicitly embedded in these justifications are various perspectives of statehood, threats to statehood, and methods of 'rescuing' and strengthening weak states. One perspective of state failure has become dominant amongst state actors, such as the US State department and Australian Department of Foreign Affairs and Trade. Robert Rotberg's work on the causes and consequences of state failure exemplifies this perspective and the following section relies heavily on his work. The aim is to tease out some of the implications of this dominant perspective for aid interventions to counter state failure and AIDS.<sup>9</sup>

Strong states (namely 'us' in the developed world) control their territory, deliver high quality public goods, and score well on good governance and development indicators.<sup>10</sup> From the standpoint of public health it is also significant that strong states have the capability to buffer the population from catastrophic natural disasters.

Weak states (namely 'them'): are weak at the core ("geographical, physical, or fundamental economic constraints"), and/or weak due to internal division and conflict; provide limited (and diminishing) public goods; have deteriorating or collapsed infrastructure; suffer rising corruption; and exhibit challenges to the rule of law. Significantly it is argued that these states are security threats to

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<sup>8</sup> For instance see Crisis States Research Centre, *Crisis, Fragile and Failed States: Definitions Used by the CSRC*, London School of Economics, London, 2006. A good overview of definitions of state fragility see Torres, M. & Anderson, M., *Fragile States: Defining Difficult Environments for Poverty Reduction*, PRDE Working Paper 1, DFID, London, 2004, Annexes 1 & 2. A comparative review of definitions of state failure can be found in Ratuva, S., *Pacific Islands States Security Issues*, Briefing Paper for Forum Security Committee, Auckland, 15 June 2005, Annex 1.

<sup>9</sup> Rotberg, Robert, ed., *Why States Fail: Causes and Consequences*, Princeton University Press, Princeton, 2004, pp. 1-45. A good discussion of capacity and willingness can be found in Torres & Anderson, *Fragile States*.

<sup>10</sup> Rotberg, *Why States Fail*, pp. 1-45.

the global hegemon,<sup>11</sup> or to developed states that prize regional stability, such as Australia in the South Pacific.

Needless to say weak states score badly on good governance and development indicators, that is, if records are kept. They also rate badly on other indicators of instability such as demographic pressure or uneven development.<sup>12</sup>

A subset of weak states are failed states, which have the attributes of weak states but in addition: authority is limited and divided (alternative centres of power and non-state actors); the bureaucracy is unable or unwilling to perform basic governance functions (and often actively assists in repression); there is endemic corruption; the economy is stagnant or declining; and often there is open internal conflict and/or external destabilisation or invasion.<sup>13</sup>

A second subset of weak states are collapsed states, which are “rare and extreme versions of a failed state” and are characterised by a complete lack of central authority, and very limited provision of public goods (mostly through external donors).

It is evident from this preceding brief review of state failure typologies that many states face serious challenges and pose challenges for foreign policymakers and aid providers. However, it is also worth noting that most studies do not provide a quantifiable definition of what the presence of these indicators might actually mean (an important exception is Collier’s *Bottom Billion*).<sup>14</sup> Despite this caveat it is clear that these typologies developed by students of Africa reflect the situation on the ground in some African states presently and at times in the past. Furthermore, many of these circumstances have been reflected in various South Pacific states at various times. It is also clear that they provide a basis for thinking about how to improve governance and encourage development.

What is important here is whether these frameworks are readily transferable to the South Pacific. State failure typologies involve applying a scale based on

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<sup>11</sup> See for instance, Kaplan, Robert, *The Coming Anarchy: Shattering the Dreams of the Post Cold War*, Random House, NY, 2000.

<sup>12</sup> See *Foreign Policy*, ‘The Failed States Index 2007’, *Foreign Policy*, July/August 2007, p. 57 & Mo Ibrahim Foundation, *The Ibrahim Index of African Governance*, London, 2007.

<sup>13</sup> Brinkerhoff, Derick, ed., *Governance in Post-Conflict Societies: Rebuilding Fragile States*, Routledge, NY, 2007.

<sup>14</sup> Collier, Paul, *The Bottom Billion: Why the Poorest Countries are Failing and What Can be Done About It*, Oxford University Press, Oxford, 2007.

deeply embedded assumptions about Westphalian statehood. Statehood in Africa (and in the South Pacific) does not necessarily conform to the Westphalian perspective of many international studies analysts, statesmen and their citizens. The focus is on a Weberian ideal state – a system of political control whereby a sovereign possesses a legitimate monopoly of violence within a territorially bounded area, has international recognition, and recognises the sovereignty of other states.<sup>15</sup> It follows that if the state does not exercise authority over its citizens (monopoly of violence and legitimacy) then it has failed.<sup>16</sup> In much of the literature the consequence of state failure is that it equates to decline and underdevelopment or at worst a relapse into a “pre-modern’ phase of state evolution”,<sup>17</sup> either of which is of interest and concern to international studies theorists, policymakers and development practitioners alike.

## **2.2 Alternative Conceptions of Statehood in Africa**

A statist bias in much of the international relations literature is nothing new to scholars of Africa<sup>18</sup> who view the state as:

*“a dubious community of heterogeneous and occasionally clashing linguistic, religious and ethnic identities; (whose) claim to force is rarely effective and much less monopolistic; (whose) frequent predatory nature fails the test of legitimacy; and (whose) territoriality is generally at best hesitant and contested.”<sup>19</sup>*

This leads Englebert to note the African state is “neither African nor state”,<sup>20</sup> many states in Africa do not live up to the Weberian ideal.

There are also some other approaches to statehood in Africa that require a modification to orthodox understandings of statehood. For instance, the

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<sup>15</sup> Weber, Max, ‘Politics as a Vocation’, Munich, 1919.

<sup>16</sup> It also follows that the state is no longer sovereign and should not be accepted as a member of the international community of sovereign states. However, this implication of statehood is not featured in analysis or diplomacy. Rather the focus is on strengthening ‘failed’ states.

<sup>17</sup> Center of Social Studies, Coimbra University; and The Peace Research Center-CIP-FUHEM, Madrid, *Failed and Collapsed States in the International System*, Madrid, 2003, p. 4.

<sup>18</sup> See for instance, Bilgin, P. & Morton, A., ‘Historicising Representations of ‘failed states’: Beyond the Cold War Annexation of the Social Sciences?’, *Third World Quarterly*, 23,1, 2002, pp. 55-80 & Parekh, Bhikhu, *Rethinking Humanitarian Intervention*, *International Political Science Review*, 18, 1, January 1997, p. 68.

<sup>19</sup> Englebert, Pierre, ‘The Contemporary African State: Neither African nor State’, *Third World Quarterly*, 18, 4, 1997, p. 767.

<sup>20</sup> Englebert, ‘The Contemporary African State’, p. 768.

Bayart/Ellis “criminalization of the state” thesis focuses attention on the agency of local elites in purposefully using the apparatus of some states to maintain an “instrumentalisation of disorder” to ingratiate themselves.<sup>21</sup> Thus, the African state is a mere instrument of particularistic self-aggrandizement that stands in stark contrast to both communalistic views of Africa and the Weberian ideal.

In an interesting extension of the ‘criminalization’ style of argument Chabal/Daloz argue “Africa Works”—that African states actually aren’t “failing” for their ruling elites at all, but in fact are allowing them to achieve their goals. What is more damning is that this thesis also argues that African elites are in part assisted in manipulating state structures by the focus of the international community on formal statehood and sovereignty.<sup>22</sup> These approaches don’t agree on the causes of state fragility – they variously point to external factors such as colonisation, decolonisation and globalisation and also to local cultural factors, but together they expose the weakness of interpretations of state failure that maintain an orthodox Wederian approach. They also ensure that caution is required when transposing state-centric perspectives of state failure from Africa to the South Pacific.

### **2.3 The Pacific State?**

As in Africa, in the Pacific the state is a relative newcomer put together from the remnants of pre-colonial societies and colonial administrations. This post-colonial construct privileged the colonist’s Westphalian model of statehood and the Westminster form of government. Furthermore, this was the latest model of a ‘modern’ state that has adapted over several hundred years to historical changes in *Europe*. As such, this model has proved very difficult to mesh with the aspects of the pre-colonial social orders that survived colonialism in Africa and the Pacific.<sup>23</sup> Thus, critics argue that comparing this model to the African (or Pacific) experience is disingenuous and in some ways

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<sup>21</sup> Bayart, et. al., *The Criminalization of the State in Africa*.

<sup>22</sup> Chabal, Patrick & Daloz, Jean-Pascal, *Africa Works: The Political Instrumentalisation of Disorder*, James Currey, Oxford, 1999.

<sup>23</sup> See Wanek, Alexander, *The State and Its Enemies in Papua New Guinea*, Curzon, Richmond, Surrey, 1996 and May, R. J., *State and Society in Papua New Guinea: The First Twenty-Five Years*, Crawford House, Adelaide, 2001.

ahistorical.<sup>24</sup> This insight allows Ayoob and others to argue that the African states need the opportunity to develop “adequate stateness”.<sup>25</sup>

The same could be said for the Pacific. Jerry Singirok put it well when he noted that in PNG “the weak state and its impotent institutions are indicative of a nation struggling to cope with formal structures that lack strong links between state and society and confront the informal fabric of traditional values.”<sup>26</sup> Insights of this sort led Finnin to observe that “the problem with many Pacific Island states is not so much that they are prone to falling apart, but rather that they were never fully put together.”<sup>27</sup> So it may be as Poku and others argue that state fragility has more to do with colonisation and the process of decolonisation than with conditions specific to Africa or the Pacific.<sup>28</sup> Thus, Englebert’s argument could be extended: the Pacific state is neither Pacific nor state.

Some criticisms of state failure frameworks can be countered by expanding the framework to allow for greater scope in the description of state capacities. This development has been undertaken by the Crisis States Research Centre, which breaks down weak states into fragile states, crisis states and failed states.<sup>29</sup> This development points to the fact that is probably more appropriate to use the term “fragile states” because it more accurately describes the weak governance and declining or stagnant economic and social conditions that characterise the states in question. But even if we use the softer term it is clear that this framework contains inherent problems that ensures that it provides no panacea for policy-makers. In fact, as Hank Nelson has notes, using these labels may actually be counterproductive.<sup>30</sup> This is apparent from the following discussion of an application of the conditions of state failure from Africa to the South Pacific.

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<sup>24</sup> Tilly, C., ‘War Making and State Making as Organized Crime’, in Peter Evans, Dietrich Rueschemeyer and Theda Skocpol, eds, *Bringing the State Back in*, CUP, Cambridge, 1985, p. 169.

<sup>25</sup> Mohammed Ayoob, ‘Defining Security: A Subaltern Realist Perspective’ in Keith Krause & Michael Williams, eds, *Critical Security Studies: Concepts and Cases*, UCL Press, London, 1997.

<sup>26</sup> Singirok, Jerry, *The Use of Illegal Guns: Security Implications for PNG*, State Society and Governance in Melanesia discussion paper 2005/5, Australian National University, Canberra, 2005, p. 2.

<sup>27</sup> Finnin & Wesley-Smith, ‘Coups, Conflicts and Crises’, p. 10.

<sup>28</sup> For a discussion of decolonisation in Africa see Poku, Nana, *AIDS in Africa: How the Poor are Dying*, Polity, Cambridge, pp. 17-22.

<sup>29</sup> Crisis Research Centre, *Crisis, Fragile and Failed States: Definitions Used by the CSRC*, London School of Economics, London, March 2006.

<sup>30</sup> Nelson, Hank, *Governments, States and Labels*, Discussion Paper 2006/1, State Society and Governance in Melanesia Project, Australian National University, Canberra, 2006.

### 3. 'Africanisation' Analogies and the South Pacific

In 2002 Ben Reilly published an article titled 'The Africanisation of the South Pacific'. It is not difficult to see why Reilly's conclusions reverberated around the region. The title alone easily tapped into images of social collapse in Africa to conjure up a montage of decline and misery. Not only did it appear to many to accurately reflect the reality of coups, corruption and intervention in the South Pacific, but it spoke to a future of inevitable decline and collapse.

Stereotyping of African analogies has a long history.<sup>31</sup> For instance, when discussing PNG Oskar Kurer refers to "the African malaise: low rates of economic growth in the agricultural and industrial sector of the economy, and dismally low levels of performance in a public sector that is riddled by corruption."<sup>32</sup> Its longevity, however, does not mean that 'Africanisation' has escaped criticism by regional specialists, such as David Chappell, Donald Denoon, Stewart Firth and Jon Fraenkel.<sup>33</sup>

The subject of Africa dominates the study of failed states, so it is not surprising that comparisons are drawn. But what of Reilly's Africa? 'Africanisation' theses rely on a particular conception of Africa and of the state. A thorough review of African state capability would be tangential to this paper, but it is clear that according to many indicators of governance and living standards Africa is stagnant or in decline and many gains that were made in the first few years after decolonisation have been undermined.

Therefore, it is possible to generalise that 'Africanisation' refers to the existence of a class of fragile states that are institutionally weak and lack cohesiveness. As such they are unable or unwilling to maintain the basic

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<sup>31</sup> See for instance Doumenge, François, 'Le Melanésie: "Trou Noir" du Pacifique?', *Tahiti-Pacifique*, October 2002, Donald Denoon, 'Black Mischief: The Trouble with African Analogies', *Journal of Pacific History*, 34, 3, 1999, pp. 281-9 & Serge Tcherkézoff, 'A Long and Unfortunate Voyage Towards the "Invention" of Melanesia/Polynesia Distinction 1595 to 1832', *Journal of Pacific History*, 38, 2, 2003, pp. 175-96.

<sup>32</sup> Kurer, Oskar, 'Politics and Economic Development', in Laura, Zimmer-Tamakoshi, ed., *Modern Papua New Guinea*, Thomas Jefferson University Press, Kirksville, Missouri, 1998, p. 89.

<sup>33</sup> Denoon, 'Black Mischief', Stewart Firth, 'A Reflection on South Pacific Regional Security: Mid-2000 to Mid-2001', *Journal of Pacific History*, 36, 3, 2001, pp. 277-83, Fraenkel, Jon, 'The Coming Anarchy in Oceania? A Critique of the "Africanisation" of the South Pacific Thesis', *Commonwealth and Comparative Politics*, 42, 1, March 2004, pp. 1-34, and Finin & Wesley-Smith, 'Coups, Conflicts and Crises'. See also Reilly's rejoinder to Firth: Ben Reilly, "'A Reflection on South Pacific Regional Security": A Rejoinder', *Journal of Pacific History*, 37, 3, 2002, pp. 323-4.

requirements of statehood. Suffice to say they share the following traits: a “scarcity of resources, politicised patterns of social differentiation, overexpanded state structures, insufficient state legitimacy, inadequate state power, and the lack of adaptation of alien institutions to local conditions.”<sup>34</sup> Fragile states are also often awash with weapons, which increases the chances of inter-communal conflict occurring.<sup>35</sup> In turn, inter-communal conflict has the effect of exacerbating the pre-mentioned problems. This depiction of Africa looks a lot like Reilly’s South Pacific. Albeit without the availability of weapons, a situation that may be changing.<sup>36</sup>

Reilly highlighted what he saw as the “frightening parallels” between Africa and the South Pacific that point to endemic state fragility and the apparently weak prospects for democratic governance.<sup>37</sup> These involved “four inter-related phenomena”, namely:

*the growing tensions in the relationship between civil regimes and military forces; the intermixture between ethnic identity and the competition for control of natural resources as factors driving conflicts; the weakness of basic institutions of governance such as prime ministers, parliaments and especially, political parties; and the increasing centrality of the state as a means of gaining wealth and of accessing and exploiting resources.*<sup>38</sup>

Reilly provides an overview of recent political upheavals in the South Pacific as evidence of his first point. In particular, he highlights tensions in Fiji and the Solomon Islands noting that their governments came to power “via the barrel of a gun.”<sup>39</sup> Subsequently there has been increased tension in both countries, and also in PNG and Vanuatu, and so this observation appears to have some merit.

The second reason for applying the ‘Africanisation’ moniker was supported by a discussion of the ethnic-linguistic diversity of regional states. He

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<sup>34</sup> Chazan, Naomi et. al., *Politics and Society in Contemporary Africa*, Lynne Rienner, Boulder, 1999, p. 66.

<sup>35</sup> Atiku-Abubakar, Jennifer, & Shaw-Taylor, Yoku, ‘An Empirical Profile of Weak States in Sub-Saharan Africa’, *Africa Development*, 28, 3&4, 2003, pp. 168-85.

<sup>36</sup> Singirok, *The Use of Illegal Guns*, & Alpers, Philip, *Gun Violence, Crime and Politics in the Southern Highlands*, Small Arms Survey, Geneva, December 2004.

<sup>37</sup> Reilly, Ben, ‘The Africanisation of the South Pacific’, *Australian Journal of International Affairs*, 2002, p. 264.

<sup>38</sup> Reilly, ‘The Africanisation of the South Pacific’, pp. 262-3.

<sup>39</sup> Reilly, ‘The Africanisation of the South Pacific’, p. 263.

concentrates on Melanesia, rather than the South Pacific at large, but this seems a reasonable step considering the majority (over 80 per cent) live in Melanesian states and that “in Melanesia alone there are 1200 languages spoken by a mere six million people”.<sup>40</sup> It is argued that this diversity is open to “manipulation of ethnicity” for political gain.<sup>41</sup> He refers to underlying tensions over land ownership, tenure and provides evidence for the linking ethnicity to “competition for control of natural resources”.<sup>42</sup> And presumably economic competition is implicit in the reasons for manoeuvring for political gain.

The third comparison with Africa focuses on weak governance. Reilly mentions in passing the connection between present problems and political structures inherited from colonial powers, but does not develop the point. This omission is a powerful criticism of Africanisation because the legacy of colonialism and response to globalisation are treated as major contributing factors to state fragility in Africa.<sup>43</sup>

One potential counter to this argument is that democratic forms of governance have largely persisted in the South Pacific when they have largely collapsed in Africa. This may be more of a reflective historical point than a present reality because there has been a resurgence of electoral democracy in Africa in recent years, but the perception remains valid. So if there is a tension here it is resolved by treating the survival of democracy in the South Pacific as a product of inertia and by shifting attention to the weakness of local political organisation. Therefore, it is argued that “the steady decline of the region’s political parties”<sup>44</sup> actually undermines the ability of Westminster systems of government to function *effectively* – a key feature of the typologies listed above. ‘Africanisation’ squarely places the blame on inherent local traits and capabilities - that is the failure of local politicians and bureaucrats (elites) to become worthy democrats and improve the lot of their citizens.<sup>45</sup>

Finally Reilly points to the weakness of states across the region. This is the nub of the issue as it is argued that the “state, not the market, is itself the primary instrument for accumulation of resources such as foreign aid and

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<sup>40</sup> Reilly, ‘The Africanisation of the South Pacific’, p. 264.

<sup>41</sup> Reilly, ‘The Africanisation of the South Pacific’, p. 264.

<sup>42</sup> See for instance, Reilly, Ben, ‘State Functioning and State Failure in the South Pacific’, *Australian Journal of International Affairs*, 58, 4, December 2004, pp. 479-93.

<sup>43</sup> Poku, *AIDS in Africa*, pp. 18-19.

<sup>44</sup> Reilly, ‘The Africanisation of the South Pacific’, p. 265.

<sup>45</sup> Chappell, David, “Africanization” in the Pacific: Blaming Others for Disorder on the Periphery?, *Comparative Studies in Society and History*, 47, 2, 2005, p. 287.

domestic revenue.”<sup>46</sup> This point is actually more a sum of the previous points than a separate point because the real criticism concentrates on the ease with which individuals and groups use the state for self-aggrandizement. This, it is argued, has led to “excessive candidature for elections” and “grossly unrepresentative parliaments”.

Reilly criticises indigenous politicians and bureaucrats (and their African counterparts) because they have not taken advantage of the benefits of democratic governance and the associated “payoff of economic prosperity” that presumably would stop instability developing in the first place.<sup>47</sup> These are common themes amongst critics of the South Pacific leaders. For example, Kurer highlights the underlying political and social tension that unites PNG and Africa, namely expectations that independence would bring “substantial material betterment”, dashed for all other than the privileged elite.<sup>48</sup> Most political and economic ills (corruption, patronage, nepotism, etc) are viewed through this lens: unsustainable attempts by local elites to satisfy these expectations while helping themselves to public resources. That being said it may be that PNG is a special case in the South Pacific, rather than representing generalisable trends (more of this later).

South Pacific states are criticised because they have failed to live up to the model of democratic statehood that informs the state failure typologies discussed earlier. And, indigenous agency and culture are implicated in this failure. So, Reilly concludes that:

*Fragile, multi-ethnic, post-colonial states encompassing different languages, ethnic groups, islands, and torn between rival claims of tradition and modernity, raise serious questions about the viability of current state structures and their ability to manage internal conflicts.*<sup>49</sup>

The ‘Africanisation’ argument leads Reilly to be quite pessimistic. In particular, it is the failure of South Pacific democracies to become effective institutions to manage societal conflict that causes Reilly’s lack of optimism about the future. This pessimism reflects the ahistorical inevitability that permeates much of the state failure literature. That is, South Pacific states are basket cases beyond

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<sup>46</sup> Reilly, ‘The Africanisation of the South Pacific’, p. 266.

<sup>47</sup> Reilly, ‘The Africanisation of the South Pacific’, p. 262.

<sup>48</sup> Kurer, ‘Politics and Economic Development’, p. 91.

<sup>49</sup> Reilly, ‘The Africanisation of the South Pacific’, p. 267.

repair. This pessimism has also been subject to much criticism. If only the title of Reilly's paper had included a question mark.

In conclusion Reilly also points out the interesting anomaly that there is little sign of the authoritarianism that African states commonly turned to after decolonisation. "Demagogues are likely to have even less success than democrats."<sup>50</sup> This is an important insight because while South Pacific states may not have become model Westphalian states, or model democracies, it also makes it harder to categorise them as failed in the sense that African states have. However, authoritarianism may simply reflect criminalisation and democratic forms of governance in the South Pacific may be open to manipulation that leads to similar outcomes.

One possibility that isn't countenanced is that the weaknesses are actually strengths. For instance, ethno-linguistic diversity in states such as PNG may actually prevent one group from dominating government and forces the development of coalitions, even if they are self-centred and short lived.<sup>51</sup> This possibility is probably excluded because of the implicit focus on an ideal type of democratic state.

Why do African analogies matter? Because their application has serious ramifications for public policy, aid and development. Northern European and North American foreign ministries and aid agencies with greater experience in Africa than elsewhere can view these perspectives as highly intuitive. As such they can impact on the development of good public policy. The unreflective transference of the 'lessons of Africa' can be potentially counter-productive; these 'lessons' can be easily viewed as patronising and insensitive to local conditions. As such, they can undo much of the goodwill and experience that they are meant to bring to the development challenges of the South Pacific therefore limiting opportunities for engagement.

Clearly there are practical public policy implications of how statehood in the South Pacific is viewed, locally and especially by foreign politicians and policymakers. So this resistance to 'outsider' perspectives is important as they are perceived as forwarding the "outside agendas" of the policymakers who rely on their work to provide justifications for external intervention (whether

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<sup>50</sup> Reilly, 'The Africanisation of the South Pacific', p. 267.

<sup>51</sup> O'Keefe, Michael, 'HIV/AIDS and Security in PNG', in Vicki Luker, Sinclair Dinnen and Allan Patience, eds, *Law, Order and HIV/AIDS in Papua New Guinea*, Pandanus Press, Canberra (forthcoming).

military, aid or otherwise).<sup>52</sup> And, this resistance may be warranted as aid programs are often politicised with embedded neo-liberal economic aims that may bring tension with indigenous cultures, tension surprisingly similar to that which led to the post-colonial malaise.<sup>53</sup>

#### **4. Extending the ‘Africanisation’ Argument: AIDS as an essential part of ‘Africanisation’ in Africa**

What makes debate about Pacific statehood more intriguing is that symptoms of malaise have overshadowed causes that are believed to be crucial to understanding the issue in Africa. In much of the literature AIDS is treated as the most significant challenge to governance in Africa,<sup>54</sup> but it is neglected in ‘Africanisation’ arguments about the South Pacific. Lip service is often paid to the epidemic, but there is no sustained analysis of its impact on governance or human security in the Pacific.<sup>55</sup> This is hardly surprising as it reflects much of the literature in international studies that treats the epidemic as a public health issue, which has led to securitisation of AIDS and the connection to state fragility.<sup>56</sup>

What is important for comparisons with South Pacific states is that the wide range of reasons given for stagnation and decline in Africa (the ‘Africanisation of Africa’) include the profound effects of the AIDS epidemic. The latter is the focus of the rest of this paper. The subject of Africa dominates the study of failed states and AIDS, so it is seemingly reasonable to compare the impact of HIV/AIDS there to other regions.<sup>57</sup>

##### **4.1 Can There Be ‘Africanisation’ without AIDS?**

At this point an important caveat is required. It is beyond the scope of this paper to comprehensively appraise arguments about AIDS and development in Africa. What is important to the argument here is that the orthodoxy is that

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<sup>52</sup> Chappell, ‘“Africanization” in the Pacific’, pp. 316-7.

<sup>53</sup> Finnin & Wesley-Smith, ‘Coups, Conflicts and Crises’, pp. 4 & 11.

<sup>54</sup> Garrett, Laurie, *HIV and National Security: Where are the Links*, Council on Foreign Relations, NY, 2005.

<sup>55</sup> Mention in Chappell ‘“Africanization” in the Pacific’, p. 295 for instance.

<sup>56</sup> See Fourie, Pieter, ‘The United Nations and the Securitization of AIDS’, in Adebayo, A. & Muvumba, A., eds, *From Moralizing to Preventive Action: HIV/AIDS and Human Security in South Africa*, UKZN Press, Cape Town (forthcoming), Altman, Dennis, ‘State Fragility, Human Security and HIV’, in Follér, Maj-Lis & Thörn, Håkan, eds, *The Politics of AIDS: Globalization, the State and Civil Society*, Palgrave, Houndmills, (forthcoming) & Garrett, *HIV and National Security*.

<sup>57</sup> A good example is Center of Social Studies, et. al., *Failed and Collapsed States*.

AIDS has had a major impact on governance and development in Africa, and therefore for our purposes the AIDS epidemic forms a significant part of the Africanisation analogies that are applied to the South Pacific.

What is absent from the comparative literature about state fragility in the South Pacific is an acknowledgement of the AIDS epidemic in Africa. That is, the concentration on weak governance, corruption and conflict sidesteps the voluminous literature on AIDS and governance that originates in Africa. For instance, Poku argues that there is a vicious circle where state fragility is implicated in the spread of the epidemic and AIDS is implicated in the development of fragility.<sup>58</sup> Thus, the development of a generalised HIV/AIDS epidemic<sup>59</sup> coincides with the period that Africa 'Africanised'. Furthermore, the epidemic cannot be separated from the governance, economic and social issues mentioned earlier.<sup>60</sup> From this perspective the conditions described as 'Africanisation' create an environment conducive to an increased spread of AIDS. However, for these analysts it is not simply that 'Africanisation' is a factor that leads to an increasing AIDS epidemic – AIDS is an essential aspect of the process of 'Africanisation'.

So the following considerations could be added to the understanding of fragile states. In the African states that give rise to the 'Africanisation' argument the AIDS epidemic has had three major impacts. First it has significantly lowered quality of life by increasing morbidity and mortality, reducing life expectancy and increasing poverty. Second it has undermined economic growth and national wealth by reducing productivity, savings and human capital and by increasing national debt. Third, it has reduced state capacity leading to a decline in standards of governance and the provision of public goods. Furthermore, much research paints a very bleak picture of this downward spiral<sup>61</sup> with the implication that there is no escape in sight from weak governance, corruption and the epidemic that afflicts these states.

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<sup>58</sup> Poku, *AIDS in Africa*, p. 9. De Waal, Alex, 'AIDS-Related Famine in Africa: Questioning Assumptions and Developing Frameworks' in Nana Poku & Alan Whiteside, eds, *The Political Economy of AIDS in Africa*, Ashgate, Aldershot, 2004 & International Crisis Group (ICG), *HIV/AIDS as a Security Threat*, Brussels, 19 June 2001, p. 1.

<sup>59</sup> An epidemic is said to have generalised when prevalence reaches 1 per cent of the population.

<sup>60</sup> De Waal, Alex, 'How Will HIV/AIDS Transform African Governance?', *African Affairs*, 102, 2003, p. 5.

<sup>61</sup> Price-Smith, Andrew & Daly, John, *Downward Spiral: HIV/AIDS, State Capacity and Political Conflict in Zimbabwe*, US Institute of Peace, Washington D.C., 2004.

Clearly this type of scenario would be of great concern and interest if repeated in the South Pacific, but before moving on to examine this eventuality it is worth reflecting on some aspects of the epidemic in Africa that are obscured by the broad generalisations noted above.

#### **4.2 Some Missing Positive Lessons from Africa**

Aside from standard disclaimers about problems with measuring prevalence and economic modelling of the epidemic, a caveat is required here because, despite the wide range of empirical evidence highlighting the implications of the epidemic for government, economy and society, the impact has been uneven across Africa. There are a range of sub-regional and sub-national epidemics occurring, and a range of responses to it, that put paid to generalisations about African experience of the epidemic (and by extension the lessons that can be drawn from it). So, we must be mindful of Verstegen's caution: "It is, in fact, an extremely complicated matter to trace the effects of the HIV/AIDS epidemic in the presence of other factors contributing to a country's malaise".<sup>62</sup> This caution has not been heeded by many voices in the debate on Africa, and this provides even more reason to query the unreflective transference of African analogies to the South Pacific.

Another salient point to be made about state fragility and AIDS is that many African states have actually been surprisingly resilient when faced with a seemingly catastrophic situation. High prevalence rates don't necessarily equate to greater state failure.<sup>63</sup> There is no identifiable threshold point where a state shifts from being fragile to being collapsed, and no sense that either of these conditions are terminal. This points to the great importance of the adaptive capacity of society and the state, a trait that is entirely missing from rigid descriptions of 'strong' or 'effective' Westphalian states. Therefore, it is reasonable to contend that the implications of 'Africanisation' (including AIDS) in the South Pacific may differ from the more alarmist depictions of some

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<sup>62</sup> See Verstegen, S., *HIV/AIDS: Waking up to the Challenges*, Conflict Research Unit, Clingendael Institute, the Netherlands, 2005, p. 28 & Price-Smith et. al., *Downward Spiral*, p. 17.

<sup>63</sup> Gordon, Peter, Jacobson Ruth & Porteous, Tom, *A Study to Establish the Connections Between HIV/AIDS & Conflict*, John Snow International, London, February 2004, pp. 10-11 (for DFID) & De Waal, 'How Will HIV/AIDS Transform African Governance?', p. 13.

commentators.<sup>64</sup> And, there may be reason to be optimistic about the future in Africa and elsewhere afflicted by the so-called 'post-colonial malaise'.<sup>65</sup>

Despite these words of caution it is clear that there can be no 'Africanisation' without AIDS.

## 5. AIDS in the South Pacific

The first case of HIV was recorded in the Pacific in 1984, but it was a number of years before HIV cases were reported across the South Pacific. For instance PNG's first case was reported in 1987 and Fiji's first case was reported in 1989. There has been a large rise in the numbers of HIV and AIDS cases in the South Pacific reported since the late 1990s, and according to the latest available comparative figures from the Secretariat of the Pacific Community (SPC) as of 2004 the cumulative number of HIV cases was below 10,000. However, if the latest figures from PNG were included the cumulative number of HIV cases would be approximately 20,000.

Due to the incomplete nature of the figures from any single source the prevalence rates discussed here are compiled from several sources over various years, but figures produced by South Pacific states themselves are privileged. Table 1 integrates the latest SPC figures with updates from other sources, such as the Fiji Ministry of Health, Pacific Islands AIDS Foundation, UNAIDS and the World Health Organization (WHO).<sup>66</sup> Despite being a few years old the SPC figures are significant because they represent the only data-set that focuses on known cases and also includes all regional states. Case data such as this generally underestimates the epidemic but it is used here to contrast the surveillance data and HIV prevalence estimates that generally overestimate the epidemic. A focus on hard data was chosen due to the large variance in estimates from various sources (see Appendix).

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<sup>64</sup> See for instance, Bowtell, Bill, *HIV/AIDS: The Looming Asia Pacific Pandemic*, Lowy Institute, Sydney, 2007.

<sup>65</sup> Ebere Onwudiwe & Minabere Ibelema, eds, *Afro-Optimism: Perspectives on Africa's Advances*, Praeger, Westport, 2003.

<sup>66</sup> Pacific Islands AIDS Foundation, *HIV/AIDS Statistics for Pacific Islands Countries and Territories*, ([www.pacificaids.org/grafix/PICTHIVcases03-05-04.doc](http://www.pacificaids.org/grafix/PICTHIVcases03-05-04.doc)) <January 17 2007>

**Table 1: Known HIV/AIDS data from the Pacific**

		HIV AIDS 2004)	incl. (Dec. 2004)	Cumulative AIDS cases (Dec. 2004)	Cumulative AIDS deaths (Dec. 2004)	As of:
American Samoa	SPC	2		1	0	Dec 2003
Cook Is	SPC	1		0	0	Dec 2003
Fiji	SPC	142		25	15	Dec 2003
	UNAIDS	(182)		(25)	(17)	
	FMOH <sup>67</sup>	249			24	
FSM	SPC	14		7	3	Dec 2003
French Polynesia	SPC	229		77a	56a	Nov 2003
Guam	SPC	176		86	45	Dec 2003
Kiribati	SPC	42 (46)		19 (28)	19(23)	Dec 2003
Marshall Is	SPC	9		2a	2a	Jun 2002
Nauru	SPC	1		0	0	Dec 2003
New Caledonia	SPC	263		99	58	Dec 2003
Niue	SPC	0		0	0	Dec 2003
Northern Mariana Is	SPC	25		11	7	Oct 2002
Palau	SPC	4		2	2	Dec 2003
PNG	SPC	7,320		1,336a	n/a	Aug 2002
	WHO	2889		13765		
	2005/2000 PNG 2007 <sup>68</sup>	18484				

<sup>67</sup> Information provided by the Fiji Ministry of Health, Suva, August 2007.

Pitcairn	SPC	0	0	0	Dec 2003
Samoa	SPC	12 (12)	8 (8)	8 (8)	Dec 2003
Solomon Is	SPC	2 (5)	1 (2)	1 (2)	Feb 2004
Tokelau	SPC	0	0	0	Dec 2003
Tonga	SPC	13 (13)	11 (9)	11 (8)	Dec 2003
Tuvalu	SPC	9	2	2	Dec 2003
Vanuatu	SPC	2 (2)	2 (2)	0 (0)	Dec 2003
Wallis and Futuna	SPC	2	1	n/a	Oct 2000
<i>TOTAL reported</i>	SPC	8,268 (11212)	1,672 (2237)	n/a (610)	Dec 2003
	Inc. PNG 2007	19,432			
<i>TOTAL (without PNG)</i>		948 (1028)	336 (394)	226 (257)	Dec 2003

Source: Secretariat of the Pacific Community<sup>69</sup>

Notes: (a) as of 21 December 2001; n/a = not available, (b) As of Dec 2003.

More than 95 per cent of cases are in five states; the epidemic is concentrated in French Polynesia, Guam, New Caledonia, Fiji and PNG. If PNG figures were removed then the South Pacific would have less than 1,000 cases (that is according to reported figures and estimates between 70 to 97 per cent of cases are in PNG). There are more than 150 cases of HIV reported per month

<sup>68</sup> Ministry of Health/National AIDS Council, *The 2007 Estimation Report on the HIV Epidemic in PNG*, Ministry of Health/National AIDS Council, Port Moresby, 2007, p. VII.

<sup>69</sup> SPC, *The Pacific Regional Strategy on HIV/AIDS 2004-2008*, Noumea, 2005, p. 18. World Health Organization (WHO), *Second Generation Surveillance Surveys of HIV, Other STIs and Risk Behaviours in 6 Pacific Countries (2004-2005)*, WHO, Geneva, 2006.

in PNG, more than the rest of the Pacific combined.<sup>70</sup> In addition, AIDS has been the top cause of death at the Port Moresby General Hospital since 2001, and evidence points to a similar epidemic developing across the border in West Papua.

The World Health Organization and UNGASS have classified the epidemic in the Pacific as limited, concentrated or low prevalence, but PNG is excluded from this judgement. While the estimated prevalence rate in Oceania is 0.3 per cent, in PNG there is 1.8 per cent prevalence amongst adults (15-49).<sup>71</sup> This means that the known (and for that matter estimated) prevalence in many South Pacific states is very low, as low as many developed states. And two states, Niue and Tokelau have not reported any cases.

It is clear from the available information that there are a number of epidemics in the region; there is no 'South Pacific' epidemic. Dramatic differences in the trajectory of the epidemic can be explained by different political and social contexts, which effect mode of transmission (and in part by the patchiness of surveillance and data – see Appendix).

It seems very surprising that 25 years into the global pandemic and a few states have no known incidence. This highlights the caution required when viewing the inevitability of the spread of the pandemic (and associated links to issues such as state fragility or failure).

Any mention of an epidemic 'ravaging' the South Pacific faithfully replicates a key weakness in the 'Africanisation' debate, namely treating a region as a coherent whole. So from the standpoint of HIV/AIDS and any African style implications of the epidemic there is PNG (and West Papua) on the one hand and the rest of the South Pacific on the other.

### **5.1 An African Style Epidemic in PNG?**

*"PNG is the Africa of the Pacific: big numbers of infections, very little resources, a lot of poverty, hardly any communication facilities across the country, different languages and a very poor literacy*

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<sup>70</sup> UNAIDS, *Papua New Guinea*, (www.UNAIDS.org) <27 July, 2005>.

<sup>71</sup> UNAIDS, *AIDS Epidemic Update 2006*, Geneva, 2006, Annex 2, p. 512. By contrast the rate estimated by the PNG National AIDS Council is 1.28. Ministry of Health/National AIDS Council, *The 2007 Estimation Report on the HIV Epidemic in PNG*, Ministry of Health/National AIDS Council, Port Moresby, 2007, p. IV.

rate.” Maire Bopp Allport, *Pacific Islands AIDS Foundation founder*.<sup>72</sup>

The statistics highlight the fact that by any measure PNG has the most serious epidemic in the region. Therefore, if there is any analogy to be drawn between the ‘Africanisation’ argument from Africa then it follows that it will relate to PNG.

It is clear that the epidemic in PNG is growing fast. PNG is the only state in the South Pacific to report a generalised epidemic and it has not been contained.<sup>73</sup> According to the best available surveillance and modelling by the PNG National AIDS Council the prevalence rate is estimated to be 1.28 per cent and 46,275 people are estimated to be living with HIV.<sup>74</sup> So PNG’s generalised epidemic involves a much higher prevalence rate, and due to the relatively large population base, much larger numbers of people involved. For these reasons, when it comes to the epidemic and its implications PNG should be de-linked from the South Pacific from the rest of the South Pacific. The question is: Can it be compared to Africa?

**Table 2: New and Cumulative HIV infections detected in Papua New Guinea, 1987 - 2006<sup>75</sup>**

Year of Diagnosis	Male	Female	Unknown	Total HIV Infections by year	Cumulative HIV Infections
1987	2	4	0	6	6
1988	8	5	0	13	19
1989	11	7	0	18	37
1990	24	12	0	36	73
1991	17	16	2	35	108
1992	12	18	0	30	138
1993	19	21	0	40	178
1994	42	31	1	74	252
1995	68	57	1	126	378

<sup>72</sup> Maire Bopp Allport, *Australian*, June 30, 2006, p. 4.

<sup>73</sup> See Plummer, David, Lokoloko, Margaret, Heywood, Alison & Bunat, Albert, *Evaluation of the PNG National HIV/AIDS Support Project*, AusAID, Canberra, December 2005, Appendix 1, p. 8.

<sup>74</sup> Ministry of Health/National AIDS Council, *The 2007 Estimation Report*, p. IV.

<sup>75</sup> Ministry of Health/National AIDS Council, *The 2007 Estimation Report*, p. 7.

1996	94	96	2	192	570
1997	173	174	1	348	918
1998	331	307	23	661	1579
1999	418	335	37	790	2369
2000	598	448	27	1073	3442
2001	642	615	56	1313	4755
2002	840	796	78	1714	6469
2003	1058	1137	121	2316	8785
2004	1152	1193	284	2629	11414
2005	1310	1587	156	3053	14467
2006	1711	1965	341	4017	18484
<b>Total</b>	<b>8530</b>	<b>8824</b>	<b>1130</b>	<b>18484</b>	

While the comparatively low prevalence rates and numbers of deaths hardly compare to the tens of millions of people infected in Africa or the growing epidemic in Asia, there are plentiful risk factors and anecdotal evidence supporting the need for vigilance. For instance, PNG is characterised by subsistence economics, limited transport of surplus goods, high dependence on the environment (and vulnerability to natural disasters), poverty, high fertility, rapidly increasing population, a disproportionately young population, lack of commensurate employment opportunities (high levels of unemployment), 85 per cent of the population lives in rural areas, urban migration, squatter communities, low literacy, limited travel (and lack of access to health services), high child mortality and maternal mortality, growing incidence of STIs, and a relatively high incidence of TB, a focus on village or clan units for social organization (whose governance structures are under challenge), gender inequality, gender violence, sex work, sex for trade, polygamy, alcohol and drug abuse, crime, weak law enforcement, high levels of religiosity, ignorance about HIV/AIDS (for instance 50 per cent of respondents in one survey knew of the protection afforded by condoms and 50 per cent wanted to ban condoms in an attempt to stop frequency of sex), and stigma (cultural taboos that do not necessarily encourage risk-minimising behaviours).<sup>76</sup>

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<sup>76</sup> PNG, *National Strategic Plan on HIV/AIDS, 2004-2008*, National Aids Council, Port Moresby, 2004, PNG, *National Strategic Plan on HIV/AIDS, 2006-2010*, National Aids Council, Port Moresby, 2006, National HIV/AIDS Support Project (NHASP), *Social Mapping of 19 Provinces in Papua New Guinea: Summary Report*, Port Moresby, 2005, pp. 3-5, & Secretariat of the Pacific Community (SPC), *The Pacific Regional Strategy on HIV/AIDS*.

In addition, moving from the hard data, the projected prevalence rates do compare with some African states and despite caveats about modelling, it is clear that PNG faces a serious epidemic. A recent report commissioned by AusAID predicted that by 2025 HIV prevalence will be above 10 per cent of the adult population, 500,000 people would be living with HIV, 300,000 people would have died, 117,000 children will have lost their mothers, GDP would have dropped by 1.3 per cent and the workforce by 12.5 per cent, and the health system would be overburdened with over 70 per cent of beds occupied by People Living with AIDS (PLWA).<sup>77</sup> And it is from these types of projections that predictions of social, cultural, political, economic and environmental challenges akin to those facing many African states arise.<sup>78</sup> A particularly good example of these implications is Heather Worth and Klara Henderson's work on society.<sup>79</sup>

The epidemic is being framed as a threat to governance, economics and society.<sup>80</sup> Observations about the impact in Africa have influenced modelling for the Pacific. For instance, the SPC points to the impact of HIV on the most productive members of society, its impact on families that support the sick and on health care systems with already limited resources.<sup>81</sup> AusAID, by far the largest donor supporting PNG's HIV program, notes that "HIV is a long term threat to the people of Papua New Guinea".<sup>82</sup> And according to an AusAID funded report into the future of the epidemic "at the levels of prevalence and consequent death rates projected under the baseline scenario, HIV infection has the potential to undermine governance and increase poverty."<sup>83</sup> Clearly the orthodox view of AIDS and governance has permeated the policies of major donors, but does this mean that 'Africanisation' is occurring, and that it is inevitable?

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<sup>77</sup> AusAID, *Impacts of HIV/AIDS 2005-2025 in Papua New Guinea, Indonesia and East Timor: Synopsis Report*, Canberra 2006, p. 1. This was the baseline scenario based on the best available data and the situation could be markedly better if greater intervention occurs.

<sup>78</sup> Asian Development Bank (ADB), *Socioeconomic Implications of HIV/AIDS in the Pacific*, ADB, Manila, 2005 & ADB, *Poverty Implications of HIV/AIDS in the Pacific*, ADB, Manila, 2005.

<sup>79</sup> Worth, Heather & Henderson, Klara, 'AIDS is a Tear in the Social Fabric of Papua New Guinea: HIV and its Impact, 2005-2025', *Health Sociology Review*, 15, 2006, pp. 293-304.

<sup>80</sup> O'Keefe, Michael, 'HIV/AIDS and Security in PNG', in Vicki Luker, Sinclair Dinnen and Allan Patience, eds, *Law, Order and HIV/AIDS in Papua New Guinea*, Pandanus Press, Canberra (forthcoming).

<sup>81</sup> SPC, *The Pacific Regional Strategy on HIV/AIDS 2004-2008*, p. 19.

<sup>82</sup> See Plummer, et. al., *Evaluation of the PNG National HIV/AIDS Support Project*, p. 52.

<sup>83</sup> AusAID, *Impacts of HIV/AIDS 2005-2025*, p. 10.

## **6. The Relevance of AIDS Epidemics in Africa to the South Pacific**

The preceding discussion provides an insight into why Africa looms so large in discussions of the global AIDS epidemic. This is why analysts of the security implications of AIDS can claim that “Africa provides the prelude to the disease” elsewhere.<sup>84</sup> Many analysts, politicians and policymakers have uncritically suggested that the course of the AIDS epidemic in Africa is being or will be repeated in the Asia-Pacific.<sup>85</sup> This could be the case but needs to be substantiated.

### ***6.1 Similarities between Governance and AIDS in Africa and the South Pacific***

Clearly there are some important political, social and economic similarities between Africa and the South Pacific that may influence the impact of the epidemic.

#### *Colonisation, decolonisation and globalisation*

Both areas have a history of colonisation; both have ill-fitting borders drawn by colonial masters, and forms of governance bequeathed to them in the 11<sup>th</sup> hour before independence. There is also a temporal dimension to the condition of post-colonial governmental and economic malaise that actually forms the strongest point of comparison between Africa and the South Pacific. That is, Africa and the South Pacific both decolonised relatively late and the process was often peaceful and hasty.<sup>86</sup> This is not to suggest that violence was not a part of de-colonisation but just to note that the process was often driven by the exiting colonial power.

Viewing state building in the Pacific in this light should allow us to jettison the term ‘Africanisation’ and focus on the nature of hybrid forms of post-colonial governance.<sup>87</sup> If these states never really approximated Westphalian states then we should also avoid describing them as “failed states”. Therefore, a trajectory of decline, or a downward spiral is actually disingenuous when

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<sup>84</sup> Singer, ‘AIDS and International Security’, p. 147.

<sup>85</sup> See for instance, Ratuva, S., *Pacific Islands States Security Issues*, Briefing Paper for Forum Security Committee, Auckland, 15 June 2005, pp. 9 & 25.

<sup>86</sup> See for instance, Mamdani, Mahmood, *Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism*, Princeton University Press, Princeton 1996.

<sup>87</sup> See for instance, Mamadou Dia, *Africa's Management in the 1990s and Beyond: Reconciling Indigenous and Transplanted Institutions*, World Bank, Washington D.C., 1996 & Wanek, *The State and Its Enemies in Papua New Guinea*.

applied to Africa or the Pacific. In addition, many stagnant or declining governance, social and economic indicators in both areas coincide with more recent trends; neither has fared well in the face of globalisation.

### *Ethnolinguistic Diversity*

Another commonality is that recently decolonised states in Africa and the Pacific have to accommodate extremely diverse populations (ethnic, religious and linguistic). This is often caused by the overlay of borders created to divide territory between empires and as such bears no resemblance to ethnic, religious, etc bonds between peoples. Ill-drawn borders can be seen in PNG/Bougainville, Solomon Islands etc, but are slightly different in the South Pacific because of island cultures (i.e. geography of islands versus contiguous territory).<sup>88</sup> But again it is ahistorical to ignore that while modern Western states may also perform the role of mediating between diverse groups, multiculturalism is a relatively new concept that has evolved to deal with immigration; developed states were much more mono-cultural during their state-building/nation-building period.

### *Socio-economic and Political Risk Environments*

Many of the conditions that are commonly believed to have led the epidemic to have such a profound impact in Africa are present in the South Pacific, especially in the larger towns and cities such as Port Moresby.<sup>89</sup> Poku, Patterson and others argue that conditions such as sporadic tension and conflict, weak governance, and declining economic and social indicators create risk environments, which increase vulnerability.<sup>90</sup> For instance, Fiji is the only state in Melanesia that has not experienced declining or stagnant GDP growth<sup>91</sup> and the performance of a number of South Pacific states, such as Kiribati, PNG and the Solomon Islands, has been compared to sub-Saharan Africa.<sup>92</sup> Malnutrition and a lack of sanitation, clean water, and access to preventative care and treatment all greatly increase the risk of

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<sup>88</sup> See for instance, Tcherkézoff, 'A Long and Unfortunate Voyage', pp. 175-96.

<sup>89</sup> Barnett, Tony & Whiteside, Alan, *AIDS in the 21<sup>st</sup> Century: Disease and Globalisation*, Palgrave, Basingstoke, 2002, p. 73 & Whiteside, Alan, 'Poverty and HIV/AIDS in Africa', *Third World Quarterly*, 23 2. pp. 313-32.

<sup>90</sup> Poku, *AIDS in Africa*, pp. 3-9, & Patterson, Amy, *The African State and the AIDS Crisis*, Ashgate, Oxford, 2005, p. 3

<sup>91</sup> GDP growth may not be the best measure where subsistence is the predominant form of economics, but it is the benchmark.

<sup>92</sup> Stewart, Rob, 'An Economic Survey of Developing Countries in the Pacific Region', *Economic Roundup Spring 2006*, Australian Department of the Treasury, Canberra, 21 November 2006, pp. 97 & 100.

infection and morbidity.<sup>93</sup> These conditions have been evident across the region, although all of the indicators have been evident only in a few states, notably the Solomon Islands.

What is most surprising is that the existence of these key indicators does not seem to have accompanied an increase in incidence and prevalence commensurate with the arguments made about AIDS in Africa. This may point to the importance of local conditions in influencing transmission and/or the fact that too much weight may have been afforded to the influence of these conditions on transmission in Africa.

### *Patterns of Transmission*

Another similarity is that many patterns of transmission present in Africa are also present in the South Pacific. HIV in both regions is primarily transmitted through unprotected heterosexual intercourse.<sup>94</sup> In addition multiple and concurrent sexual partners are key factors in the spread of the disease. Sexual violence (including misbehaviour by police and prisons) is also implicated in many studies,<sup>95</sup> but definitive evidence has been more difficult to marshal than for the former vectors.

The orthodox view that informs the export of African analogies is that all of the preceding factors interact with the AIDS epidemic in Africa. However, due to how common these conditions are it is no coincidence that 95 per cent of HIV and AIDS cases are in the developed world. So at the highest level of generality there are direct comparisons to be made between Africa and the South Pacific. The problem is that these comparisons and the lessons for public policy drawn from them may be more apparent than real. Donald Denoon's words must be heeded when attempting to apply African analogies, which can simply be "a lazy substitute for careful observation."<sup>96</sup>

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<sup>93</sup> World Bank, *HIV/AIDS, Nutrition and Food Security*, Washington DC, 2007.

<sup>94</sup> National HIV/AIDS Support Project (NHASP), *Social Mapping*, p. 4.

<sup>95</sup> Human Rights Watch, *"Making Their Own Rules": Police Beatings, Rape, and Torture of Children in Papua New Guinea*, NY, 2005.

<sup>96</sup> Denoon, 'Black Mischief', p. 289.

## ***6.2 Differences between Governance and AIDS in Africa and the South Pacific***

In contrast to the similarities there are sound reasons for de-linking epidemics in Africa and the Pacific, or at least to be more critical of the relevance of African analogies to the South Pacific.

### *The History of the Epidemics*

The first and foremost dissimilarity is the issue of the temporality and the trajectory of the epidemic in the two regions. The epidemic became generalised in African states some time ago whereas in the South Pacific it has only generalised in PNG. Therefore, the implications of the epidemic, responses to it, and the implications of these responses have differed over time and place. It is unlikely that the exact tools would be applied to a different place a decade later, and if they were it is unlikely they would lead to the same outcomes. This is not to say that there are not commonalities in the nature of epidemics across the globe, but their character in particular regions and sub-regions cannot be separated from temporality, and local social and cultural factors.

Geography underpins many of the differences in the trajectory of the epidemic and small island states are quite different to states with contiguous territory and it appears that isolation has been a barrier to transmission. The unique geographical and environmental nature of island statehood influences all aspects human interaction; society, culture, politics, economics. It also impacts on the ethno-linguistic history of the region contributing to a high level of heterogeneity. Therefore, much more research is needed before these factors can be directly compared to experience in Africa.

### *Political and Social Contexts*

An important caveat to generalisations about the epidemic is that prevalence rates do not tell us a great deal about the implications of the epidemic. Like any facts, prevalence rates are embedded in particular political and social contexts and both need to be analysed in order to ascertain the implications of the epidemic for a particular state and society. This is why general perspectives, whether they be the African experience, Africanisation or state failure theses, require qualification. For example, the relative scarcity of land in island states of the South Pacific has influenced indigenous forms of society and governance. A whole range of factors need to be taken into account, such

as population size, the resources devoted to health, the poverty level, and societal cohesiveness,<sup>97</sup> before a clear picture of the impact on state and society can be ascertained.<sup>98</sup>

### *The Character of the Epidemics and Resource Allocation*

Another important point of difference relates to the character of the epidemic in the two regions. Prevalence rates and the numbers of PLWA and of those who have died in Africa are much higher than the South Pacific.<sup>99</sup> The epidemic has generalised in all large sub-Saharan states. UNAIDS predicts that the rate is 0.3 for Oceania while in Africa the estimate is 6.1 per cent.<sup>100</sup> By contrast WHO's predictions are less than 0.1 per cent and 7.6 per cent respectively.<sup>101</sup> Furthermore, in the South Pacific excluding PNG prevalence is well below one per cent and in two states no cases have been reported. By contrast the ranges in Africa vary widely from 3 per cent in a few states to as high as 33 per cent in Swaziland. As a point of comparison according to UNAIDS estimates South Africa has a rate of 18.8 per cent while PNG's rate is 1.8 per cent. According to the latest UN estimates more people succumb to AIDS in a day in Africa than the cumulative deaths for the whole Pacific, since the epidemic began.<sup>102</sup>

There is also the issue of gross numbers of cases, deaths and new infections, which are key measures of impact and potential future impact of AIDS. In 2007 UNAIDS estimated that there may be 75,000 cases in the whole of Oceania while Africa has approximately 22,500,000 cases.<sup>103</sup> Across the Pacific there may have been 1,400/1,200 AIDS related deaths, compared with 1.6 million in Africa, which is tiny in relative terms (0.00785 per cent). As for new HIV infections in Africa there were 1.7 million and in Oceania 14,000.<sup>104</sup> Africa makes up the lion's share of all of the preceding categories while the South Pacific hardly rates a mention. These statistics point to a dramatic difference between the regions.

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<sup>97</sup> See for instance, Migdal, Joel, *Strong Societies and Weak States: State-Society Relations and State Capabilities in the Third World*, Princeton University Press, New Jersey, 1988.

<sup>98</sup> This has not been the aim of this paper, but points to further research required to establish the relevance of lessons from Africa.

<sup>99</sup> PNG is a special case and it will be discussed in depth later.

<sup>100</sup> UNAIDS, *AIDS Epidemic Update 2006*, Annex 2, p. 511.

<sup>101</sup> WHO, *HIV/AIDS in Asia and the Pacific Region 2003*, WHO, Geneva, 2004, p. 6.

<sup>102</sup> UNAIDS, *AIDS Epidemic Update 2007*, Geneva, 2007.

<sup>103</sup> UNAIDS, *Key Facts by Region – 2007 AIDS Epidemic Update*, Geneva, 2007, pp. 1 & 3.

<sup>104</sup> UNAIDS, *AIDS Epidemic Update 2007*, pp. 15 & 36.

The upshot is that the South Pacific is relatively unimportant to the global epidemic. That is, due to its geographic isolation, political and economic marginalisation, and apparent low prevalence rates (over small populations) it is far from a priority for most intergovernmental organizations (IGOs) and non-government organizations (NGOs). Relative unimportance is reflected in resource allocation and this cannot but distinguish the experiences in the regions. For instance, at the country level UNAIDS *Epidemiological Fact Sheets* are only available for Fiji and PNG and the absence of data under many headings is notable.

### *Socio-economic and Political Risk Environments*

What follows is a brief comparative general overview of some of the main risk environments in Africa and how they relate to the South Pacific.

#### Sectoral Prevalence: Uniformed Services

Prevalence amongst sub-populations is another important signpost of the trajectory of the epidemic and another point of distinction between Africa and the South Pacific. Sectoral prevalence in the uniformed forces (particularly military) has been used as a key measure of the epidemic in Africa with prevalence in uniformed services being estimated to be well above that of the broader population.<sup>105</sup> This categorisation of uniformed services as a most at risk population (MARF) has been transferred to the South Pacific.<sup>106</sup>

Recent research has convincingly challenged many of these orthodoxies,<sup>107</sup> but their inaccuracy has not necessarily altered the export of these generalisations to other parts of the globe.

Uniformed forces in the South Pacific do not conform to the purported HIV trends elsewhere. For instance, since the Papua New Guinea Defence Force's first notification in 1992 to May 2005 90 soldiers have been infected with HIV and 35 soldiers have died of HIV/AIDS.<sup>108</sup> Prevalence is said to be

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<sup>105</sup> Carballo, M. & Cilloniz, J., *HIV/AIDS and Security*, International Centre for Migration and Health, Geneva, 2002 & Singer, P. 'AIDS and International Security', *Survival*, 44, 1, p. 145.

<sup>106</sup> See UNAIDS, *UNGASS Country Report 2006*, Republic of Fiji Islands, Suva, 2006, p. 14.

<sup>107</sup> See Whiteside, Alan, DeWaal, Alex, & Gebre-Tensae, T., 'Aids, Security and the Military in Africa: A Sober Appraisal', *African Affairs*, 105,419, 2006, pp, 201.208 & Barnett, Tony & Prins, Gwyn, *HIV/AIDS and Security: Fact, Fiction and Evidence*, London School of Economics, London, 2005.

<sup>108</sup> Kendino, Gideon, *Current Developments in the Management of HIV/AIDS in the PNG Defence Force*, 15th Asia-Pacific Military Medicine Conference (APMMC XV) in Hanoi, Vietnam May 8 - 13 (XV APMMC), Hanoi, 2005, pp. 24 & 26.

“over 1.2 %” and as such is reflective of the lower estimates for the general population.<sup>109</sup> For Fiji 5 soldiers and 1 policeman have reportedly contracted HIV.<sup>110</sup> There is no evidence that uniformed forces are infected at a higher rate than the general population.

### AIDS and Conflict

Conflict is directly implicated in state fragility in Africa and is often cited as another vector of the epidemic in Africa. A major distinction needs to be made here because the type of sporadic low-level internal conflict experienced in the South Pacific is of a completely different intensity to the civil wars and inter-state wars in Africa. It follows that the attendant problems associated with the latter, such as uncontrolled refugee flows, large loss of life, etc, have not occurred in the Pacific. There is also no available evidence that conflicts or tension in the Solomons, PNG and elsewhere have led to an increase in HIV prevalence or that an increase in prevalence has led to more conflicts. And, this conclusion is also evident from the experience in neighbouring East Timor. In addition, this perspective may be flawed anyway as there are conflicting views amongst scholars of Africa over whether there is in fact a causal link between the epidemic and conflict.<sup>111</sup>

### Conflict and scarce government resources

An important difference between Africa and the South Pacific is that a military security outlook predominates in the former but not in the latter. This is relevant in so far as the maintenance of a large military, with up-to-date weaponry, causes a great strain on government resources. In South Africa, for instance, large defence purchases in the absence of a credible external threat have been criticised due to the opportunity cost for desperately needed AIDS programs.<sup>112</sup> By contrast, much of the equipment used by the small militaries of the South Pacific is donated, as in the case of Australia’s Pacific Patrol Boat Program. In addition, in the South Pacific uniformed services form a much smaller proportion of the population and have not been involved in inter-state wars. The roles of the military are also quite different with active national defence being a secondary aim in the South Pacific; peacekeeping and the

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<sup>109</sup> Kendino, *Current Developments*, p. 2.

<sup>110</sup> Information provided by the Fiji Ministry of Health, Suva, August 2007.

<sup>111</sup> See Verstegen, *HIV/AIDS: Waking up to the Challenge* Gordon, et. al., *A Study to Establish*.

<sup>112</sup> Van der Westhuizen, Janis, ‘Arms over AIDS in South Africa: Why the Boys Had to Have Their Toys, *Alternatives*, 30, 2005, pp. 275-95.

maintenance of internal order are their main roles. So, relatively speaking there is no drain on public resources in the South Pacific to fight wars at the cost of funding AIDS programs.

#### Natural disasters and refugee flows

Large refugee flows of the sort experienced in Africa (from conflict or natural disasters) have not occurred in the South Pacific. Recent tsunamis have caused short-term dislocation, especially in the Solomon Islands, but this is not of the scale of the refugee flows in Africa that have led to long term displacement and associated risk behaviour. If current predictions are valid of more concern will be rising sea levels that will make several Pacific island states unviable for human habitation. However, here too it seems that the South Pacific experience may be different to responses to challenges in Africa as there is already planning underway by states, regional organizations and donors to deal with this dislocation in a planned and measured way.

#### Comparative Prevalence Rates

Prevalence rates are only as accurate as the surveillance and reporting in a particular area and therefore they do not say anything about the demography and numbers of those with HIV who are *not* tested. In many parts of Africa surveillance has improved dramatically, but in most of the Pacific it leaves a lot to be desired. For instance, a breakdown of hard data into sub-groups is not available for the South Pacific and tools such as population-based surveys are not likely to be undertaken in the South Pacific any time soon. This makes any form of useful comparison based on estimates tentative at best.

Major efforts are underway to improve this deficiency, especially where it is needed most, in PNG and Fiji.<sup>113</sup> For instance, innovative initiatives such as the 2005 Social Mapping exercise have provided much needed insight into the cultural context within which prevention programs need to be run.<sup>114</sup> However, from present data it is not possible to make the type of comparisons with Africa necessary to inform good public policy making.

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<sup>113</sup> See WHO, *Second Generation Surveillance*.

<sup>114</sup> National HIV/AIDS Support Project (NHASP), *Social Mapping*.

## 7. Conclusion

Superficially it appears that the 'Africanisation', AIDS and state failure thesis has merit. However, upon closer inspection the links between governance, development and AIDS, and the relevance of the African analogies for the South Pacific are not convincing.

There are major problems with the ability of failed states typologies to direct good public policy including that they: assume that there are shared assumptions about state functions; assume that states have functioned well before they failed and therefore can function again; assume that there is a continuum stretching between state weakness/failure and state strength/success; involve internal conditions being measured from outside; and consign some states to being *and remaining* 'basket-cases' – which itself may impede development.

State fragility in the Pacific has much in common with Africa, but there are key local differences in state structures and societal organisation. 'State failure' is not necessarily a label that can stand rigorous analysis in South Pacific setting. However, it is a useful rhetorical device for external aid donors, implementers (INGOs and NGOs) and for local elites and NGOs seeking to attract resources. But Hank Nelson is correct in noting that labels are important.<sup>115</sup> It is much more constructive to use terms such as state fragility, adaptability and resilience. However, despite the nomenclature the choice of an accurate label does not overshadow the fact that for many in the South Pacific the future could be rosier. The legacy of colonialism and decolonisation has ensured that many South Pacific states are ill prepared to deal with the challenges of globalisation.

Despite the challenges there is also a high level of state and societal adaptability and resilience that challenges the inevitability of much of the literature. It may be that some form of non-statal political organisation is the solution to instability, rather than trying to strengthen Westphalian institutions. Indigenous forms of governance, that are already evident across the region, might be married with the Westphalian state to produce a Pacific model of governance.

Surely there is a valid point to be made about the legitimacy and utility of indigenous forms of governance, and of the litany of failed attempts at

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<sup>115</sup> Nelson, *Governments, States and Labels*.

instituting 'good' governance from above. However, the problem is that the underlying issue of stagnant standards of living and increased insecurity in the Pacific persist. There is indigenous agency and responsibility involved for lagging social and economic indicators, especially amongst the past and present leaders of Pacific Islands, that cannot be ignored.

It is not as if regional leaders are not taking action on governance issues and AIDS. The SPC and Pacific Islands Forum Secretariat (PIF) acknowledge that rising instability demands attention, and that AIDS is apart of the equation.<sup>116</sup> In addition external donors such as the Asian Development Bank (ADB) and Organisation for Economic Cooperation and Development (OECD) are also focusing on these issues and AIDS.<sup>117</sup>

At a national level PNG and Fiji lead the way in terms of taking concrete steps to counter the epidemic. A number of governments have legislation specifically focussed on HIV/AIDS, such as PNG's HIV/AIDS Management and Prevention Act 2003 (HAMP Act). Many governments have supported National Strategic Plans and the creation of National AIDS Councils.<sup>118</sup> Five governments have direct budget allocations to counter the epidemic and are increasing their efforts. For instance, in 2007 the PNG government promised a 25 per cent increase in the 2008 budget allocation to counter HIV/AIDS.

Government, INGO and NGO attempts at countering the epidemic in the South Pacific are laudable, but involve the application of African analogies that require much more analysis and evidence. Furthermore, the leap between Africa and the South Pacific has often led to unsubstantiated or exaggerated claims about the significance of AIDS to stability and security in the South Pacific.

While there is plentiful anecdotal evidence and models supporting the connection between AIDS and economic growth in Africa and the South

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<sup>116</sup> See for instance SPC, *The Pacific Regional Strategy on HIV/AIDS 2004-2008* & Ron Crocombe's report to the Pacific Islands Forum Secretariat, *Enhancing Pacific Security*, Port Vila, June 2000.

<sup>117</sup> See for instance, ADB/Organization for Economic Cooperation and Development (OECD), *Curbing Corruption in Public Procurement in Asia and the Pacific: Progress and Challenges in 25 Countries*, ADB/OECD, Manila, 2006 & Jenkins, Carol, *HIV/AIDS in the Pacific*, ADB, Manila, 2005 & ADB, *Strengthening Governance and Accountability in Pacific Island Countries*, December 2006 (co-funded by Australia).

<sup>118</sup> See for instance, Fiji Ministry of Health, *National HIV/AIDS Strategic Plan 2004-2006*, Suva, December 2003 & PNG, *National Strategic Plan on HIV/AIDS, 2006-2010*, National Aids Council, Port Moresby, 2006.

Pacific<sup>119</sup> there is little evidence to link AIDS with state fragility in the South Pacific. Furthermore, much of the evidence shows that it is more likely that AIDS is and will have an impact at the household and societal levels,<sup>120</sup> rather than state or region. Empirical studies based on hard data have not been undertaken in the South Pacific to support and quantify the claim that AIDS will weaken South Pacific states. What is known is that while prevalence rates are generally low in the region, sexually transmitted infections (STIs) are rising. In addition “a high ratio of reported AIDS cases relative to HIV infections (1:3.5) is apparent and is suggestive of a larger reservoir of infections.”<sup>121</sup> Thus it is argued that a “failure to act” could have catastrophic effects.<sup>122</sup> Clearly surveillance is the largest obstacle to providing clear policy guidance and major efforts, of the sort being undertaken in PNG, are required to remedy this situation.<sup>123</sup>

What are the implications for African analogies? The assumption that African experience of governance and AIDS is readily transportable to the South Pacific is questionable. Much discussion about AIDS hinges on how particular examples can be generalised. In fact, there is a strong desire amongst some analysts to quickly move too rapidly to the highest level of generality, a desire that is often met by an equal and opposite desire to focus on the local. It is not entirely clear what the African experience has to offer other areas, but there is certainly a bias towards thinking that experiences, and solutions can be readily transplanted across the globe.

The literature is so dominated by the study of Africa that one could be excused for overlooking the fact that the African experience *is a particular experience*, or more accurately, a series of particular experiences linked by geographic proximity. There are many epidemics occurring around the world and it is not always analytically useful to treat them as part of a single ‘global’ epidemic. African domination is understandable, due to the trajectory of AIDS so far, but clearly the epicentre of the epidemic has shifted to Asia, (but significantly not into the Pacific). It is far from clear that the epidemic in Africa

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<sup>119</sup> ADB, *Socioeconomic Implications of HIV/AIDS*, & ADB, *Poverty Implications of HIV/AIDS*.

<sup>120</sup> Worth, Heather & Henderson, Klara, ‘AIDS is a Tear in the Social Fabric of Papua New Guinea: HIV and its Impact, 2005-2025, *Health Sociology Review*, 15, 2006, pp. 293-304.

<sup>121</sup> WHO, *Second Generation Surveillance*.

<sup>122</sup> See for instance, Fowler, David, O’Loughlin, Bill and Tikinatabua, Sister Vika, *Mid-Term Review of the Pacific Regional Strategy on HIV (2004-2008) and its Implementation*, SPC, Noumea, 2007, p. 7.

<sup>123</sup> National HIV/AIDS Support Project (NHASP), *2004 National HIV/AIDS Consensus Workshop: Key Findings Summary and Analysis*, Milestone 82, National AIDS Council PNG, April 2005, p. 6. & WHO, *Second Generation Surveillance*, p. 9.

will get worse and its not clear that the Pacific's rate of infection will match Africas. In fact there are strident critics of the "Asia Pacific will be the next Africa" argument.<sup>124</sup>

In Africa the AIDS epidemic has been what Barnett and Whiteside describe as a long wave event. The first wave involves infection, which leads to the second wave of morbidity and mortality. These waves have passed and the third wave of long-term impacts on society, economy and the polity is becoming more apparent.<sup>125</sup> It is essential to note that even in the presence of the first two waves the third wave is by no means inevitable.<sup>126</sup> According to this framework the Island Pacific is still experiencing the first and in some cases the second waves, and the implication in the literature is that the third wave will soon wash over it. If we accept this view then the impact on fragile island states will be immense and this outcome supports the process of 'Africanisation' discussed earlier. However, the similarity between the epidemic in Africa and the South Pacific is superficial and artificial, and it could only be relevant to PNG, albeit with some major alternations to allow for PNG's experience with AIDS. The epidemic in Africa has a range of implications, but its impact is uneven and its character is quite unlike the epidemic in the South Pacific. Therefore its overarching relevance for the South Pacific has not been substantiated.

In the South Pacific is state fragility due to AIDS inevitable? From the standpoint of governance and AIDS the comparison between the epidemic in Africa and the South Pacific is more apparent than real. The epidemic has generalised in PNG and has the potential to grow quickly, but the rest of the South Pacific will not necessarily be the 'next battleground' in the AIDS epidemic. And there are many positive examples and lessons to be taken from the experience in Africa, but most of these are at the operational level, and focus on individual states (such as Botswana or Uganda) rather than at the level of regional generalisations. What is needed in the South Pacific is measured responses to hard data with no hint of alarmism; AIDS can be countered and state fragility can be reversed and there may be no identifiable relationship between these things in Africa, let alone in "the Pacific".

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<sup>124</sup> For instance, see Rosenberg, Tina, 'AIDS', *Foreign Policy*, March-April, 2005, p. 26.

<sup>125</sup> Barnett & Whiteside, *AIDS in the 21<sup>st</sup> Century*, p. 163.

<sup>126</sup> De Waal, 'How Will HIV/AIDS Transform African Governance?', p. 3.

## Appendix: Surveillance

An extended discussion of surveillance is beyond the scope of this paper but it is worth noting that estimates are often used to create prevalence rates for South Pacific states and there are problems with methods and modelling. Estimates vary widely. For instance, for WHO the standard practice has been to multiply the reported cases of HIV and AIDS by between 5 and 25 depending on the state of the epidemic.<sup>127</sup> Furthermore, national prevalence rates for PNG have been based on sentinel surveillance data from anti-natal clinics and blood donors in a few provinces (a very small sample) and extrapolated to other areas. A lack of resources and practical difficulties means that many statistics, on high-risk groups and health sector responses to the epidemic for instance, are simply not being collected in the region. Furthermore, even breaking down national figures into important categories for public policymaking, such as mode of transmission is not possible. For instance, in PNG gender is the only variable for which information is nearly complete.<sup>128</sup>

A clear sign of the problems with gathering accurate data was evidenced in the re-evaluation and downward estimation of UNAIDS and WHO AIDS statistics in late 2007.<sup>129</sup> The estimates of PLWA in Oceania dropped from 78,000 to 75,000 and the number of deaths from AIDS related diseases from 3,400 to 1,200/1400.<sup>130</sup> These are not insignificant numbers, and the shift is telling.

In the circumstances modelling is the best option but one that provides uncertainty about the state of the epidemic in much of the Pacific, especially given that population-based HIV surveys from Africa often highlight a bias toward high estimates.<sup>131</sup> So a key conclusion of this paper is that greater resources need to be applied to surveillance.

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<sup>127</sup> See Pacific Parliamentary Assembly for Population and Development (PPAPD), *Suva Declaration on the Fight Against HIV/AIDS*, Suva, 13 October 2004, p. 1 & SPC, Pacific Islands Regional Millennium Development Goals Report 2004, United Nations Development Program, SPC, Noumea, November 2004, p. 81.

<sup>128</sup> NHASP, *2004 National HIV/AIDS Consensus Workshop*, p. 5.

<sup>129</sup> WHO, *Global HIV Prevalence has Levelled Off*, Geneva, December 2007.

<sup>130</sup> There is an inconsistency in UNAIDS figures see UNAIDS, *AIDS Epidemic Update 2007*, p. 41 & UNAIDS, *Key Facts by Region – 2007 AIDS Epidemic Update*, Geneva, 2007 p. 3.

<sup>131</sup> See for instance Table 2 on p. 11 of UNAIDS, *AIDS Epidemic Update 2007*.