

**Transcript of the Interview with
Dr. Rui Maria de Araujo,
Minister of Health, East Timor**
Dili, 28 of June 2002

East Timor at present can count itself fortunate: so far it appears to have avoided the kind of HIV/AIDS problem that has ravaged many other developing nations. This means it has a rare opportunity to prevent an HIV/AIDS epidemic, learning from the lessons of other less fortunate nations to build a healthier future for its people. UNDP is supporting the East Timorese government in their efforts to create a programme that will bring about that future, by facilitating the drafting and discussion of a National Strategic Plan, and by sending the new Minister for Health, Dr Rui Maria de Araujo to Barcelona, so that East Timor can for the first time as a nation join the international dialogue on responding to the HIV/AIDS issue. But Timor is a small and very poor nation with many, many other problems – is it really in a position to seize the opportunity it now has? In this exclusive interview, Dr Rui Mari de Araujo tells UNDP why and how East Timor can handle the HIV/ AIDS issue.

How important is it to East Timor to deal with the issue of AIDS/HIV?

I think for East Timor it's very important, because we do realize that the AIDS epidemic is going to be a real challenge, the biggest trap for the economic development of this country. We understand that looking at the examples we have – in Papua New Guinea for example, the most recent outcry, the spread of the disease has affected the whole country, particularly the workforce. That's why we do realize that HIV/AIDS is very important, it's one of our highest priorities and we are doing all that we can to get the involvement of everyone in the country – civil society, the church, parliament and right up to the president himself because we realize it's very important to get people at the top involved.

At present, East Timor has a very low recorded prevalence of HIV/AIDS and that means that you have the opportunity here to prevent that kind of epidemic. Are you confident that that can be achieved?

Let me start a little bit back from that. Yes prevalence is low but the vulnerability is there. All the necessary ingredients for a tragedy are there. Poverty, drug use is on the increase although we don't have the exact figures, we have street children out there, we have prostitution out there, we have jobless people and at the other side of the coin, we have a huge presence of expatriate people here with a great capacity of buying things, including buying sex, and that is a great risk. Obviously because the prevalence is low, according to the testing up to now, even though on that side I'm a little bit pessimistic because the cases that we've found indicated that contact with the disease happened already during the Indonesian times. We had an AIDS case who died two months ago and just doing the counting, simple math's,

that means that guy was exposed five or ten years ago, which means he was exposed during Indonesian times.

Now, to what extent has that exposure affected East Timor? I think the low prevalence that we're talking about is just the tip of the iceberg. Obviously that does not discount the focus that we need to give to the prevention side, and particularly on the health promotion. Spreading the information to all communities in order to make them aware. We've been doing this for the last one, one and a half years – direct intervention with at risk groups to raise the sensitivity, the awareness about the prevention of the disease, and the response has been quite good. Now, to what extent that kind of information is going to change people's behavior, that remains to be answered, but although this might seem a very optimistic view I think we can do something on that.

It is very difficult to know what the incidence rate is in Timor. Are there any plans for a systematic research programme?

Well, not systematic research, but the start of the Strategy plan, one of the activities that is first going to be activated is to set up a testing and counseling unit, and to set up a surveillance system for HIV/AIDS in the main hospitals, in the blood transfusion unit, to get the real picture. From now onwards we are planning to establish that as part of the national HIV/AIDS programme, and possibly it's going to be at the national hospital – they are now doing the proposal for the implementation of that. And with the voluntary testing and counseling unit and the surveillance system we will be able to get more data about the incidence rate. In the past we have also based on screening of blood for transfusion and based on some screening samples for people going to the police force and army, we came up with a prevalence rate we are now using of 0.64.

The plan for the voluntary testing and counseling unit is to have pre-test counseling, and then post-test counseling in case we find out people are positive and we need to have the network to follow up once people are positive. So these are the principles that led to the founding of this centre, but it will take another few months. We need psychologists, blood technicians and social workers in order to make that center functional. Obviously that is from the supply side. From the demand side, we may end up with people not coming for testing because it's something scary for people, even if they know that they've had a risky life in the past it is scary for them. Once they are fully aware of the connotations that are attached to that disease, on the demand side, we may face this problem. But we are doing our best on the supply side to make it an appropriate centre.

You are of course well aware that in East Timor, any HIV/AIDS campaign has to work with the Church, who are enormously influential here and whose views on approaches to HIV/AIDS are very different to those of many HIV/AIDS experts. How are you going to tackle that difference in viewpoint?

Well, on the prevention side, one thing that's becoming a huge challenge is the possible tension between government prevention in terms of providing or making available condoms to people that want them, and the views of the Catholic Church. That is a very real potential tension that might jeopardize our prevention activities. We are now on the ground working with the Catholic Church, having a dialogue with the Church, and we have come to the conclusion that the government has the responsibility to provide all the information available about the effectiveness of prevention to people, and the people will have to make their own choice based on their religious beliefs. Let's make the choice available and let them make the choice – that is more or less the informal agreement we have with the church.

Are you confident that that relationship can work in the context of the church out in the districts, as opposed to with the religious leadership in Dili?

At the moment, I'm not very confident of this. But I believe that as long as the government is frank in its discussions and as long as the risks of not embarking on that policy are made clear to the Church, not only to the hierarchy but at the community level, I think they will be aware. Because the main concern of the Church is of the risk of increasing promiscuity with the campaign of using condoms. Obviously we can produce scientific evidence showing that that's not the case, but in moral terms, there is a huge reluctance to openly advocate the use of condoms. But they do realize that the use of condoms is one way to prevent AIDS. It's not the only way, it's one way. And the dialogue that we are having revolves around the three main effective ways of prevention, ABC – A, Abstinence, B, Be Faithful and C, use a condom. Now A and B fit perfect with the Church's views. Obviously we are all human beings and there have to be choices, when the moral method doesn't work any more, then you have to provide information to people. Condoms should be last call. For people with the catholic faith, A and B are very important.

The ministry has now adopted a National Strategic Plan. Can you explain what that plan involves and what your first steps will be to implement it?

The main view here is that we are at the right time to prevent an epidemic in this country, and the emphasis of the strategy is to enable the whole community to adopt preventative measures and that is going to be implemented through different activities, such as education campaign, such as increasing the awareness particularly of the youth, and also having civic programmes focusing on the risk population: drug users, street children, prostitutes – they will be the main focus. We have adopted that strategic document, we are now in the process of forming a National Advisory council. The next step will be to finalize the whole document and then bring it up to the council of ministers for formal approval, and then start to break it down. Who is going to manage the whole process and who will be the partners? For the sake of co-ordination, the ministry of health has taken the role of national coordinator. The implementation will come with NGOS who are working in that area, both national and international NGOS. We have international NGOs, a

number of Timorese NGOs and of course the UN agencies. They will be the main players in the implementation of this Plan.

What's the composition of the Advisory Council and how will it function?

The members of the National Council will be nominated by NGOs who are part of the National Conference of HIV and AIDS where we discussed the programme, and obviously that will involve people who are concerned about the issue, who have the right networking capabilities and I think we are foreseeing between ten to fifteen people, and the main role is going to be advising the national management team, particularly on policy issues. And when you talk about policy issues that will involve issues like condom use, they will have to come through that advisory council before we adopt anything officially. That's only one example.

What are you hoping for from the Barcelona conference?

Well, if you are going to name them one by one it'll be a long list of hopes. But I think the main thing I'm hoping is to get in touch with a variety of people coming from all over the world and using that chance as a way of improving our networking, and also using that chance to learn from experiences in other places, particularly experiences that are relevant to our socio-economic experiences here in Timor, and I'm very interested in finding out in other places how the relationship between the government and the catholic church was developed on HIV/AIDS. Apart from that my hope is also to meet people like the head of UN AIDS and to meet NGOS, development agencies that are working throughout the world with HIV/AIDS to explore the possibility of establishing partnerships or future activities in this country.

And also one other hope is to meet people that have been successful in their application to the Global Fund, the Fund that the UN is now making available to developing countries to tackle the three main diseases affecting people in the world now – HIV, malaria and tuberculosis.

Is there a stigma attached to HIV/AIDS in this country or do you think people still understand so little about the illness there is no stigma?

The problem is we haven't had any experience of people coming out and saying look, I am HIV positive or I'm suffering from AIDS. I think the reason is the level of education and awareness here is very low and probably people are still thinking oh, HIV AIDS, it's so far away. In Indonesia they say the enemy is still miles away so hey, we can know about it but so what? Once we put it in their faces that OK, we have cases here in East Timor now, people might wake up – at least among the educated ones.

A lot of people here blame the international presence for bringing AIDS and HIV to this country. Do you think there is any validity to that, or do you think it's unhelpful and that East Timorese people need to take responsibility for themselves?

Well, to start with, we don't have enough evidence to blame either the period of Indonesian station here or to blame the international presence at the moment. And we cannot blame the East Timorese themselves because of the conditions here, because we have prostitution, drug users, because we are poor. So it is not an issue of blame, of who is wrong, it's a question of what we can do now. And look to the facts, to the evidence: HIV/AIDS is a reality now in this country and we are exposed. Who is going to be blamed for the exposure, well, I don't think personally, as a medical community and as an East Timorese, that we should blame the internationals. But obviously we also need to increase the awareness of the internationals about their behavior in this country. If you are coming from a developed country or a place where HIV AIDS is a reality and you are aware of the risks of unsafe sexual behaviors, then at least as a human being you should practice that. There is no need to say because you are coming from Europe, you don't give a damn about the way you behave in East Timor.

East Timor is not a rich country and this is an ambitious programme – do you believe you have adequate resources to run it?

From the Ministry of Health point of view, due to the fact we are small country, we have less than one million people living here and most importantly due to our limited resources, we are committed to implementing this programme in a very co-ordinated way in order not to waste resources. That does not mean the Ministry and the government want to control everything and not give others space to work in this area, but it's very important to have coordination. In order to be sustainable and bring good effects to the people, we need to make the best use of the resources we have.

#####