CHAMPIONING Gender Equality in the HIV Response: The experiences of five programme countries

PAPUA NEW GUINEA

THE CHALLENGE

Papua New Guinea is the largest nation in the Pacific, encompassing 600 associated islands with vast socio-cultural differences within and between the country's 22 provinces and 89 districts. Around 800 languages are spoken in Papua New Guinea. In 2006, HIV prevalence among the adult population (15–49 years) was estimated at approximately 1 percent; the most recent national projections undertaken in March 2014 estimate a national prevalence rate of 0.65 percent.[1] According to 2013 data, 16,000 of the 28,000 adults living with HIV in Papua New Guinea are women.[2]

The collection and analysis of sex-disaggregated data on HIV prevalence has been challenging. Since 2002, there has been a sharp rise in diagnoses of HIV infection, with the number among women consistently surpassing that among men.[3] The predominant mode of HIV transmission is heterosexual sex, accounting for 91 percent of reported HIV cases in 2009.[4]

High levels of stigma and discrimination, gender inequality, and widespread rape and violence against women are some of the main factors that hamper an effective HIV response. Women and men living with HIV both face great risk of human rights abuses, including fatal accusations of sorcery, which push them to hide their status and continue spreading HIV to sexual partners.

1 *Papua New Guinea Global Progress Report*, 2014, p. 26.

2 UNAIDS, 2014, *Gap Report*, A24, pp. A30.

3 *Global AIDS Report 2012: Country progress report, Papua New Guinea*, 2012, p. 30.

4 *Papua New Guinea: National HIV and AIDS Strategy: 2011-2015*. National AIDS Council Secretariat, Papua New Guinea, 2010.

THE POLICY ENVIRONMENT

Papua New Guinea is a signatory to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and reported for the first time to the CEDAW Committee in 2010. The national constitution provides for the equal rights of women and men and is a valuable tool for advancing non-discrimination and gender equality. Additionally, there are a number of national policies in place with strong and mutually reinforcing gender equality provisions. The National HIV and AIDS Strategy 2011–2015 (NHS) acknowledges the importance of gender equality for the prevention and mitigation of HIV and AIDS. In addition, the National Policy on Women and Gender Equality 2011–2015 and the Mid-Term Development Goals 2011–2015 recognize HIV and gender inequality as crosscutting issues that must be addressed in an integrated way.

Papua New Guinea has many actors involved in the HIV response, including: the National AIDS Council Secretariat

(NACS), which is responsible for implementing the NHS; other government bodies at national, provincial, and district levels; faith-based and civil society organizations; international non-governmental organizations (NGOs); academic research institutions; and private sector groups.

Igat Hope, the national network for people living with HIV (PLHIV), is another key stakeholder. Its members are provincial support groups, including Tru Frens, which is the first such group for women living with HIV (WLHIV). Very few WLHIV, however, are involved in the planning or decision-making processes of the HIV response. In turn, this has limited their ability to influence public policy.

THE PROGRAMME RESPONSE

Supporting Gender Equality in the Context of HIV/AIDS, which ran from 2009–2013, set out to integrate gender equality and human rights into HIV policies. The programme had two main elements: promoting the leadership and participation of WLHIV in networks that influence HIV policies, and strengthening national commitment to gender equality in the HIV response.

PROGRAMME PARTNERS

- National AIDS Council Secretariat (NACS)
- National HIV and AIDS Training Unit (NHATU)
- National Council of Women
- Office for the Development of Women
- Igat Hope (PLHIV support network)
- Tru Frens (WLHIV support group)

To begin, the programme undertook the first gender audit and training needs analysis of the National AIDS Council Secretariat. The findings revealed important gaps in the capacities of NACS staff to adequately address human rights and gender concerns within the NHS, despite a strong readiness to do so. In response, the programme developed a three-pronged capacity-building plan. It also provided the NACS Gender and Special Interests Officer with intensive one-on-one coaching and mentoring to strengthen her gender expertise and skills. Additionally, the programme supported the creation of the Gender Equality Core Working Group (CWG) and trained its members as trainers and institutional focal points on gender and human rights. In collaboration with the National HIV and AIDS Training Unit, the programme developed a gender equality and human rights training curriculum, as well as an advanced course for senior managers to strengthen their gender analysis skills in planning processes.

UN Women first collaborated with the United Nations Development Programme (UNDP) Transformational Development Leadership Programme to identify WLHIV. Then, in partnership with Hope Worldwide PNG, a faith-based organization, and Igat Hope, the programme helped to build the leadership and advocacy skills of WLHIV. It also supported the development of an Advocacy List, a tool that women used to prioritize their shared concerns and to support their HIV advocacy efforts with policymakers. Key concerns included continuing high levels of stigma, discrimination and abuse of PLHIV; women's limited access to antiretroviral drugs, especially in rural areas; and their lack of representation on provincial and district AIDS councils, as well as in the planning and delivery of HIV treatment, care, and support.[5]

The programme also helped WLHIV to plan and launch a successful public awareness and advocacy campaign in the lead-up to World AIDS Day (2012) with the support of Igat Hope and UNAIDS.

ACHIEVEMENTS

The programme increased engagement of WLHIV in the national and provincial response. Some women trained by the programme now participate on the boards of national organizations; others serve as peer counsellors in their communities' health clinics. One woman living with HIV is in the process of establishing an HIV Care and Support Teachers Association.

The programme strengthened the leadership and advocacy capacity of WLHIV. Few formal WLHIV networks existed before 2010. Most women living in remote areas and tackling stigma and discrimination in their communities focused on basic survival. Few saw the power of advocacy. The women-led advocacy campaign received wide media coverage and women living with HIV were interviewed by radio and print media. Interview sound bites were also frequently broadcasted over the radio. The programme used the Advocacy List **to secure funding from UNAIDS for a scoping study on treatment, care and support for WLHIV**, which UN Women and its partners will use to inform the programme design of future initiatives focused on WLHIV.

Gender equality is better anchored in the NACS' institutional structure. The Core Working Group has developed a Gender Equality Action Plan, and implemented a progressive NACS Gender and HIV Workplace Policy. It regularly evaluates the gender-responsiveness of

5 'Open Letter to all Members of the Papua New Guinea Parliament', *Papua New Guinea Post-Courier*, 28 November 2012.

programme activities, and continues to train NACS staff. Individual gender action plans aimed at work-based changes have also been developed.

Senior NACS policymakers and programme managers demonstrated increased commitment to integrating gender in their planning processes. Senior staff trained in gender equality and human rights requested more training to help integrate gender concerns into NACS' annual plans. As a result, the 2013 NACS Annual Work Plan and Budget are more gender responsive. Addressing gender is now a criterion for awarding HIV programme grants to implementing partners. Significantly, NACS has allocated funds from its own budget to roll out the Gender Equality and Human Rights training to staff of its provincial AIDS councils, district AIDS committees, and key implementing partners.

> "[Gender equality] [m]ust start in our workplace, that is the way forward. All staff, whatever level, everybody is mandated. Working on gender equality also benefits family, home, community. The cure for HIV is attitude and behaviour—gender inequality is at the heart of the answer.
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> —Senior Manager (male), National AIDS Council Secretariat.[7]

The success of NACS' gender mainstreaming efforts has won a high level of political commitment from the Minister of Health and HIV/AIDS. The latter has publicly committed "to support NACS, its partners, and stakeholders to ensure that gender equality and human rights are mainstreamed and productively pursued in all of their work."[6] The gender mainstreaming effort has also generated a high volume of requests from other government agencies and implementing partners for assistance on introducing gender equality and human rights issues in their programmes.

The programme encouraged partnerships with key actors in the HIV response. Through the United Nations Delivering as One (DaO) mechanism, UN Women and the UNDP have collaborated to promote the leadership of women living with HIV. The NACS is also engaging Igat Hope more frequently to jointly implement the gender components of the NHS 2011–2015. Provincial AIDS councils are also beginning to support the increased participation of provincial and district-level networks of WLHIV by, for example, providing a space for Tru Frens.

LESSONS LEARNED

A gender audit is vital for identifying the opportunities for and gaps in integrating gender equality in the HIV response. The audit informed overall programme development and helped shape interventions that were adaptable and allowed for the prioritization of the concerns of women living with HIV. It included data on the training needs for the different levels of staff.

Programme flexibility is essential. Security constraints prevented the placement of a Gender Advisor in the National AIDS Council Secretariat. Therefore, the programme adapted by mentoring and building the skills of the existing Gender and Special Interests Officer, and creating support structures, such as the Core Working Group, which it involved in the development and delivery of training. Although caused by necessity, this strategy had the advantage of creating a greater sense of ownership and responsibility for capacity building within the NACS.

Transformational changes in gender sensitization, both at a personal and organizational level, take time and are incremental. It is important to recognize this and plan for ongoing and comprehensive activities rather than one-off, ad-hoc events. Training the Core Working Group to deliver the programme and become trainers themselves was an important means of ensuring sustainability.

In a challenging context, where the organizational capacities of women living with HIV are weak, it is vital to find a strategic entry point for strengthening their leadership and advocacy skills. It was difficult to identify an organized group of WLHIV and to find potential leaders among women struggling with stigma, isolation, poverty and illiteracy. This was compounded by serious capacity shortfalls across networks of PLHIV, many of which still operate as ad hoc groups. The collaboration with UNDP's leadership programme for WLHIV provided a necessary entry point.

6 "Government commitments." UN Women. http://www.unwomen.org/en/what-we-do/ending-violence-against-women/take-action/commit/government-commitments (accessed 3 December 2014).

7 Interview with NACS Senior Management and NACS Gender Adviser, Port Moresby, Papua New Guinea (UN Women- EC Programme 2009-2013).

The media is a powerful tool for naming and defining a stigmatized problem. The media campaign organized by WLHIV concentrated the impact from a community marked by geographic disbursement and personal vulnerability.

Peer counselling plays a key role in a society where belief in the supernatural jeopardizes the health care and safety of people living with HIV. Trained in advocacy and leadership, peer counsellors can challenge community belief systems in a less threatening way. HIV health promoters can be chosen for their natural leadership skills and credibility in their communities.

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"Gender equity is at the heart of our Constitution and is a guiding principle of this National HIV and AIDS Strategy. The impact of violence, rape and inequality on the vulnerability of our mothers, wives and daughters is severe and unacceptable. All HIV and AIDS programmes must implement interventions that reduce gender-based violence and ensure all citizens have the right to access prevention, care, treatment and support. In particular, men have an important role to play in changing their sexual behaviour, to become faithful, protective and responsible husbands and partners."

The Right Honourable Grand Chief Sir Michael T. Somare, GCL, GCMG, CH, CF, K StJ, Prime Minister of Papua New Guinea
(quoted in Prime Minister's Foreword, PNG National HIV and AIDS Strategy 2011 – 2015, 2010)