

Australian support for community HIV responses in PNG: what works, how do we show it, and who will fund it anyway?

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The National Association of People Living with HIV Australia (NAPWHA), the Australian Federation of AIDS Organisations (AFAO) and Scarlet Alliance have conducted partnerships programs in Papua New Guinea (PNG). NAPWHA has worked with Igat Hope, PNG's People Living With HIV (PLHIV) organisation for over a decade.

Scarlet Alliance is currently working in partnership with Friends Frangipani, PNG's national sex worker group, and AFAO has been working closely with Kapul Champions, the recently established network representing men of diverse sexualities and transgender people. But these are challenging times for the community response in PNG.

The Department of Foreign Affairs and Trade (DFAT) is refocusing its work away from service delivery in PNG and its work in HIV is increasingly absorbed into a more generalised health program, reducing the national focus on HIV.

At the same time we hear much from Canberra about the need for Australian aid to align more closely with Australia's strategic interests, to prioritise initiatives that stimulate economic activity and that deliver results that can be easily demonstrated and measured against benchmarks.

So where does this leave these three community collaborations? A NAPWHA-sponsored forum was held recently in Sydney to consider these related issues.

Representatives from Australian HIV organisations, development workers from a range of Australian agencies, and a few interested individuals, tried to work out how the community HIV response in PNG might be best protected and supported.

This article draws from the insights shared at the forum but the views expressed here are those of the authors.

Language matters (as if we needed more proof)

Pretty much every story about PNG mentions it is known as the land of the unexpected. And so, as we might have guessed, the epidemic in PNG has involved a few surprises.

What began as a generalised epidemic – feared capable of matching the worst of Africa’s – suddenly morphed into a concentrated epidemic. Or did it?

Despite an at times unseemly scramble to convert the PNG response into one that addresses a concentrated epidemic, more recent discussions suggest that the epidemic is neither general nor concentrated.

It is complex. It is varied depending on location. It is geographically varied. It is changeable over time as circumstances change. It can be impacted by local customs or local events.

In fact, it might be said there are multiple epidemics. The national organisations – Igat Hope, Friends Frangipani and Kapul Champions – will need some language around this.

They stake a claim to further financial support – most significantly from DFAT – partly because the epidemic is *not* a general one, but one with particular implications for their constituencies.

Friends Frangipani and Kapul Champions both say from time to time that there are higher rates of HIV within their communities, but neither has language around the complexity of the epidemic.

Hard data relevant to their communities is very limited, so their claims of being disproportionately impacted need to be strengthened by reference to other knowledge.

Current debates around language in PNG aren’t restricted to the ways in which people describe the epidemic. They also rage about how those communities significantly affected by HIV are to be described.

It is common to talk of Most At Risk Populations (MARPs) in PNG, but marginalised groups don’t like being described as MARPs, and have said so repeatedly and formally.

Not only is the language inaccurate, but it is also experienced as deeply offensive.

There is widespread acknowledgement that MARPs is a donor-driven notion, yet it does indeed drive funding decisions so the national organisations will need language around their risk relative to other communities.

Kapul Champions and Friends Frangipani both refer to higher rates of infection within their constituencies, implying some degree of identify that is related to marginalisation and risk of HIV.

They say quite often that they have heightened vulnerability to HIV, and Igat Hope rightly claims its constituents are at heightened risk of the negative impacts of HIV – indeed this has been proven through Igat Hope research on HIV-related stigma and discrimination.

These notions then of heightened risk and/or vulnerability to HIV and its impacts are important to the organisations and they infer some notion of there being a concentrated epidemic.

So in rejecting the term MARPs how do the constituencies of the three national organisations want to describe their relationship with HIV? Would they be content to describe themselves as key affected populations (another popular descriptor in PNG)? As marginalised? As vulnerable?

The fly-in/fly-out model of support

The fly in/fly out (FIFO) model of development support has few friends. It is considered neither cost-effective nor sustainable. But we need a more sophisticated position than ‘fly in/fly out doesn’t work’.

Leaving aside the pejorative nature of the description – which reduces ongoing support to in-country events – FIFO actually *does* work in *some* ways for *some* things.

NAPWHA has compiled a thorough report that reflects on a decade of collaboration with Igat Hope. The report¹ indicates that Igat Hope would have preferred a more permanent NAPWHA presence in PNG, yet despite this, Igat Hope valued many of NAPWHA’s efforts, even though they were significantly of a FIFO nature.

Scarlet Alliance has stories about how FIFO has actually helped establish Friends Frangipani in ways other models of support could not. If Scarlet Alliance were present in PNG all the time it would risk becoming the default decision-maker for all things related to sex work; its absence makes agencies and organisations in PNG deal with Friends Frangipani and encourages Friends Frangipani to make decisions without constant reference to Scarlet Alliance.

Australian community-based organisations (CBOs) have also warned against thinking that supports are only being provided during an in-country technical visit: they may be ongoing, being provided by a range of people via a range of mediums, perhaps simultaneously.

This is not a defence of the FIFO model. Most people see its weaknesses, including NAPWHA, Scarlet Alliance and AFAO. But in determining what the national organisations need, we will need a more sophisticated analysis of the various modalities of providing technical assistance than 'FIFO doesn't work'.

We need to be able to say what does work. Already we can say things about how important it is to be able to do long-term planning, to build up work over long periods.

We can say very positive things about the value of peer-to-peer support. We need to call for proper evaluation of the community partnership model.

NAPWHA has already carried out a substantial evaluative process, including report writing and iterative discussion with Igat Hope and key stakeholders in PNG.

NAPWHA's work to date gives us reason to believe that the evaluation will show community partnerships to be effective, and cost effective.

In recent times, DFAT PNG has moved away from funding the Australian CBOs to provide partnership support. Instead DFAT has shown an interest in funding international volunteers to work with the national organisations.

While lots of people can tell stories of amazing volunteers in PNG, there is scepticism around the proposed international volunteers as a replacement for support from Australian CBOs.

Scarlet Alliance and Friends Frangipani have expressed the view that it is not an appropriate form of support for Friends Frangipani. NAPWHA has also expressed reservations. The process to replace NAPWHA's technical input with a volunteer in the Igat Hope office began over twelve months ago.

To date, there has been no replacement organised by Australian Aid (formerly AusAID) or DFAT.

AFAO has had good experiences with volunteers in its other international work but wonders how this will translate to PNG. And all this is occurring against the backdrop of a broader national debate in PNG around the role and meaning of volunteering.

Clearly, if the volunteer placement program is to proceed, it should be carefully evaluated.

Everybody loves advocacy, but ...

What do we mean by advocacy in the current context? Where there is no hope of legal reform, as is the case currently in PNG, what are we suggesting the organisations actually advocate *for*?

There are, currently, few champions of law reform in PNG in positions of power. Indeed only a single MP (from East New Britain) has made recent statements likely to give any heart at all to the national organisations.

We say the organisations should be advocating for ‘a seat at the table’, but is there even a table in PNG?

The abject failure of the National AIDS Council and the government to create these collaborative decision-making forums causes us to wonder at what table we want the organisations to get a place.

Scarlet Alliance has some stories of successful local-level advocacy and it is important that these be collected and shared.

Perhaps we need to shift our advocacy focus towards these smaller, more local goals. And expectations around the advocacy capacity of the national organisations need always to be grounded in an understanding of the abject poverty characterising the lives of so many of the organisations’ volunteers and constituents.

They need to take account of the inadequacy of the national health system, and acknowledge that many of those leading the advocacy efforts of the national organisations will experience ill health and poor care.

The place of the national organisations

There is general acceptance within PNG of the need for the national organisations. But beyond this, what level of support exists?

When NAPWHA’s activities in PNG were defunded, it asked DFAT to give these resources directly to Igat Hope, so that Igat Hope could source its own technical advice. DFAT instead sought to replace NAPWHA with an international volunteer.

Yet NAPWHA’s program concluded in 2012 and there is still no volunteer. That’s about \$200,000 and counting that *hasn’t* gone to Igat Hope as technical assistance. In view of this lack of follow-up by DFAT in-country, NAPWHA is seriously concerned for the viability of the organisation.

The commitment to the volunteer program is, happily, an indication that DFAT will continue to support the national organisations.

There have been other welcome indications as well, and these are all extremely important, as of all the donor agencies in PNG, DFAT has been the national organisations’ most reliable and generous funder.

DFAT is likely to remain critically important. There is no chance that the government of PNG will fund the national organisations. There is next to no chance that other donors will fund the organisations in the way they need to be funded. Donors love a flashy project, but no agency other than DFAT has shown a preparedness to fund the core costs these organisations must meet if they are to function effectively.

DFAT PNG will need to be supported here as it argues for continued support of the national organisations. The national organisations are very precarious, and the Key Affected Population's (KAPs) response is similarly fragile.

To protect DFAT's past investment in this KAPs response, it will need to keep funding the national organisations, and it will need to do so generously. But in all likelihood the national organisations will need more resources than DFAT plans to provide. And it is not about just giving more money to the national organisations – some are arguably not ready for this – it is about funding the support these organisations need in order to survive and, ultimately, thrive.

This support does not need to be provided by the Australian community-based organisations (CBOs) – although a case can be made for this to occur – but it does need to be provided by someone. It is not just about money. It is about the capacity of the organisations to function effectively.

NAPWHA's work with Igat Hope shows that the organisations can function effectively in-country, but need resourcing and support to do this.

So what is needed?

The national organisations need to work together. There is significant crossover amongst constituencies and multiple shared goals.

Together they need to engage with DFAT, but the conversation needs to be a new one. It needs to be about:

- The importance of safe spaces for marginalised communities, and the critical health education that can occur only in these spaces.
- An acknowledgement that constituencies are significantly shared, and that the three organisations want services to be shaped around what individuals may need at different times rather than the notion of strict institutional integrity. A person may seek services from Igat Hope at some point and, at another, from Friends Frangipani. A person might be connected to Kapul Champions while living in Port Moresby and then to Friends Frangipani once they move to the Highlands.
- Something new. No one is asking for the continuation of the status quo. The national

organisations want to create something new that builds on the learnings from the past and prepares marginalised communities for the challenges ahead.

As a priority, work must be done to initiate these conversations in Port Moresby, where decisions about funding the national organisations will be made. But these conversations might also be usefully conducted in Canberra.

DFAT has a range of commitments and policy positions seen as conducive to ongoing support of the national organisations, and we should encourage DFAT Canberra to make sure all posts are applying these approaches.

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Reference

1 Leach, T., Rule, J. (Dr). (2013). The Practice of Partnerships – Reflections on a decade of partnership between the National Association of People With HIV Australia and Igat Hope, the national association for people living with HIV in PNG. National Association of People Living with HIV Australia (NAPWHA), Sydney.

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