

HIV mainstreaming in Papua New Guinea, and its role in supporting good governance

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The HIV epidemic in Papua New Guinea is demanding increased attention, both as a health and a development issue. The current prevalence level is accepted to be about 2 per cent with a steady upward trend.¹ The worst affected age group is that between 20 and 35 years; in other words, the most productive age group and the next generation of leaders and voters.

There are multiple factors contributing to the epidemic in Papua New Guinea; these include gender inequity, poverty, high and increasing mobility and urbanisation, high incidence of multiple sexual partners, high levels of sexually transmitted infections, low literacy, and lack of access to services. Although prevention remains at the heart of the government's response, increasing global attention to access to anti-retroviral drugs (ARVs) emphasises the importance of the health sector's contribution to fighting the disease. However, few developing countries can afford to focus only on the health aspects of HIV. This is, in part, because ARVs are too expensive as a sole strategy in spite of their diminishing cost and because more fundamental social and political changes are required for sustainable reduction of vulnerabilities to infection.

In response, the National AIDS Council has developed a comprehensive HIV and AIDS strategy (NACS Strategic Plan 2006–2010). The strategy focuses on prevention, care and treatment and includes a commitment to mainstreaming in recognition of the fact that HIV touches on every aspect of society: social, religious, political, economic and cultural.

Mainstreaming

Mainstreaming approaches to HIV have gained currency over the past several years as the broader non health impacts and causes of HIV have become better understood (Holden 2003). The main purpose of mainstreaming is to ensure that all sectors and agencies, state and non state, reflect on their role in the HIV epidemic, either in terms of causes or consequences, and adapt their work practices and policies accordingly.

The three key questions underpinning the HIV mainstreaming model are

- how might the work of our agency be making the HIV situation worse?
- how might HIV be undermining what our agency is trying to achieve?

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- what needs to be done to address these issues? (Butcher 2006)

In answering these questions, organisations and departments need to look at whether and how their work might reinforce the factors influencing vulnerability to HIV and devise approaches that will reduce their impact. For example, where an agency promotes workshops and training courses by providing cash incentives and running courses away from participants' homes, the chance of casual sex and HIV infection is increased. An appropriate response would be to increase the amount of locally delivered training. This is a simple example of a change that may result from a mainstreaming process.

Once the three questions have been answered and a list of activities identified, they are screened using the following mainstreaming principles

- work to your comparative advantage
- build strategic partnerships
- identify and use key entry points in existing work
- use existing structures/funds where possible.

These principles ensure that the right people are undertaking the work and that existing structures are properly utilised and returns from resources maximised. The ultimate aim of this approach is that it becomes firmly embedded in planning procedures rather than a separate activity.

Mainstreaming emerges from the understanding that the multiple factors that drive the epidemic influence individual and social behaviour and thus must be actively addressed in order to reduce infection. Mainstreaming does not replace the need for traditional approaches to AIDS work, especially in an era of increasing access to treatment, but it does offer an opportunity to re-examine HIV as a development issue and to adjust programs in order to maximise investments in the longer term. Approaches to HIV initially tended to focus on the biomedical and behavioural aspects of infection. It became clear that this was insufficient on its own. Unless the environment where unsafe behaviour occurred was also addressed, sustainable gains in HIV prevention were unlikely to occur. Figure 1 illustrates the shifts between approaches.

Figure 1 Mainstreaming of HIV

MAINSTREAMING		AIDS WORK	
Indirect		In/Direct	Direct
Stigma, fear, discrimination		Lack of information/skills	Unprotected sex
Social inequity	→	Lack of power to negotiate	During birth
Gender inequalities		Lack of access to services	Breastfeeding
Socio cultural norms		Lack of acceptable services	Blood products
Legislative environment			Unsafe injecting practices
Poverty or sudden wealth			
Mobility			
Education			
Limited long term prospects			
Conflict and insecurity			
Weak governance			

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HIV is directly caused by the practices in the right hand column. These can be addressed to some extent through education and through service improvement. However, when applying a simple scenario to the behaviour, additional factors unfold: let us take the first and leading cause of HIV in Papua New Guinea—unprotected sex. A young woman is about to have sex with an older man (a typical scenario in Papua New Guinea). Now look at the menu of issues provided in the middle column: does she have the information to protect herself? Let us suppose she has had some basic HIV awareness, but can she apply it? Does she have the power to negotiate with the man about condoms, for example? If the answer is no, by moving to the left hand column, a list of root causes is presented that can help identify factors that ultimately prevent safer sex occurring. In Papua New Guinea it is likely to be gender inequality.

A second typical scenario would be a young couple contemplating having sex; they may know about the facts but are unable to access condoms because of the stigma attached to unmarried young people having sex. Perhaps they are willing to go to a clinic but the clinic is rarely open or stocked with condoms, or staff are hostile towards them. The root causes here might be stigma, unfavourable cultural norms or even legislative environment.

By applying a range of typical scenarios and working from right to left, it can be seen that sustainable solutions will require longer-term structural changes. An example of this model in action is work undertaken by the AusAID-funded National HIV and AIDS Support Project (NHASP), as part of their High Risk Settings Strategy. A tuna factory was identified as a high-risk setting because the young female workers were considered especially vulnerable on account of their gender, their low wages and social

status. The young women were provided with information and services relating to HIV and sexual health. As the program unfolded and the women grew confident enough to share personal experiences, a clearer picture of the structural factors that increased their vulnerability emerged. Because their shifts were very late they had to make their own way home and there were frequent attacks at this time. No amount of education or condoms could address this issue. Thus, in an example of mainstreaming, management was included in the discussion and revised shift hours and/or provision of safe transport was agreed.

It is at this structural level, when tackling the factors that influence vulnerability to HIV featured in the left hand column, that HIV responses coincide with models of good governance. Indeed, these two models converge at a very practical level. Mainstreaming offers a much needed opportunity to look at HIV from a broader perspective than just the biomedical angle; it offers the opportunity to identify and act upon possible synergies with aspects of good governance and broader development agendas in general. Since Papua New Guinea is experiencing a generalised HIV epidemic, it is suggested that good governance efforts that overlook the implications of HIV are unlikely to achieve their goals.

Good governance

Papua New Guinea's Medium Term Development Strategy (2005–2010) cites good governance as an overarching objective, together with export-driven economic growth, rural development and poverty reduction through human resource development. The broad purpose of improving governance is to advance human

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society through facilitating a political and legal environment (government), generating employment and income (private sector), and mobilising political and social response (civil society).

These macro issues also relate to HIV insofar as they appear in the left-hand column of Figure 1 as factors that influence HIV (Moran and Butcher et al. 2003). The politico-legal environment plays an important role in HIV prevention and care through supporting or challenging certain socio-cultural norms. The HIV and AIDS Management and Prevention Act ratified in 2003 is a laudable attempt at protecting the rights of people infected or affected by HIV in Papua New Guinea; and the degree to which the act is invoked and/or acted upon will be an important indicator of success.

The rule of law represents a core principle of good governance and in Papua New Guinea this must include the village court system and other local measures of justice. On the one hand this presents an enormous challenge given the complexities of Papua New Guinea's diverse communities. However, from a HIV perspective, the very fact that these systems are under scrutiny allows a broader input into difficult areas such as sexual violence and discrimination, both contributing negatively to the HIV epidemic.

Generation of income and the private sector, while key to good governance, also play important roles in the epidemic. During the vanilla boom in 2003–04, the Institute of Medical Research noted that sexually-transmitted infections soared and levels of commercial sexual activity, as well as abuse, increased. It was suggested that the sudden wealth may well have fuelled the epidemic through increased spending on unsafe activities (HELP Resources 2005).

This boom and bust scenario is not only present in agriculture. Large lump sum

payments are made to landowning communities by the mining companies. However, mines are also a significant employer and after the experience in South Africa, most mining companies have recognised the benefits of protecting the health of their workers and are playing an important role in HIV prevention and care.

As increasing numbers of people migrate for work so too must employers recognise the implications of mobility for HIV and the implications of HIV for their workforce. This is as important for the public sector as the private sector. Although no formal surveys have been undertaken in Papua New Guinea to assess the impact of HIV-related mortality on the public service, anecdotes suggest that it is taking its toll; the education sector is reputedly losing teachers at an unprecedented rate; it is one of the sectors claiming to have exhausted its repatriation budget in the first fiscal quarter due to an increase in employee mortality. Given the greatest number of infections is in the most productive age group, it is likely that important skills and experience will continue to be lost. Thus, factoring in the impact of increasing mortality should be an essential part of the government's efforts to reduce public sector costs through rightsizing.

The AusAID funded Law and Justice Sector Program is currently developing a survey instrument to help determine the rates of mortality among workers over the past eight years, in order to assess who is dying, where, and at what age. Although the survey should not claim to prove any direct links with HIV, if rates are increasing within the same age group as known HIV-related deaths the proxy information should help government plan better for the future. If the rates are increasing, such information may also serve to raise the profile of HIV as a governance issue. Cross-government

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commitment to the issue and internal communications is essential. Unless there is a coherent approach across central agencies, good governance cannot be claimed or HIV averted.

No government has been able to tackle HIV alone. For example, without the active engagement of civil society in prevention and care measures, Uganda would not have had its early successes in controlling the epidemic. Because organised civil society in Papua New Guinea is still developing, there is an excellent opportunity to maximise the increase in resources to HIV by building accountable and robust community-based organisations whose remit to tackle HIV is embedded in broad-based development objectives.

In Papua New Guinea, church and state have worked together for years to provide basic health and education services. HIV has already challenged this partnership; not only in terms of workload but also in terms of conflict between morals and policy. If we apply the comparative advantage principle of mainstreaming, it could be argued that churches should focus on care and treatment and address the social determinants of HIV, in particular stigma and discrimination, while non-religious bodies should focus more on prevention. Since gender inequality plays such a vital role in the epidemic, much more must be done across state and civil society to redress this imbalance.

The National AIDS Council has developed a comprehensive gender policy but, as ever, the test will be in its implementation. By involving civil society and the churches in the gender issue and, in particular, getting them to endorse and implement this policy, the prospects for good governance and HIV reduction are likely to be more optimistic.

Does HIV challenge or promote good governance in Papua New Guinea?

There is a clear theoretical fit between models of good governance and mainstreaming HIV. In a generalised epidemic, good governance is unlikely to be achieved without attention to HIV and conversely, HIV is unlikely to be effectively addressed without attending to key governance issues. Thus joint approaches between practitioners are essential to translate the theory into action.

An example of the interaction between governance and HIV is the approaching general election. In the Highlands where 'campaign houses' include the availability of sex and alcohol, vulnerability to HIV is likely to increase. Efforts to mitigate the impact of HIV under these circumstances can best be delivered by those involved in the election campaign and the National HIV Strategic Plan is the best way forward.

Measuring the success of a HIV mainstreaming approach is especially difficult in relation to governance issues. Little evidence exists on the governance impact of HIV in the worst affected countries (Nelufule 2004; Parker et al. 2000). Indeed, in many cases it is the already disenfranchised who are the worst affected and whose stories or data are rarely included in macroeconomic data in the first place. Recognising that the major impact of HIV is likely to be at household and community level, the implications for good governance become more stark. How can we ensure participation? What does a commitment to human rights and equity mean in practice; and how can we rapidly roll out basic services to those most in need?

For good governance to be achieved, participation from all levels of state and society is required in order that governance decisions are collectively understood and

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discussed. This is particularly relevant for HIV work since stigma and discrimination as a result of HIV infection are likely to have negative impacts on community participation; whether this is in the form of denying access to community services or social exclusion. The Appropriate Technologies project in Eastern Highlands have highlighted the reality of stigma and discrimination. For example, they are developing simple and affordable technologies for families affected by HIV who are being denied access to water or other community-held resources.

In promoting a mainstreaming approach, every group must be made aware of the need for inclusivity, which in turn reinforces a basic principle of good governance. Achieving effective participation for good governance or for HIV responses remains a challenge. How can we avoid token gestures? Often, gender equity is perceived as equal numbers of women and men in committees; but if the women representatives have no experience of working in committees and so little confidence to do so, they are less likely to make notable contributions. The same principle applies to GIPA (Greater Involvement of People Living with HIV and AIDS), a strategy promoted by UNAIDS in 1994 to generate more effective involvement of positive people in policy dialogue.

Nevertheless, good examples of fostering effective participation exist in Papua New Guinea in relation to gender and HIV. The Basic Education and Development Project (Tagagau and Pettit 2006) trains and supports women facilitators to sit alongside traditional male leaders on school boards to ensure that they can play an active role. These boards also address HIV, with men and women facilitators leading groups of boys and girls to discuss the sensitive issues and make recommendations from these discussions back to the board.

Conclusion

The fit between mainstreaming and governance seems clear and some evidence of action is already available. However, in order to demonstrate the value of HIV mainstreaming to good governance and vice versa, a more robust commitment to evidence gathering is required. This should bring examples of good practice out of individual reports and anecdotes into the public domain in a more coherent way.

Biomedical data alone are unlikely to demonstrate the impact of HIV responses on good governance. Instruments and approaches are needed that can capture how HIV related issues interfere with the achievement of good governance. Experiences of positive individuals and communities with regard to local governance issues need to be captured and more widely disseminated at policy level in order to achieve equity in practice. Answers are needed to questions such as, are infected families more or less likely to join in community governance issues, for example, village courts? How likely are victims of rape going to make successful claims in court; and how does this probability affect intentions to participate in community or national governance issues?

Developing mechanisms to gather and compile this qualitative and quantitative information about how HIV impacts on good governance, in particular on participation and equity, is an important task for policy makers and practitioners alike. As an ancient proverb says: 'in crisis there is opportunity'; HIV is most certainly the crisis and mainstreaming provides the opportunity to tackle difficult issues that, once addressed, are certain to promote a more positive development outlook for Papua New Guinea.

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Note

- ¹ At a HIV/AIDS consensus workshop held in November 2004, the estimated number of HIV infections in the 15–45 age group was said to be between 45,000 and 75,000. The workshop consensus was that the number of cases would double every two years.

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