



# Responding to Crisis

EVALUATION OF THE AUSTRALIAN AID PROGRAM'S CONTRIBUTION TO THE NATIONAL HIV RESPONSE IN PNG, 2006–2010

ODE BRIEFS

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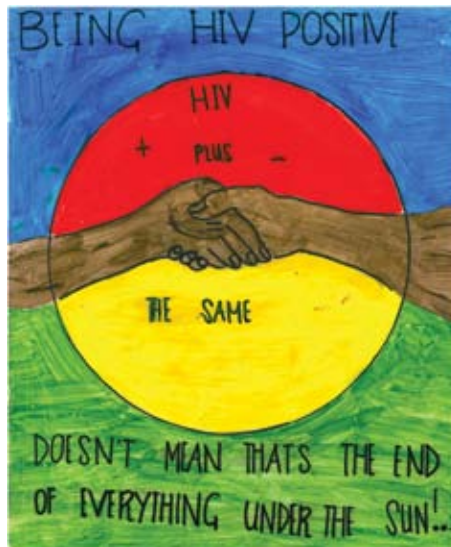
**The Australian aid program has played a prominent role in responding to HIV in Papua New Guinea since 1995. This ODE brief summarises the findings of a major evaluation into AusAID's contribution to the response.**

HIV is one of the major development challenges in Papua New Guinea (PNG). The country has the largest epidemic in the Pacific; in 2009 an estimated 34,100 people, or 0.92 per cent of the adult population, were living with HIV.

This is the first independent evaluation of AusAID's current program responding to the HIV epidemic, which is led by the Papua New Guinea–Australia HIV and AIDS Program (the HIV Program). The evaluation, which covers the period 2006–2010, assessed whether the aid program's approach to supporting the national HIV response was effective for the context, and of a scale appropriate to the needs. The Australian aid program has supported the response since 1995, and has been the lead partner since the early 2000s.

## Context

The PNG development context has presented major challenges to the HIV response. PNG has the lowest health status in the Pacific, low literacy and school enrolment rates, and a rapidly growing population mostly living in rural areas. The country's rugged and diverse terrain makes it difficult to reach populations scattered in remote areas with health, education and other social services. The HIV response has



Poster by a participant of training on HIV stigma and discrimination, which was organised by AusAID's PNG-Australia HIV and AIDS Program. Photo: AusAID. Image taken by John Gould.

faced patchy commitment to dealing with HIV, corruption, declining government investment in social services and weak national capacity for coordinating the response and delivering HIV services.

Evolving knowledge about the epidemic has helped shape the response. The first HIV case in the country was detected in 1987. By 2003 it was estimated that there were 150 new cases per month, and it was projected that the total number of cases would reach 5 per cent or more of the adult population. These figures prompted fears that the epidemic would reach sub-Saharan African proportions. Donors reacted to what appeared to be an emergency situation—the

## KEY POINTS

- AusAID has been a major driver of the national HIV response in PNG.
- The relevance and effectiveness of AusAID's interventions has been mixed. In light of the evolving nature of the epidemic and response, the evaluation recommends that AusAID:
  - Moves to an integrated health approach, with HIV activities managed as part of broader sexual and reproductive health activities.
  - Steps back from a dominant role in shaping and implementing the response and intensifies support for PNG champions of the HIV response.
  - Retains the leadership of the in-house senior technical expert but contracts out grant management and capacity building functions.

risk of HIV rapidly spreading across the general population if nothing was done, with potentially devastating social and economic consequences. Although this worst-case scenario did not materialise, HIV remains an important health and development concern. The expansion of HIV testing services has made it possible to gather more and better data, and to understand better where HIV infection rates are particularly high (both in terms of geographical areas and population groups) and where more targeted support is needed.

## Australian support to the HIV response, 2006–2010

- **Goals:** The long term goals of the Australian aid program are aligned with those of the Papua New Guinea Government: to minimise the social and economic impact of the epidemic, to prevent new infections, and to improve care for those affected by HIV.
- **Funding:** Approximate funding 1995–2010: AUD250 million. Total spend during period of review (2007–2010): AUD174 million. AusAID contributed 76 per cent of total funding to the response in 2010.
- **Activities:** The HIV Program supports the Papua New Guinea Government in leading and managing the national HIV response, mainly through technical assistance. It also supports civil society organisations to deliver HIV prevention, treatment and care services through capacity building and grants. In 2010 the HIV Program funded 20 international and national implementing partner organisations through the national strategic planning process, and a further 21 partners for the PNG-Australia Sexual Health Improvement Program.
- **Program design:** The HIV Program has been specifically designed to be flexible and adaptable to changing context; its specific objectives are reviewed and refined every year. The HIV Program is directly managed by AusAID. The Program Director is a senior technical expert who understands HIV well, and has strong credibility among all stakeholders. This position is supported by technical advisers and program managers.
- **Other AusAID programs contributing to the HIV response:** The health, education, law and justice, transport sectors and rural development programs are also relevant to the HIV response. HIV is included in other sector programs, either through specialist advisor support or integration into program activities. The HIV Program's role is to coordinate these contributions as part of a coherent approach.

## Was AusAID's contribution relevant to the PNG context?

The evaluation team finds that the principles and policies underpinning AusAID's contribution were relevant when the HIV Program was designed in 2005–06. In its lead role, AusAID responded to signs that the epidemic was becoming an emergency by establishing a dedicated HIV program and significantly increasing its funding. At the same time it remained aligned with evolving national priorities, which included HIV treatment, care, education, and prevention. In line with international best practice, it promoted the involvement of people with HIV in the response, and gender sensitive approaches. When it became clear that the public sector would struggle

to fulfill its role in the response, AusAID sought to achieve greater impact by shifting its efforts towards implementing organisations outside the public sphere with greater capacity and commitment. Efforts to expand testing and treatment services led not only to greater access to HIV services across the country, but also to better knowledge about who was most affected, and where. Overall the consensus among stakeholders was that much of the HIV policy, strategy and programming that exists in the country today would not be there without AusAID's support, and the response would be far less advanced.

The evaluation, however, notes that the exclusive focus on HIV through a separate program—although driven by the need to respond quickly to a

potential emergency—meant that the HIV Program did not make the most of other important opportunities to address crucial development challenges together with HIV. As a stand-alone activity, it did not communicate or coordinate effectively with programs in other sectors. For example, HIV shares with the health sector the challenge of addressing sexual and reproductive health issues. It would have been more relevant to the broader health context (with high rates of sexually transmitted infections and maternal mortality, and poor access to basic health care) to seek to deliver HIV services as part of a broader package of sexual and reproductive health services, working in concert with AusAID's health programs.

New challenges and opportunities are now offered by large-scale infrastructure and extractive industry projects, such as the Liquefied National Gas project, which will be integral to the development of the country's economy over the coming decades. Such projects carry the risk of increased transmission of HIV and other sexually transmitted infections through large movement of workers. Here, forging closer partnerships with industry programs to mitigate their potential impact on HIV and health would enhance the relevance of AusAID's program as a whole.

## Recommendations

1. **Focus resources on increasing and improving the integration of HIV services into basic primary care, sexual, reproductive and maternal health services, especially in high prevalence areas of Papua New Guinea.**
2. **Take a pro-active approach to mitigate the expected negative impact of large extractive and infrastructure projects, such as the Liquefied National Gas project, on sexually transmitted infections and HIV in affected provinces.**
3. **Invest resources in expanding community-based, integrated**

**sexual health prevention and promotion services, building on the more successful experiences of current projects in this area (for example, Family Health International, Poro Sapot and Tingim Laip).**

### Was AusAID's contribution effective?

The evaluation finds that AusAID can be credited with success in improving coordination processes and increasing access to HIV services, not just during the evaluation period, but throughout its long engagement with HIV in the country. AusAID was crucial to keeping attention on HIV for the last 15 years, and increasing HIV awareness. It assisted in developing progressive national policy and legislation, and supported the expansion of testing and counselling services. Support to civil society organisations is a particular achievement because it enabled the delivery of HIV prevention, treatment and care services throughout the country as well as civil society involvement in shaping the response. This involvement also helped reduce stigma and discrimination. AusAID's contribution to policy development and service expansion supported partners to put in place the building blocks for improving the impact of HIV related interventions.

AusAID has helped to keep coordination going when other mechanisms were not functioning. The National AIDS Council (the leading body in the national response) was suspended for two years during the evaluation period, leaving a governance vacuum. For over two years its Secretariat (the coordinating body) has been in the process of organisational reform, but with little progress to date. The HIV Program provided continuity of coordination during these challenging years. However, the evaluation team concluded that it is no longer feasible for AusAID to continue supporting the

Secretariat until the reforms have been successfully completed.

Unfortunately, there is little evidence that AusAID's support for process and expansion of services has translated into measurable impact on the spread of the HIV epidemic. Only a few of the interventions supported by AusAID directly address the main causes of the country's epidemic, as these are now understood. For example, due to lack of comprehensive data, there is no evidence that prevention programs are reducing the number of new HIV infections. AusAID has not gathered evidence on the impact of supported behaviour change initiatives, but the fact that the rate of new sexually transmitted infections has not declined indicates that sexual behaviour change is very limited or not occurring at all in many places. This lack of progress is significant because HIV in Papua New Guinea is predominantly sexually transmitted. An important step to increasing the effectiveness of AusAID's contribution is to apply more strongly evidence-based interventions. There is a considerable volume of social and behavioural studies conducted in PNG that could be more widely disseminated and translated into practice.

The HIV Program funded a number of interventions that appear to have performed well, such as certain community-based prevention and treatment services, and work taking place at the provincial level, where there is strong commitment to the HIV response. Focusing efforts on these proven successes or promising initiatives would help achieve greater impact.

### Recommendations

- 4. Suspend support to the National AIDS Council Secretariat until the planned institutional reform takes place and the Secretariat structure is made fit for purpose.**
- 5. Re-focus attention towards provincial and non-state coordination of service delivery,**

**to ensure that the Papua New Guinean population has access to good quality and comprehensive sexual health, reproductive health, maternal health and health promotion services, that integrate HIV.**

- 6. Move to performance-based funding mechanisms for all partners.**
- 7. Support initiatives that ensure that research partners and implementing partners come together to identify, review and use the latest local and international surveillance and research evidence for program planning.**
- 8. Make the results of strategies for promoting gender equality and greater involvement of people living with HIV and AIDS part of a new performance framework for managing AusAID grants to government and civil society partners.**

### How well has AusAID nurtured sustainability and ownership?

AusAID contributed to the sustainability of the HIV response by helping to build structures and systems that have become embedded in the legal fabric of the country—among these are the National AIDS Council, Provincial AIDS Councils and the HIV/AIDS Management and Prevention Act 2003. The annual planning system that AusAID facilitated provides a useful model for future sustainable planning of the response. Where possible, AusAID made efforts to nurture government leadership. It also raised the profile, capacity and effectiveness of non-governmental partners, who are particularly important to reaching those affected by HIV where the public sector is unable to do so, and to advocate for their rights.

National ownership is considered a pre-requisite for ensuring a sustained response however, in Papua New Guinea this has not been fully realised. Ownership is stronger among non-state partners, some provincial



administrations, at the community level, and among some national-level champions of the response. It is much lower at national government level and in the public sector, where national and coordination bodies have not met expectations.

Stakeholders interviewed for the evaluation had no doubt that without AusAID's support the HIV response would not be as extensive as it is today. However, this may have come at the cost of fostering greater national ownership. It is possible that by stepping in and pushing for attention to HIV as it did, AusAID left less space and time for the country's HIV community to develop its own analysis and direction for the response. High dependency of the Government of PNG on donor funding for HIV, and AusAID's prominent position in the response over a long period, poses a challenge to the sustainability of the response.

The evaluation proposes a number of ways to address the variable levels of ownership. One way is through a gradual shift of direct management and long-term capacity development responsibilities to those in Papua New Guinea who have the ability to take on such roles. Another way to ensure long-term sustainability is by looking at how HIV prevention, treatment and care could be delivered as part of the health response, focusing on partners or levels of government that have demonstrated leadership. Moving away from separate planning for HIV and health would also have the potential to generate better value for AusAID's resources. Finally, AusAID could begin a more serious dialogue with the Government of Papua New Guinea about how a greater proportion of HIV activities will be funded from domestic resources in the next five to ten years.

#### Recommendations

**9. Enable greater Papua New Guinean ownership of the HIV response by clearly delineating respective Papua New Guinean and AusAID roles**

**and responsibilities in the HIV response.**

- 10. Change the strategic approach to how HIV services and interventions are supported and managed, through greater use of international non-governmental organisation contractors to manage grants and build capacity.**
- 11. Invest capacity building efforts in strategies and approaches for civil society and public sector organisations that are shown to be most effective at leading to a sustained, integrated health response encompassing sexual and reproductive health, HIV and maternal health.**
- 12. Prioritise funding and support for HIV mainstreaming where it facilitates greater Papua New Guinea ownership of HIV mainstreaming, by focusing resources where government departments and other partners have already demonstrated leadership.**

#### Was AusAID's contribution efficiently managed?

The decision to keep the management of the HIV Program 'in house' within AusAID was intended to provide continuity of leadership, high level engagement with the response, ensure greater flexibility to adapt to the context, and lighten the load of reporting. This management model has had benefits and drawbacks.

The Program Director, a senior technical expert, has been in a position to advocate for HIV with the government and partners, and has helped drive the response. This feature of the model is very important and much appreciated by stakeholders. However, the HIV Program has had to take an increasing role in facilitating coordination due to low national capacity. As a consequence, the respective roles and responsibilities of the Papua New Guinea Government

and Australian assistance in the response have become blurred.

Another drawback is that, although managed in-house, in some respects the HIV Program continues to have the characteristics of a 'contracted' operational program, and its complexity places a significant management burden on AusAID's staff. At the same time program reporting is less detailed than might be the case under a contractor, and not sufficiently detailed to give senior managers, or the evaluation team, a clear sense of efficiency or value for money.

#### Recommendations

**13. Move to a program management model that combines strategic technical HIV capacity within AusAID and implementation through a managing contractor (international non-governmental organisation, national organisation or private sector).**

#### Full Report

The full report, *Responding to Crisis: Evaluation of the Australian aid program's contribution to the national HIV response in PNG, 2006–2010*, is available at [www.ode.usaid.gov.au](http://www.ode.usaid.gov.au)

A management response to the evaluation is included in the evaluation report.

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