



**Partnership
Network
Advocacy
Consortium**
Papua New Guinea

CONSULTATION REPORT

Section 1: Background Overview

Name of Organiser	KP Advocacy Consortium – Papua New Guinea
Date and Time of Consultation	15th and 17th of February 2021
Length of Consultation	One hour and Half hour each.
# of Participants	15
General Composition of the Participants (e.g. KP, CS, NGO rep, CS CCM rep, etc.) (Please also include a list of participants in annex)	KP and CCM representatives
Disease Focus of Participants (HIV, TB, and/or malaria)	HIV and TB

Section 2: Consultation Highlights Per Session

Please kindly report highlights, include issues/comments/feedbacks that have general agreement/support from the group and specific issues/comments/feedbacks/questions that was also raised for considerations.

Session A: About the consultation

[Please note if permission to document (written, photos, and video) was obtained from the participants by the organiser. Noting that participants also have the right to decline any of those.]

The participants who were consulted were from the key population communities in Papua New Guinea. All of them are recipients of GF funding either employed as peer outreach workers, CCM members and members of the three KP led organizations (Kapul Champions (Men of Diverse Sexualities) , Friends Frangpani (sex workers) and Igat Hope (people living with HIV). All of them have consent to share photos for publicities purposed.

The two days consultations were done with limited numbers due to covid 19 restrictions regarding total numbers and social distancing.

The facilitation was done by Lesley Bola who is the KP Advocacy Co-ordinator for the KP Consortium working with three (3) network NGOs, Igat Hope, Kapul Champions and Friends Frangipani.

Session B: Overview

Our key leaders of the KP Population communities strongly want GF to continue on with funding TB, HIV and Malaria. GF is the only funder implementing and monitoring the HIV prevention programs in Papua New Guinea. Investments to be strengthened in areas which are root causes of HIV include stigma and discrimination, strengthening community led programs and systems, human rights and mental health. The next strategy we need to take stock of past experiences and fill in gaps that are root causes of HIV and TB. Any innovative interventions should be a bottom up approach where communities plan, implement and monitor own programs. Regional partnerships with local partners is a very effective way of mentoring and coaching. The consultation processes we are involving in doing now is a great experience for future work.

Session C: The Draft A-P statement

Key Population support the want and still have wants from Global Fund. We learnt that every year things change with emerging issues that we need to adapt to meeting. It is evident that CSO plays a huge part in the Global Fund planning, implementing and monitoring. CSO fill in lots of gap areas that our own government cannot access or address. One of our main strength is our networking strategies that has enable us to share skills, knowledge, resources and funding.

Session D/E: Thematic Discussions

THEME #1: "We want the Global Fund to put the money where its mouth is on CRG and CSS"

We strongly feel that GF's approach to implementation of HIVTB programs in Papua New Guinea still lacks a community led approach. GF funding for HIV prevention programs are given to big national and international NGO's who faith-based originations are. These CSOs have their own church values and networks who are not fully accepting to KP. On paper NGOs say they work with key population (sex workers and MSM/TG) however most programs are led by non-key population leaders & workers.

PNG has only had one key led implementing partner which is Igat Hope working with HIV positive clients in clinics funded by GF. We need to look at this model and strengthen our Key Led NGOs like KP Advocacy Consortium PNG, Friends Frangipani, Kapul Champions and Hetura – NCD (Trans) to take the led. We are so fortunate we have our regional network groups whom we can relate to us and support us to a meaningful participation in decision making processes.

Recent statistics (2020) indicates that PNG has high rates of HIV with our young female mainly female sex workers, mother to child transmission and transwomen. We have not focused so much resources on women and trans women in PNG. The government of PNG is struggling to address very basic issues. The KP communities have been filling in gaps to support clients from our communities. Our communities

are effective in addressing loss to follow-up for both HIV and TB. CSO is filling that gap which our health system is lacking as we have the commitment, network, knowledge and awareness around issues affecting KP communities.

GF lacks supporting other indirect issues related to HIV like gender based violence, stigma and discrimination, human rights and legal barriers which are the root causes of HIV. We need to invest in systems in communities to address these issues. We need to link other partners to work with HIV. We need government support to linking strategies with key population.

THEME #2: “We want the Global Fund to effectively fulfill its mandate on HIV, TB and malaria, first and foremost.”

The community feels that GF programs through HIV, TB and Malaria in Papua New Guinea has really supported Papua New Guinea’s very weak health system. CSO (Sex workers/MSM/TG) has developed a very effective working relationship with GF through its programs due to proper financial and leadership systems put in place in PNG. CSO has a great working relationship with the Department of Health who is accepting and working with Key Population. With the leadership of our CCM Chairperson, he has pulled in all donor agencies, CSO, GoPNG, Private Sector and NGOs to work together to share resources and fill in gaps. This has demonstrated through the process, planning and now implementation of the 2021-2023 next GF funding. We have established a very strong foundation of partners and systems which are prepared to scale up in any investments.

THEME #3: “We want the Global Fund to continue to put CRG and CSS approaches as cornerstones of pandemic and health emergency responses.”

The Covid-19 pandemic around the world has been a wake up call for all of us. PNG has it’s own domestic disasters like earthquakes, flooding,

volcano eruptions or even ART drugs stock out and experiencing the current Covid pandemic has really taught us very good basic lessons. Those most affected are our HIV positives friends due to the lock down and non-accessibility to getting their ART drugs. We had to re-strategies how to deliver ART drugs to our friends to the communities. CSO is playing a very crucial part supporting a weak health system in PNG. Our volunteers physically visited our friends in communities hand delivering their ART drugs. Social stigma became an issues where the blaming game was pointed to sex workers for moving around ang bring Covid-19 into the communities. Our HIV positive people were mentally affected because they thought they would be the most vulnerable ones to get Covid 19 and die first.

Our PNG CSO leaders are suggesting that GF establish and strengthen an EMERGENCY HEALTH component to continue addressing Covid-19 and other emerging issues mainly for key population. We need to focus our interventions on social stigma which is a common issue in PNG affecting key population. Our communities need to be empowered with information through virtual trainings, workshops, information, awareness materials taylor made to targeted population.

THEME #4: "We want a fully resourced Global Fund."

The Covid pandemic experiences has strengthened our approaches to sharing resources online and participating on virtual calls. This approach will continue for a while due to the uncertainty of Covid-19. We need to invest on new innovative ways to share resources. Our challenge in Papua New Guinea is our internet is very expensive due to monopoly of owning the Tele Communication system. We will need to resource ourselves to plan, implement and monitor our programs in a more effective way. Our challenges in PNG include, high cost of data, high illiteracy rates of KP communities, communication barriers, high costs of transportation and lack of accessibilities services like health & justice.

The investment on resources will really enhance programs and help our community digest simple information that they understand.

THEME #5: "We still want a Global Fund that is truly global - one that does not leave key vulnerable and marginalised communities behind, regardless of their income classification."

We still lack community led organization approach to responding HIV. We still have a gap in working with TB & Malaria interventions at community base with Key Population. Community Led approaches can be in various sections like research, advocacy, prevention, treatment and care. We are beginning to pick up and be involved especially with our links to our regional sister organizations eg, APCASO , APCOM, APN+ etc. We feel our advocacy programs is strengthened because we have been supported by our regional networks. We lack the technical expertise however were have been supported abroad. Our leaders proposed to sit in any committees or working groups so we can be part of decision making processes.

Session F: General discussion/any other comments and feedback

This consultation process has really helped because we have been able to break down the questions to the level of understanding of the community members.

Session G: What happens next. Closing and Thanks.

We have identified key leaders to participate in any big group meetings done virtually. We are very thankful for APSCO for supporting and involving us in this process. We feel connected to our sister organizations who have been very helpful and resourceful.

ANNEXES:

Annex 1: Participants list/list of organisation (whichever is appropriate)