

## **IN BRIEF**

# 

TECHNICAL DIALOGUE WITH STATES & NON-STATE ACTORS THE AMPLIFICATION OF ENGAGEMENT ON ENDING VIOLENCE AGAINST WOMEN, AND HIV/AIDS

#### SUMMARY

This report summarizes the technical dialogue between women affected by HIV/AIDS and about 100 experts and parties, including donors and community members, on the multiple gender-based violence (GBV) and denial of human rights experiences faced by women living with HIV/AIDS and other women within the key populations (physically challenged or disabled, sex workers, lesbians, and transwomen) in Papua New Guinea (PNG).

The dialogue was held during the 16/20 Days of Activism. It provided an avenue to be bold and frank in discussing violence against women (VAW) and HIV issues and emphasised the need to ensure the adequacy and sustainability of the long-term global goal in light of the eventual objective of accomplishing the Sustainable Development Goals (SDGS), particularly SDG 5 on gender equality, SDG 3 on health, and SDG 17 on partnerships.

#### STATEMENT OF THE PROBLEM

Violence against women and girls continues to be a key hindrance to the realization of gender equality, which further poses a huge setback to development.

Women living with HIV/AIDS and other key population groups have been one of the groups

While ongoing efforts and some progress were made towards the long-term global goal and commitments highlighted in the PNG's universal periodic review and the National Strategy for the Prevention of HIV and Sexually Transmitted Infections, it was clearly visible that the state and non-state actors should invest dedicated resources in implementing these commitments.

This is a summary and compilation of the recommendations from the states and non-state technical dialogue on violence against women and girls (VAWG) and HIV/AIDS, which was hosted by the National AIDS Council Secretariat, Igat Hope Inc., and Women Affected by HIV/AIDS (WABHA). This event was co-sponsored by UN Women, UNAIDS in Papua New Guinea, and the Spotlight Initiative during the 16/20 Days of Activism in PNG on December 8, 2022.

severely affected by this entrenched act of discrimination and exclusion from enjoying their universal human rights. For example, the PNG Country Progress Report of 2020 suggests an increase of 33% in HIV infection from 2010 to 2019, with commercial sex workers, men having sex with men (MSM), and transgender women amongst the highest infected. Also, UNAIDS reported that 18.8 million women and girls are living with HIV/AIDS and that there are about 870,000 new infections among women and girls every year, with three young women becoming infected every four minutes. 1

address these concerns, the national То commitments seem to suggest actions or interventions for some of these issues. However, the implementation and enforcement are still weak. For example, the PNG's Universal Periodic Report (UPR) report and recommendation 142-145 on 'Right to Health (HIV/AIDS) reaffirmed that the government has intensified their efforts to 'treat and raise awareness on assisting people living with HIV (PLHIV)." The national HIV and STIs Prevention Strategy also affirmed the state's addressing commitment to VAW/HIV. particularly for women living with HIV/AIDS and other key populations.

is urgent to deal with stigma lt and discrimination and set up integrated services that could protect these women and other vulnerable groups, like women with disabilities, transgender women, lesbians, and sex workers. Therefore, as a way of contributing to the promotion of the rights of all, particularly women living with HIV/AIDS and sex workers, the technical dialogue held with state and non-state actors during the 16/20 Days of Activism in December 2022 provided an avenue to have an evidence-based conversation that produced specific recommendations for the state and nonstate actors to act on and be accountable for protecting women affected by HIV/AIDS from any form of GBV against them while supporting their wellbeing.

#### **TECHNICAL SUMMARY OF PROCEEDINGS**

The dialogue had representation from states and non-state actors, including donors such as the European Union, USAID, the United Nations, and civil society. The dialogue was co-chaired by Mr. Valentine Tangoh, Manager, Social Mobilization and Advocacy, National AIDS Council Secretariat, and Ms. Maureen Orea, Journalist, FM 100, while Mr. Lesley Bola, Executive Director, Key Population Consortium, and Mr. Wep Kanawi, Former Director, National AIDS Council Secretariat, were moderators. Statements of hope and commitments to supporting women affected by HIV/AIDS, those with disabilities, transwomen, and sex workers were delivered by the UN, EU, USAID, the Ministry of Health and HIV, the national AIDS council secretariat, and Igat Hope Inc. These were followed by a series of panel discussions.

## SUMMARY OF SOME OF THE ISSUES THAT INFORMED THE RECOMMENDATIONS

- Weak legal and policy framework
- Non-implementation of global, regional, and country-specific commitments
- Living in fear
- Non-protective environment, discrimination,
- Stigmatisation, including self-stigmatisation,
- Being blamed
- Feeling of being left behind
- Limited access to funding,
- Limited access to services
- Discriminatory services for women living with HIV/AIDS

# Conclusion

The dialogue concluded that until the state takes the lead in legislating and enforcing laws and designing and implementing national policies that are gender transformative and rights-based, addressing VAW and achieving gender equality will continue to be rough paths. The principle of 'Leaving No One Behind' must be considered in all of the state's and non-state's actions. Women living with or affected by HIV/AIDS and all other key populations are part of society and 'must be on the table and not be treated as the menu', which was agreed to be a serious form of discrimination and deprivation of space for cocreating solutions affecting them and the society. The women concluded that their voices matter in all the national development discourse and agenda. The dialogue has indeed amplified the space for them to be seen and heard when it comes to their health and well-being.

Everyone that was present in the dialogue showed solidarity with the women's concerns and needs. Hence the 10 Points recommendations below that were unanimously agreed on moving forward.

<sup>1.</sup> Women and Girls and HIV: https://www.unaids.org/sites/default/files/media\_asset /women\_girls\_hiv\_en.pdf

# THE 10 POINTS RECOMMENDATIONS TO BE CONSIDERED FOR IMPLEMENTATION, AND ACCOUNTABILITY BY THE STATES, AND NON-STATE ACTORS:

# AT THE STATES LEVEL

## **RECOMMENDATION-1**

The sustainability of the national response and service provision to the people of PNG is the key responsibility of the government and needs attention, as it is a fact that most donor funds are project-based. The state MUST allocate dedicated funds towards the full implementation of the UPR recommendations and commitments made and fully support the development and implementation of the new National STI and HIV Prevention Strategy 2023–2027 and the National Strategy to Prevent and Respond to GBV 2016–2025.

## **RECOMMENDATION-2**

With the limited GBV/VAW services and trained service providers available in most parts of the country, particularly in the rural areas, <u>the</u> government of PNG should lead a collaborative effort with development partners to ensure the expansion of services, for example, by creating spaces for GBV counsellors, including having dedicated children and youth counsellors, and health care service providers.

# **RECOMMENDATION-3**

There is limited formal and informal knowledge on women's reproductive rights, and the protection of children affected by HIV/AIDS in schools remains a concern. <u>The government</u> <u>should consider integrating sexual and</u> <u>reproductive health rights into the education</u> <u>systems, including issues of caring for children</u> <u>living with HIV/AIDS and providing them with a</u> <u>conducive environment for learning.</u>

## **RECOMMENDATION-4**

There is the willingness and commitment demonstrated by the National AIDS Council Secretariat (NACS) to address VAW and HIV.

However, they are also under-resourced. Also, a clear division of responsibility amongst the government institutions supporting women, children, and dealing with health and HIV is often not seen. While the Department of Health Services (Care and Treatment) does most of the clinical aspects of HIV, NACS continues with prevention beyond clinics to the population, and the Department for Community Development and Religion's role to support children living with HIV is still weak. There should be dedicated resources allocated to NACS to contribute to the implementation of the VAW/HIV for key populations, strengthen parent-to-child transmission and counselling, provide follow-up services for ART adherence, and amend the HIV AIDS Management and Prevention (HAMP) Act to cater for emerging issues.

Also, the Department for Community Development and Religion is responsible and accountable for children living with HIV and supports these children to graduate into adulthood.

# AT BOTH STATES, AND NON-STATE LEVELS

# **RECOMMENDATION-5**

The majority of the population does not know about the existing legal frameworks that protect them from VAW and how HIV prevention and response could be addressed from a rights and gender equality dimension. <u>Popularisation of the legal frameworks that protect people living with HIV/AIDS and the GBV/women's protectionrelated legal frameworks, and launch a national campaign to discuss and address laws and regulations that discriminate against the sexual orientation of the key population groups.</u>

# **RECOMMENDATION-6**

There is a data limitation to comprehensively address VAW/HIV, particularly targeting key populations such as women living with HIV/AIDS. <u>The government and development partners</u> <u>should urgently invest in data on VAW and HIV</u> <u>that inform advocacy, programming, service</u> <u>delivery, and accountability at all levels.</u>



#### **RECOMMENDATION-7**

Funding and human resources are still part of the high challenges in addressing VAW and HIV issues, particularly in rural areas. Most of the services are in urban cities, and they are not equally receiving the funding and human resources required. <u>Development partners/</u> <u>donors and the government should increase</u> <u>earmarked resources (financial, human, and material) for the prevention and provision of guality, non-discriminatory, and stigma-free VAW/HIV services.</u>

### AT THE NON-STATE LEVEL ACTORS

#### **RECOMMENDATION-8**

Knowledge about the availability, benefits, and referral pathways for GBV services was highlighted as being limited. <u>GBV service providers and facilities should invest in the mobilisation of community volunteers who can mobilise people to access and utilise services needed, and prevention of teenage pregnancies should be included in the community education packages.</u>

### **RECOMMENDATION-9**

Coherence in advocacy for sustainable gender equality and human-rights-based programmes in the country is still weak and fragmented. <u>CSOs</u> <u>advocacy should be amplified into a national</u> <u>movement building effort and must position</u> women affected by HIV/AIDS's needs for support by the government, development partners, communities, and private sector. Also, all CSOs and the feminist movement's advocacy should define a clear sustainability roadmap towards addressing gender inequality and human rights issues for all people in PNG.

#### **RECOMMENDATION-10**

Discrimination, stigmatisation, and denial of needed services to save the lives and dignity of all people in PNG, including key populations such as women living with or affected by HIV/AIDS, women with disabilities, lesbians, transgender women, and sex workers, is a deprivation and denial of universal human rights.

CSOs and service providers MUST offer userfriendly, survivor-cantered, non-discriminatory, and stigma-free quality services; Increase programme work, specifically sensitization within referral services (police, courts, safe houses, including accommodations for HIV positive mothers), case conferencing, and management services to be inclusive of key populations; stop self-stigmatization; and provide services to enable family members to receive carer training to enable women with disabilities to access services that give them justice and good health.

END



HOSTED BY THE NATIONAL AIDS COUNCIL SECRETARIAT, IGAT HOPE INC. AND WOMEN AFFECTED BY HIV/AIDS (WABHA) AND CO-SPONSORED BY UNWOMEN AND UNAIDS IN PAPUA NEW GUINEA

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