What makes for effective leadership

in the HIV response in Papua New Guinea?

(An analysis of Interviews with leaders)

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INTRODUCTION

Papua New Guinea has an approximate population of 7 million people with 85% living in rural areas (World.Bank, 2014). Since the first diagnosis of HIV in 1987, incidence increased steadily until a sharp decrease in 2007 and gradual increases since then (UNAIDS, 2012). While PNG was considered to have a generalised epidemic, by 2013 the epidemic was reevaluated as being concentrated in some geographic areas and in some key populations such as men who have sex with men and commerical sex workers (National AIDS Council Secrrtariat 2014). In Papua New Guinea (PNG), the national HIV prevalence is estimated around 0.65% with approximately 31,945 people living with HIV as of 2013 (UNAIDS, 2014).

However, PNG has the highest HIV prevalence compared to other countries in the Pacific regions (Secretariat Pacific Community 2013). In the latest report over ninety-eight percent of HIV cases reported in all 21 Pacific Island nations in 2012 were in PNG. PNG has made sizeable progress in responding to the HIV epidemic. For example, HIV testing increased significantly from 1,407 to 198,804 between 2004 and 2013 (UNAIDS 2014). The number of people receiving anti-retroviral therapy (ART) increased from 80 people in 2004 to 14,781 in 2013, and the number of antenatal care sites providing HIV testing rose from 17 to nearly 330 between 2005 and 2013 (UNAIDS, 2014).

There is international evidence that, when leaders demonstrate willingness to position HIV prevention as a priority within the national agenda, the success of HIV programs is significantly enhanced (Rau, 2006; Bor, 2007; Merson et al., 2008). Leadership

development has therefore become a key strategy for improving national responses to HIV but there is little critical examination of this (Czekeres et al 2008). Although government leadership and careful stewardship of resources and human capacities are important, they need to be built on the strong participation and engagement of communities and of civil society and in particular through the leaders of those communities. Where communities have been engaged and have owned the response, sustainable impacts, even beyond HIV, have been documented (Kanki et al 2012).

There is some evidence for political will among leaders with regards to the HIV response in Papua New Guinea. For example, a 2009 report of the Commission on AIDS in the Pacific states that political commitment of leaders is the main reason that "PNG has not, despite earlier predictions, experienced the scale and intensity of the hyper-epidemics of some of the sub-Saharan African countries" (UNAIDS, 2009 p3). However, in a study carried out by Iyer et al. (2014), PNG was reported as being the second country in the region to integrate HIV and sexuality to its education curricula from primary level upwards (see also UNESCO 2012). This involvement of the Ministry of Education in the prevention of HIV demonstrates what Kanki et al. (2012) refered to as a strong commitment from high level learders to collaborate with other ministries to respond to the epidemic. Further to this, in 2011, the The 20th Australia-Papua New Guinea Ministerial Forum committed to increasing the number of healthcare workers in order to respond to the insufficiency in trained staff in HIV programs (Worth et al., 2012). Another promising sign was the establishment of a new PNG Health and HIV research Agenda for 2013 to 2018 (Viergever et al., 2014). The agenda identifies numerous research topics including studies on the working environment and motivation of health staff and on effective strategies to improve recruitment and retention. To gain a greater understanding of leadership related to HIV in PNG, this research explores the elements which leaders believed makes for good leadership and the challenges to effective leadership for the HIV response.

Perhaps the most important sign of commitment by PNG leaders to the response to HIV was the passing of the 2003 HIV and AIDS Management and Prevention Act (HAMP) The enabling and rights-based approaches that inform the HAMP Act, support voluntary and informed HIV testing, as well as measures to encourage and enable individuals to protect

themselves and others from infection, and made explicit the rights of people living with HIV. These rights have been backed up in national HIV plans and strategies (Stewart 20100 The National AIDS Council (NAC) is the principal coordinating agency of the national HIV/AIDS response, responsible for the formulation, review and revision of national policies and for coordinating the implementation of the National HIV and AIDS Strategy, (NHS) 2011-2015 (NACS, 2011a, NACS 2011b) under the overarching responsibility of the National Department of Health. Under GoPNG policy, provincial governments are responsible for the implementation of HIV/AIDS activities. The goal of the NHS is to "reduce transmission of HIV and other STIs and to minimize their impact on individuals, families and communities".

Despite these considerable achievements, the literature also indicates some obstacles to the HIV response in PNG. For instance, the 2009 UNAIDS report for the Pacific region identified some weaknesses in PNG leadership, such as the inadequate protection of the rights of people living with HIV, even given the HAMP Act (see Stewart 2010), inadequate planning, budgeting and financial reporting for HIV programs and a broad focus on regional HIV interventions with insufficient attention paid to national implementation of HIV activities. A report by Asante et al. (2011) which included but was not solely concerned with HIV raised a number of health management and leadership issues including incompetence of health managers resulting from both individual and system related causes. These include insufficient managerial skills among leaders, poor management structures such as weak health information systems and poor supportive supervision. Asante et al also suggest that weak leadership led to the reduction of the domestic budget for the HIV program from 17 million Kina (approximately $7 million AUD) in 2008 to 5 million (approximately $2 million AUD) in 2009. In addition, a national AIDS spending assessment (NASA I) conducted in PNG in 2009-2010 revealed the imbalance of funding, slanted towards the administration of the HIV response rather than the HIV response itself (UNAIDS, 2011).

While these reports reflect some issues of concern, they raise the importance of considering the crucial nature of leadership in the response to HIV. However, we still know very little about what makes for good and effective leaders for the response. In other

words, having acknowledged leaders as critical to success, we do not know what makes them effective, what challenges they face and how leadership could be improved to mount a more effective HIV response in PNG.

This study entitled "**What makes for good leadership in the PNG HIV epidemic?"** investigated the country-specific issues that influence PNG's leaders and their ability to effectively respond to the HIV epidemic. It examines specifically at the elements that makes for a good leader and the barriers to effective leadership. The project consisted of two major components: 1) secondary data collection about leadership in the HIV epidemic (which has been published as a journal article[1]), and 2) a qualitative approach via in-depth interviews with leaders. The qualitative research, which is analysed here, sought to understand the barriers and facilitators to effective leadership in the HIV epidemic in Papua New Guinea at national, provincial and district levels.

METHODOLOGY

Eighty-eight in-depth interviews were undertaken with people in various forms of leadership positions for the HIV response within organisations and communities in Southern Highlands Province, National Capital District and Western Highlands Province. These sites were selected taking into consideration the concentration of the HIV epidemic in PNG. In the Southern Highlands Province (SHP) a total of 28 leaders were interviewed, Sixteen male and twelve female leaders participated in the study, who came from almost all the major districts in the SHP, and represented a range of sectors such as government (Provincial, District and Local Level Government, Provincial AIDS Council, and Government run VCT centres etc), Community Based Organisations (CBOs) and Faith Based Organisations (FBOs). We interviewed 29 participants in Western Highlands Province (WHP). HP. A variety of HIV leaders from various sectors of society such as government departments and organisations, CBOs, FBOs, International non-government organisations, NGOs, people living with HIV groups, village leaders (e.g. Local Level

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[1] Man, W. Y. N., Worth, H., Kelly, A., Wilson, D. P., & Siba, P. (2014). Is endemic political corruption hampering provision of ART and PMTCT in developing countries?. *Journal of the International AIDS Society*, *17*(1).

Government councils), and media were invited and many of these groups participated in the study. We interviewed 31 participants in National Capital Districts (Port Moresby). NCD participants belonged to various government organisations, local and international NGOs, donors/funders, as well as other key individuals that play significant roles in addressing HIV in PNG.

The interviews were conducted in the language that the participants were more comfortable with and were digitally recorded. All interviews were transcribed and interviews not conducted in English were then translated into English.

Table 1 is the break down of the study participants and their positions in different institutions.

Table 1. Breakdown of leaders interviewed

Institutions	Position	Number
International NGOs	Senior manager	4
	HIV manager	4
	HIV consultant	5
	Leading official	3
Local NGOs	Chief Executive Officer (CEO)	4
	Senior director	4
	HIV program manager	7
	Founder of a local NGO	3
	Project officer	10
Civil society (FBOs, PWHIV institutions)	Senior manager	6
	Senior program director	3
	Program officer	7
	Chief Executive Officer (CEO)	2
Government institutions	Advisor officer	9
	Senior official	5
	Program manager/officer	12

Ethical clearance was obtained through the accredited Human Research Ethics Committee of University of New South Wales (UNSW HREC) in Australia. In Papua New Guinea approval for the research was granted by the PNG Institute for Medical Research Internal Review Board and the Medical Research, the PNG Research Advisory Committee (RAC) and the PNG Medical Research Council.

Written informed consent was obtained from all the particpants.

Analysis

The transcripts were read several times and were then coded, using qualitative data analysis software, *NVivo 10!,* as well as paper-base analytic techniques. A thematic analysis was carried out to find emergent themes from which the main themes were identified. The Principal CI and Anitha Iriakoze carried out the analysis of the data

RESULTS

Part One: Catalysts of Effective Leadership

> *"...I have seen the HIV leadership in NGOs; they go right into the heart of people, whether rain, distance, hot season they are not worried. They talk and work on behalf of the group in the village, and community" (Asa community worker, SHP).*

Interestingly, there was a clear difference identified by the participants between the catalysts for good and effective leadership and the barriers to this. The catalysts were almost all seen to be personal traits of leaders and very few structural catalysis were mentioned.

Clear and shared vision

> *[H]ave your vision and, at the back of your mind, you have to achieve something at the end of it and you should have that sort of quality (Sherry, NGO, WHP)*

Being visionary was one of the most frequently mentioned qualities of a good leader. Vision has been identified by a number of researchers as a necessity for good leadership. Awamleh and Gardner (1999) define vision as the mental imagination of a leader in describing an ideal future for an institution (see also Detsky 2011). Aronson et al (2013) argue that vision illuminate the future pathways for those in an orgaisation and boosts their motivation (Aronson et al., 2013).

For some participants, a visionary leader was one with clear objectives about where to lead the organisation, and who had clear goals they wanted to achieve. Those participants in Port Moresby were stronger in their expression of 'vision' as a necessary aspect of leadership. Howard and Veronica (both from NCD) stressed the need for that vision to target the wellbeing of PNG people:

> *"I can say that we need to have vibrant, people who have visions and dreams where they want to lead PNG to. Now if we have the prime ministers who don't know where they are actually paddling the canoe to, they are going to lead us astray" (Howard, HIV programme manager within a local NGO).*

> *"For a good leader, you would see some difference in the country, a leader who has a dream for people,... If the leadership has the dream and vision (a good leader)- things work out for them. The leadership that doesn't have the plan and future, doesn't have a vision nothing will happened" (Veronica, founder of a local NGO.)*

These sentiments are reflected by Kotter (2001), who states that leaders without vision tend to forget the rights and needs of people they serve, and that good vision highlights the interest of the targeted population. Furthermore, Yukl (2002) argues that a compelling vision helps the leader to guide the followers through organisational or people-oriented changes.

A manager in a government institution stressed the need for people working in the same institution to have a shared vision in order to improve the organisation's outcomes. For this participant, a shared vision facilitates the team to achieve the expected goals.

"If we have the people at the top, the director and these people, if they have the shared vision and share whatever, it makes the job much easier …"(Sisi/ Programme manager within a government institution, NCD).

Kouzes and Posner (2009) also stressed the need for the leader to engage staff in a shared vision. The results of their multi-country study showed that having vision and finding a mechanism for engaging others in a shared view of the future was an important attribute for a good leader. In order to creat a shared vision, O'toole (1995) states that a leader should create a vision that consider both personal and organisational goals and communicate that vision to the followers in order to gain their commitment.

It was also considered important that goals are translated into actions. Two NCD participants, a one from a national institution and a programme officer within a local NGO, referred to a visionary leader as someone who took action:

"The true leader is someone who got vision and who's got revelation or whatever you want to call it but also someone who is practical. Someone who is able to take that dream, interpret it and do it"(Slo, program officer within a government institution).

The effective leadership is the people who act on what their vision is, that is what it means, effective leadership they don't wait and sit down and wait for things to happened, they go themselves and do it themselves … (Tisa, program officer within an NCD FBO institution).

Quigley (1994) argues that visionary leaders should have the ability to transform their vision into real actions and sustain achieved results. To achieve this, a leader promotes the followers' interests to boost their will to implement the organisational vision (Haslam et al., 2013). Similarly, the interviews show that leaders interviewed have a good understanding of the need to have a vision and to translate it into actions.

What I mean is if you have a vision and you are pursuing you vision and goal that's another thing but you just sitting there and thinking that the mobile phone is going to bring help, it won't bring help.(Frisu, WHP NGO worker)

Initiative

Other interviewed leaders reported that initiative was an essential attribute of a good leader in the HIV response. According to participants, a good leader was someone whose initiative had valuable results for those who they were serving:

> *I started to use my own initiative to bring up this topic on HIV in my class mainly to deal with the grade sevens and eights so I use to teach them to integrate HIV into education (Laurie, WHP, program officer)*

For instance, one technical advisor within a government institution showed how they were inventive in identifying HIV-positive and affected staff in their institution, and how they helped them to meet and to create an association.

> *"When I got here, nobody knew the HIV positive staff so I started figuring out how do I identify staff that were positive and then kind of drew their network .... and we had a meeting of HIV positive and affected staff really this year and they decided to form an organization" (Sky/ Technical advisor in a government institution, NCD)*

This is an important initiative considering the role of associations of people living with HIV in the HIV response. For instance a study in Uganda (Kim et al., 2012) found that associations of people living with HIV played a significant role in community education interventions that resulted in increased numbers of people using HIV services, reduced discrimination and helped with people with the disclosure of their HIV status to their partners. Like the case in Uganda, PNG is still facing the issue of stigma and discrimination of people living with HIV which has contributed to low utilisation of HIV services (Rule and McPherson, 2014).

One of the program leaders from WHP argued he had achieved his goals though planning and organising training:

> *"As a planner I put in all the plans in place from the corporate plan all the way to provincial, district plan all in plan and this is my achievement. And then I have brought in all national staff for two to three weeks to make sure that this was effectively done. Now all the district administrators and all the sector heads they can do the planning, they can do all the budget....I think that's the biggest achievement I had (Jess, program manager , SHP).*

A technical officer in a government institution created an association for healthcare providers in the HIV field, with the aim of assisting them to find other jobs when funding expires. This is a significant achievement as it indicates how a leader with initiative might be concerned about the uncertain future of their staff, and therefore implemented a mitigation strategy. This initiative could help increase staff motivation and lead to increased performance.

> *"I have been able to form an association ... where people who have been providing...services.... so when this funding are finished... we will become jobless and this has been one of my concerns so I have formed ... this association, I wanted to negotiate ... job for them. This includes lab technicians, nurses, even doctors..... (Slo, SHP).*

Being motivated and motivating others

Motivation was also described by some participants as an important quality of a leader. Moody and Pesut (2006) define motivation as 'goal directedness, human volition or free will, and perceived needs and desires, sustaining the actions of individuals in relation to themselves and to their environment' (p. 17). In the interviews, a number of leaders expressed their motivation to work in the HIV response in different ways. For example, for the following participants, motivation was shown by their passion for job despite low salaries and opportunities to move to other sectors.

> *"It is my love for the job that is keeping me in this work here. And I know that if I move out of here, I can get two or three times more times the pay that I am getting now but it's good that I love what I am doing" (Sisi, NCD, program officer).*

> *"There are some other greener pastures like people are asking, we can offer this amount and you can come? But it's not money. Honestly speaking, it's not money,*

it's the fashion for what you wanted to do and touch based with the real people" (Petts, senior officer in an FBO institution).

For other interviewed leaders, their motivation was displayed by the love they have for their country and their people. For instance a programme manager of a local NGO stated:

"I would have gone to other countries and work for other countries, I have so many opportunities, jobs have been given just like that but just because I have the heart for PNG, my country I gave up those offers, for the sake of Papua New Guineans"(Howard, NCD)

Compassion for people living with HIV was expressed as another motive for participants to work in the HIV field. The interviews show how these leaders are determined to make a change in people's lives, especially for people living with HIV. They expressed their satisfaction in seeing the health of people living with HIV improving. They said:

"I love to work with HIV people … when you give them the medicine, the mentoring and the encouragement and you see them getting better it gives you joy or, it gives you that, it pushes in whatever you are doing you are bringing meaning to people's lives"(Slo, SHP).

"One of the things that motivated me, I see such as 13 years old are being infected with HIV and even the babies as well as such I as the mother, I have the children and I have seen that the innocent children as well are infected. Therefore I am trying my best to fight in order to decrease it" (Debora/ CEO of a local NGO)

"The thing that really touched me on how I wanted to care for those people was that I worked in the hospital setting and I saw both men and women died anyhow, regarding this illness, … that was the thing that brought me closer"(John, WHP NGO worker).

Religion was also a motivating force for many participants. For example, Sylvia, from WHP told us:

I love to count and know how many so far I have worked with and this is my interest and my interest to save peoples' life, God stored me up some rewards and this is was my motivation. This was in done in accordance with the church because I am not working for the physical being but also for the spiritual side ....God strengthened my faith and I did this and this was the gift from God to do this work.

Langstraat and Bowdon (2011) define compassion as putting yourself in another person's misfortune and acting to change their situation. Allemano et al. (2008) argue that leaders with compassion for people living with HIV have greater influence on inducing others to participate in the HIV response. The authors give an example of successful leaders such as the late Nelson Mandela who was seen eating with people living with HIV who had been rejected by the community (p.169).

Walk the Talk

Good and effective leaders lead by example. Both Graetz (2000) and Simons (1999) argue that to transform organisations leaders need to build trust, and that comes from behavioural integrity. The lesser not only promises, but also delivers personally. Numerous participants argued that leaders should "walk the talk" in order to inspire others to follow them, and that being a role model was another essential quality for leaders.

> *The community should have recognition and respect them one, two is those people who speak out words, BUT the <u>actions has</u> to be taken (Eloi, WHP NGO)*

They participants argued that when leaders are not consistent in their words and actions, it is unlikely that others would engage with their vision.

> *I have to do things that are good only so that I live by example and that people would see and follow (Mimi, program officer, WHP)*

> *"You just have to actually lead by example and when you do that, people see and they would follow you, I believe in actually leading by example so if you actually show to others by the way you treat other people. I believe that all the staff too, they will do the same. (Jina/ senior director of an NCD NGO)*

> *"Effective leader is a good role model, fair, and you must act and speak what you say. If you tell another man to go and do this, you must also do that, whatever you*

speak you have to action it, don't just talk and then later you go and do other things"(Debora, program officer ,NCD).

True leadership , you must have the behaviors that are right… And whatever you said or promised, you must do the action and they will see this then they will say oh this is a true leader. Make sure you don't lie, or do empty promises so that anybody would see any mistake in what you do,,, you must become a true leader and your talk must interact with what you do (Lois, SHP)

The international literature also asserts that leaders as role models are found to influence the values and behaviours of their staff through inspiration (Beck, 2012; Lam et al., 2010). People identify with shared behaviours or try to change their behaviours according to that of their leader (Beck, 2012). Leaders who highlighted their desire to be role models had more understanding of what their staff expected from them. They recognised that they should be consistent in order to encourage their staff to imitate them, in order to act as positive catalysts within their organisations to positively contribute to the HIV response in PNG.

Ensuring good relationships with others (organisations and people)

Relationships have been identified in the international literature Schaufeli and Bakker (2004) and Van Dierendonck et al. (2004) stating that good collaboration between leaders and staff or stakeholders leads to improvement in well-being and team effectiveness as well as enhancing organisational performance. A truly multisectoral response to HIV in PNG will draw on the strength of all different sectors for maximum effectiveness (Kanki et al 2012). This occurs through building relationships across the sectors. A number of participants felt that a good leader should have good relationships and collaboration with their staff and other stakeholders in order to improve the pathways toward desired results in the HIV response:

We work closely with the church network amongst us… We work closely with our pastors and our headman …. so we work closely with the church then we report together at the PAC, that is how the partnership works with us is - like this in collaboration (Desmond, SHP)

Having good relationships with others enables them to improve their communication and partnership and to effectively achieve their goals.

> *"When you have good personal relationship with the senior departmental heads, the other working organizations then you create an avenue where very valuable information can be exchanged and so you are learning how you can go about in small tricks to make things happen"(Patrick/ programme manager within a government institution).*

> *"Leadership to me it refer to who has a quality in him that whatever he or she do motivates others and satisfies others so that at the end of the day they are happy and also to achieve the organization visions"(Erina/ HIV manager within an NGO)*

Part Two: Barriers to Effective Leadership

> *Interviewer: And how is the HIV leadership?*
>
> *Interviewee: I don't think it exists.*
>
> *Interviewer: What is really needed to be done in those areas?*
>
> *Interviewee: We need leadership on the ground especially in the impacted areas where we are now.*

In contrast to the participants' views about the personal traits that characterised good and effective leadership, their comments about the barriers to such leadership included both structural deficits and individual failings.

Lack of Leadership Commitment at National and Provincial levels

Overall, the interviews point to a perceived lack of commitment to HIV at a national level. The engagement of political leadership at the highest levels provides the space for the development of appropriate policies and establishment of the structures and processes that will provide highest impact (see Kanki et al 2012). However, very little was mentioned by

participants in WHP and SHP about national leadership, and many participants seemed to have only a hazy understanding about the role of the national government with regard to HIV. There were quite a number of comments about the national government's lack of leadership

> *At the national level, they talk and promise that they would do this and that.. like this money is allocated for that purpose and such but yes it is not done, you remember, they only talk verbally. But to be a good leader you talk and you action should follow and that would show. No walk the talk (Betty, NGO WHP)*

> *"where does those money goes, just going around doing nothing and only having allowances and overtime and just waste of time talking, and talking" (Fred Program Manager , SHP).*

There was also concern about leaders' engagement with on-the-ground services.

> *"My recommendation is that if only those up there [at national level & provincial level] could come down to the village and see us, then changes would occur. Then we would see the decrease in HIV." (Simon, Program Manager SHP)*

> *Today I want that the members of the PAC office recognize us down there and help us...I'd like to request that they come down and build one little building. I asked them to come but they did not, and now I don't trust them as people who a lead,, they are our leaders but they have not shown this leadership quality (Lois, WHP)*

As well, there is a lack of interaction between leaders at difference levels of government which means precious resources are squandered:

> *"That is one of the challenge I have seen as the NGOs they work in isolation. They to come together to build a strong network so that we can save many resources to do other things. But when I am in the meeting, I observe that they use to argue at each other"(Eloi, WHP NGO)*

Corruption

It starts from up high down to the lowest level - therefore all of us are ruined. Even the community as well is ruined because of corrupt leadership (Kaks, WHP)

Corruption constitutes a major barrier to the scale up of health services in developing countries (Hanson et al., 2003). Specifically for HIV, a recent study that analysed data from various low to high income countries found that countries with high control over corruption have better coverage of some HIV services such as provision of ARTs (Man et al., 2014). Patience (2012) has raised the issue of high corruption rates in PNG threatening PNG development by hindering institutional governance and performance.

A very strong theme from the interviews was the problem of corruption and poor governance in the HIV repsonse. The possible management, misuse or misallocation of funds and highlighted its negative effects on the delivery of HIV services:

"It is[corruption] always there. There are always corrupt practices everywhere all the time. Corrupt management or corrupt practice that sort of would delay or would stop you from doing things that you want to do. And that I think is all the systems that we have, have issues with them [corruption]... It is really not good" (Dr Paul/Advisor officer of a government institution NCD)

Dr Paul argues that corruption exists at different levels within HIV institutions which lead to the slowing down of the response. Other HIV workers considered the misuse of funds as a culture within the PNG system:

"I mean and everybody knows, PNG people have problems with managing money. Some instead of managing money they are helping themselves" (Sisi NCD)

"The government funds or hands out the money on some of the activities or the projects that are not real, false projects" (Jerry, project officer SHP).

... So that is the way right now I see, I am just putting another one like transparency, too much corruption around PNG and the worst is here…" (Moris, SHP).

The interviews saw the effects on leadership being people in HIV leadership positions who were not qualified or who had no interest in the subject matter.

> *"The biggest challenge for me over the last three years has been one, there was only one staff when I got here and that staff person was not a very capable staff person and not a hard working person so it really has hampered all of our activities" (Sky).*

Lack of resources

By responding to questions about the role of good leadership for an effective HIV response, many participants pointed to the role of mobilising funds. They argue that an effective leader should ensure availability of funds to run HIV activities, and conversely if funds are not availabe Implementing and scaling up HIV program activities is reliant on donor funding which remains the main HIV funding source for Papua New Guinea (UNAIDS, 2011).

> *"We want the money so you really have to advocate and you vocalise what you are talking about…..if you don't have the resources, you cannot fight the epidemic, your response will be null and void without resources, so you really have to have the resources to move the response" (Howard, , HIV programme manager within a local NGO)*

The leaders highlighted a number of obstacles resulting from the lack of or insufficient government funds.

> *The challenges faced by the HIV leadership today are the crisis of money. Money is the issue now. Because of the shortage of funds, the leaders from the PAC does not have anymore funding to run our meetings to talk about HIV (Dan, HIV Manager SHP)*
>
> *"The government now, this last two months, the health department had not paid …their salaries, they have not paid the health care workers but we have to tell*

them you want to improve the health care system but you don't pay the staff"
(Trisha - NCD)

"You know for the last couple of years we have doing well with funding but in the last I think one year or two years we had problems .. through this government they said they will be funding supporting the response but when it really came down to giving money it's just like a stop and no action … they haven't lived up to their words or what they have said" (Mori - program manager within a government institution NCD).

These leaders highlight the barriers they face with limited HIV funds and how indispensable is the adequate funding for the HIV response. They expressed their dissatisfaction with the lack of government support in funding essential activities for HIV services such as salaries of frontline health staff.

In addition to insufficient government funds, other leaders have claimed that the government has reduced the budget for HIV programmes. For example, a senior director of a local NGO complained about the government funds being cut and identified this as a sign of a lack of government support.

"I don't have to say the Government. With all the budget cut up, I don't see the government, …the government has actually cut off back from the funding for HIV and AIDS so I don't really see a support there" (Jina, senior director of a local NGO).

Similarly, a programme manager in a government institution noted:

"Ah, from my opinion, I think a more can be done at the political level because currently I don't see any political support. In terms of resource mobilization, this year we have a huge budget cut to three billion you see so where is the political leadership?(Starky, programme manager in a government institution).

Other interviewed leaders also expressed their concerns about the possibility of HIV funds being cuts by donors, which would greatly exacerbate the problem of insufficient funds. A comment by a senior official of a funding organisation indicated ent that donors might shift their priorities according to international evidence-based findings.

> *"With donors, there's always going to be an element of what's fashionable now and what's not so the priority for the funding for donors also shifted also accordingly to what's been talked about internationally or what everyone else is doing" (a senior official of an international NGO).*

Some interviewed leaders have also expressed their concern about potential funding cuts and anticipated that this could contribute to the collapse of achievements in the HIV response in PNG. They suggested that donors do not de-funding HIV programmes that are already in place, in the interest of reducing HIV prevalence.

> *"This [reduction of HIV prevalence] doesn't mean that the game is over, it means that it is showing a good sign but yes we really need to emphasise that the funding has to come so that whatever programmes our implementing agencies doing has to continue"(Starky).*

In order to mitigate the loss of HIV funds, the common recommendations from many interviewed leaders was for the government to take ownership of HIV response. Mori spoke of the issue of unsustainability of donors funds as one of the reasons for the government to take responsibility in the HIV response.

> *"Oh the government must take full responsibility because donors will not stay here and continue to fund us. Their [funders'] priorities does shift from time to time with the government priorities of the day"(Mori, SHP).*

For Hila, the major issue is the disparity of donors' funding priorities which leads to essential interventions for the population being overlooked.

> *"I think our country should take the ownership, honestly I am just worrying about what happens tomorrow and I am keep cutting, cutting down on the things that I*

think the people need activities that the people need (Hila, senior programme director in a FBO institution).

The lack of funds to implement HIV activities could be one of the key barriers for good leaders with vision and committed to effectively respond to the HIV epidemic in PNG. As suggested by the participants of this study, the PNG government should play a significant role in providing and mobilising enough funds to ensure the scale up of HIV interventions.

Weak Service Delivery

The issue of weak service delivery to implement HIV programs is a worldwide issue (see Rule and Roberts (2013), and there is a recognition that leadership is a vital component of organisational and system capacity and central to the system strengthening needed to extend progress on the HIV response.

"Effective leadership means that a leader from the national office providing the services to the provincial level and then that same service should be delivered down to the people who need it in which it would satisfy them. The middle men will be responsible for service delivery so you have to be the service provider so to become a honest leader. It doesn't happen though. We don't get those services here" (Asa, progam manager, SHP)

The current challenge is you know is … trying to strengthen the whole system. And now we kind of trying to in a process where we strengthen and maintain these that's the challenge you see. How can you maintain that system if the system doesn't work or isn't sustained at the government level - like logistics or drugs or trainings (Kindu, government official WHP)

As an example, Howard linked the problem of stock-out of ART to the poor support at the management level and highlighted its impact on the wellbeing of people living with HIV:

.....if you don't have the resources, you cannot fight the epidemic, your response will be null and void without resources, so you really have to have the resources to move the response" (John, WHP)

Another senior official expressed the disappointment about the presence of stock-outs of ART despite availability of funds for HIV drugs:

"Where is the care and where is the treatment, where is the support and why are there stock outs on ARVs, how could it be that 2013 when it was fully funded that there is stock outs. Why would there be stock outs. You know you've got billions of dollars being spent. You've got free drugs for people and there are stock outs, what leadership is here?" (Martin, senior official within an international NGO)

An interview with a programme officer within a government institution indicated how logistics are essential for HIV activities, to the extent that sometimes they use their own resources to run these activities.

"One of the challenges is the logistics; because the job that I hold, my responsibilities, my job is pretty more veil one. In a week I need to see six or more clinics so logistics is one of the problems. I operate out of my own car, sometimes when the car has no fuel or had broken down or whatever, I just have to catch the cab and use my own car to run some of those work" (Slo)

While Slo's experience is an example of a strong commitment and engagement of HIV leaders to effectively respond to the HIV epidemic despite the current structural or process barriers they face while delivering HIV services, the lack of logistics may lead to far-reaching consequences within HIV programmes such as stock-out of drugs and other supplies. The HIV programme manager of a local NGO raised the issue of lack of logistics leading to stock-outs of ART drugs:

"Sometimes we run low of the ART drugs and these are thing that are really happening. There has been time when we run out of ART drug and this is really bad. You are talking about the life of the person and you are not dealing with papers and biros, but this is the life of the person" (John, WHP).

Gas and Mining Projects

LNG was raised frequently by many of the participants in the Southern Highlands. They describe the presence of LNG as having affected leadership structures via increased access to money to landowners and LNG workers. The overall impression was that LNG HIV related activities operate separately from the rest of the HIV sector and that this affected coordination of programs. Donald, a program manager in SHP argued:

> *"What is the vision, what do we do when the LNG gas come? We just talk and talk and we didn't come up with anything. It's not that we can't but we didn't have the time or the coordination with the LNG people to formulate a workable program that we can both do. Our technical officers they travel every now and again to Moro and Hides Gas to make sure that PAC has some input there*

Jerry, an NGO leader in SHP concurred with this:

> *Well they [LNG] have their own structure. During our meetings and such for the trainings, the LNG had never at one time came in and helped us. They hold they own programs at work place.*

Human resource barriers

PNG faces a major challenge in improving the capacity of health staff and in the recruitment and retainment of highly qualified staff to respond to the HIV epidemics (Worth et al., 2012). Without adequate number of qualified staff, leaders in HIV institutions will have difficulties in implementing their vision for an effective response to the epidemic in PNG. Rule and Roberts (2013) highlighted the discrepancy between the increasing number of HIV patients compared to the static or decreasing number of staff working in the field of HIV in PNG. A report by the Independent Review Group (IRG, 2011) stress the issue of insufficient numbers of skilled staff in HIV resulting in poor performance indicated by a higher rate of loss-to- follow up and inadequate supervision at

various level of service provision in PNG. Numerous participants pointed out the insufficiency of skilled personnel as one of the biggest challenges to being a good leader:

> *"Here's a still need for more staffing, human resource and not just employing people or nurse or doctors or HEOs but the positions given by the government is not enough to cater for the amount of work" (Slo, SHP)*

Lack of skilled staff slowed the implementation of HIV activities. Some leaders have expressed how their tasks are challenged by their limited skills. For instance Jeff, an HIV consultant for an international NGO noted:

> *"I was asked to initiate the development of … a policy [policy named], I have no idea then so I had to do research and you know, go to library find out this and that and start to write up"(Jeff, SHP).*

High workload was another issue raised by a number of participants. Potts's interview serves as an example of how high workload can be a barrier to effective leadership in the HIV response. This leader spoke of the challenge of having numerous responsibilities leading to inadequate performance:

> *"Same time I am really stranded like logistic and advocacy and administration and everything is on my desk and sometimes I try to prioritize what I am going to do and if it's too much in my mind then I just can't put them in order"(Potts, project officer in a local NGO)*

The inability to retain trained staff constrains the leaders in effective implementation of HIV services. Petts, a senior officer in an SHP FBO institution noted:

> *"We train that person very well and in all aspect and the risk is that we are losing them and sometimes because we are not providing all the expected things, high salaries. So once they know that they have the experience and have the qualification or experience, they are applying out and we are losing one each staff at the same time"* .

Similarly, Patrick, a programme manager within an NCD government institution mentioned the challenge of carrying out tasks that require skills not related to the professional background:

> *"Well the major one that I come across was planning, trying to come up with the good plan to for the next year and recurring HIV programme and to come from a clinical background and coming to a management level without no management experiences is the challenge a big challenge".*

The issue of turnover of staff discourages leaders who are motivated to effectively respond to the HIV epidemic as they need staff to implement the planned activities. Following significant efforts and time spent in training staff, participants expressed the disappointment of seeing staff leave for other institutions, and leaving behind a gap in service provision, which slows down the HIV response:

> *So that is one difficulty in trying to get services to the districts is; one is the training, training of staff at the same time people that we trained, some people leave.(Bon, WHP)*

Patrick and Slo claimed:

> *"I reach that level where I think now I have enough good people and I think the programme will go smoothly and then the next minute, there is an offer from outside or from a private sector and your highly skilled experienced staff are been taken away and the programme comes down again" (Patrick.*

> *"When people whom we spend time and effort to train them, when they go away, our programmes are stagnant now so me as a doctor sometimes I go down and do the nurses job and do the cleaners job and we have to double the task"(Slo).*

Sisi, a programme manager within a government institution in the NCD associated the high turnover of staff with the government failure to retain them:

"You may love what you are doing, but most of the people I have worked with have left because the government was not able to look after them".

These interviews highlight how insufficient the retention strategies are for health providers in HIV programmes especially within government institutions and how turnover of staff is a challenge for leaders. A study conducted in Addis Ababa, Ethiopia, Mirkuzie et al. (2011) found that 60% of study sites have experienced turnover of staff working in HIV departments which has led to a larger proportion of poor adherence to ARTs compared to health facilities that did not experience turnover of HIV staff. Also Czerwonka (2010) identified high frequency of turnover of trained staff among problems affecting the services for Prevention of Parent to Child Transmission of HIV in the Simbu province of PNG.

In order to improve this issue of turnover of staff, numerous leaders who were interviewed recommended the need to increase the incentives for health professionals. Slo recommended that the government should increase the salaries in the public sector in order to increase staff satisfaction and retain staff:

"So the government needs to increase its incentives and increase the salary and make people want to stay in this they need to start rewarding the public servants so that they stay in the job" (Slo)

Inadequate staffing is exacerbated by staff turnover. Poor working conditions, low salary, lack of career advancement prospects and lack of management support were identified as the main reasons for highly qualified staff leaving their institutions for better employment opportunities (WHO, 2010). The objective of improving the human resource barriers serves as evidence of good leadership in the HIV response in PNG. However, staff retention is a complex matter influenced by various factors such as funding, government priorities and competitive organisations.

CONCLUSION

In countries where leadership is visible and committed there are systems in place for effective governance and management, for developing and implementing national policies and strategies. There will be innovation and flexible approaches and there will be collective expertise among government , the NGO and private sector and within communities, and civil society. Leadership plays a critical role in accessing and managing resources (both domestic and external) towards national priorities and vision.

In this study we used in-depth interviews to assess the elements that make for a good leader and obstacles influencing leaders to effectively respond to the HIV epidemic. Our findings show that leaders in the HIV response are aware of and possess the qualities of good leadership.

In our research the qualities of good leadership identified by participants include having a clear vision, motivation, initiative, and having good relationships with other stakeholders. These basic personal attributes are the facilitators for leaders to actively and effectively responding to the HIV epidemic. The need for a leader to have a clear vision elucidated in our findings reflects elements of leader's commitment to actively improve the organisational performance as discussed in leadership literature as an essential quality of an effective leader (Aronson et al., 2013; Detsky, 2011; Kouzes and Posner, 2009). Our findings highlight the need for leaders to look beyond their organisation and associate their vision with the wellbeing of the PNG population.

Our research provides some examples of leaders' initiatives in fostering the HIV response such as establishing associations of people living with HIV among employees of the same institutions. These initiatives were identified as an effective strategy to improve the use of HIV services and help people living with HIV to disclose their status to their partners (Kim et al., 2012). Another key aspect of our findings was the role played by motivation in the leaders' response to HIV control. Some participants expressed their passion for their job as the main motivator in continuing their working in the HIV field, despite a number of challenges they face. The love of their country and compassion for people living with HIV

are other factors encouraging the participants' of this study to utilise their energy and effort to respond to the HIV epidemic.

Participants also referred to a number of obstacles to their response to the HIV epidemic, such as funding-related barriers, logistics and human resource issues, which are among the major concerns. Funding cuts to HIV programmes by the government was highlighted. A few studies such as the one by Asante et al. (2011) described similar findings. Some study participants also anticipated further reduction of HIV funds in the future. If this was to be the case, reduction in funding would potentially have a negative impact on the leadership response to HIV in PNG, considering the current proportion of domestic funding is still below 20%. The future reduction of HIV funding, should this be the case, would be largely caused by the current global financial crisis. For instance, Vassall et al. (2013) state that the current economic restraints on high-income nations has led to the reduction of development assistance funding to health. In the case for the South Asian region, a UNAID report suggests that the reduction of international donor funding is occurring whilst HIV domestic funding remains insufficient to effectively implement HIV programmes (UNAIDS, 2013b). These findings show that having the qualities of a good leader is not enough for leaders who will be evaluated by their roles in implementing HIV interventions. Thus, if these barriers are not successfully addressed, leadership cannot be truly effective. The lack of funding for the HIV response has had a significant impact on the progress of numerous low and middle income countries in achieving the Millennium Development Goals MDGs (WHO et al., 2010). Our findings highlight the need for the PNG government to progressively increase the funds allocated to HIV programmes, in order to improve the sustainability of the HIV response in PNG. This would need a strong involvement of high level leaders to put the HIV agenda among the urgent issues to be addressed.

Furthermore, insufficient numbers of skilled staff, high workload and high turnover of staff are among the major human resource barriers identified by our study. We found similar issues as other studies on human resource issues conducted in PNG such as Rule and Roberts (2013) and Worth et al. (2012). Like other studies we found that human resource issues are an important barrier, slowing down the effective response to HIV.

However, further in-depth qualitative studies are required to better understand the factors that would improve the recruitment and retention of staff within HIV institutions.

A key strength of this study is the use of in-depth interviews to explore the qualities of a "good leader" and the barriers they face, as seen from the perspective of the leaders themselves. This allows us to explore elements of effective leadership for the HIV response from their opinions, experiences and their actions. Our findings about the motivation, compassion, role modelling and personal initiatives of leaders serve as promising signs about the presence of good and effective leaders in PNG. Despite the availability of good leadership qualities, barriers such as funding, logistics and human resource related issues are likely to have significant impact on the effectiveness of leadership, and therefore the overall HIV response in PNG.

Effective leadership is the foundation for effective HIV programming. This study has important implications on how to improve and facilitate effective leadership and ultimately deliver effective HIV programming. The findings from this research project are of particular importance to PNG policymakers and programme designers in PNG, who can use the results of the study to better inform policy and practice related to leadership. Further research could explore the experience of the staff of leaders or the recipients of the leadership to gauge their perception of good leadership.

The past decade has focused on scaling up the HIV response. The results have been tremendous, but there is a necessity to focus on strengthening national ownership and leadership in Papua New Guinea to sustain the progress made in the past.

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