

Henri Meke: from nurse to CEO



By Stephen Howes

Henri Meke's drive to support people living with HIV/AIDS has taken her from being a nurse in the army to heading up Anglicare PNG.

The AIDS pioneer

Henri Meke was born in the Southern Highlands, one of the most mountainous, inaccessible and least developed parts of Papua New Guinea. She got her nursing certificate from neighbouring Western Highlands province, and in 1990 joined the army as a nurse. It was during her 16 years in the army that she first encountered HIV/AIDS:

The army did a medical of all personnel every two years, but they didn't know how to deal with people who were infected. My interest started from there. I asked: what do we have in place so that we don't stigmatise those who test positive? There must be a way so that those people can still serve in the army. So, I did a lot of education. And developed workplace policies around HIV/AIDS.

From the army, Henri, equipped with a recently acquired MBA from the national university, joined the national government health department in 2007. She worked for five years as the HIV counselling and testing program manager, putting in place HIV testing and counselling policies.

It was in that role that Henri encountered Anglicare, which runs one of Port Moresby's largest HIV clinics, the Begabari Clinic. The clinic keeps 1,300 HIV-

positive patients alive through anti-retroviral treatment. In 2011, she was approached to head the organisation. She jumped at the opportunity:

Because it was an organisation that was addressing HIV. I felt, I'm developing those policies and I wanted to see how they can really work in in the field.

In recent years, HIV/AIDS has been pushed out of the policy and funding limelight. Fears of an out-of-control epidemic have receded, and other disease threats, notably tuberculosis, have taken precedence. But Heni is still worried:

Our numbers are going up. We diagnose up to 29 or 30 new cases a month at times. But a lot of HIV programs have just been dropped because of the funding. All of the community programs have been closed down. It makes me worried.



Learners in an adult literacy class, Port Moresby



Anglicare PNG on World AIDS Day 2014



Signage promoting Anglicare's work at its Port Moresby office.



The Port Moresby Anglicare office.



Anglicare's bus, promoting its services.

Anglicare

Anglicare, the organisation Heni now heads, got off the ground in 2000 in Port Moresby. It was established by two expatriate women as an outreach and volunteer counselling program for people diagnosed with HIV. The Anglican church supported these volunteer efforts, and provided the new organisation with the land on which it now sits.

Over time, Anglicare has moved not only into HIV treatment, but also beyond into a range of development activities, starting with adult literacy. Heni explains how this happened:

Most people didn't understand. Stigma was high. People felt AIDS was something like a death sentence. So, we started teaching adult literacy, just to help people understand that you can live with this disease, that it cannot spread by touching and caring for people. But many people wanted to learn. Some were coming to learn about HIV, but most of them just wanted to learn. So that became another program on its own, an education program. We teach financial literacy, we teach life skills, we teach them how to read and write, before teaching other things.

Anglicare now coordinates what has become the national Anglican Adult Literacy Program, with 80 schools and 2,500 learners enrolled. And over time, Anglicare has further diversified into areas such as water, sanitation and hygiene, child protection, and even disaster risk reduction.

Today it works in ten provinces, with one office, and has a staff of about 110. Until just last year, however, it used to be much bigger.

A video on Anglicare PNG's adult literacy programs.

Funding crisis

From its inception, Anglicare's major donor has been the Australian aid program. It financed the construction of its Moresby clinic, and pays for the staff to run that clinic. The government provides the HIV drugs. But last year, Anglicare faced a crisis. The *Post Courier* newspaper announced via its front page headline that Australia was "to discontinue HIV/AIDS support for PNG."

The Australian government denied this, saying that it was putting in place new funding arrangements. That said, many organisations did lose their funding, and Anglicare's funding became uncertain. Heni found herself having to make redundant about half of the Anglicare staff, and close three regional offices.

After protest and lobbying, Anglicare's aid funding was temporarily extended. It was then required to compete against other NGOs to attract further Australian aid funding. Not surprisingly, Anglicare was successful in that bid. However small the voice of the recipient in the aid program, Australia could not afford to defund the life-saving treatment of more than 1,000 people. But while the threat of immediate closure has been removed, community outreach has been eliminated and the long-term future of Anglicare's clinic is still precarious. The obvious solution is government funding for the clinic, and Heni makes a strong case for it:

We will do it much, much better than the government people, because we know how to use resources wisely and we can deliver. We are accountable. We have governance. And that's a case that we embrace. And that's why donors want to

work with us. Our government should be more interested in working with us.

But PNG faces a fiscal crisis. Revenue has fallen to the level of a decade ago. Church health funds have been slashed. Despite prodding from Anglicare and Australian aid, the PNG government is yet to pick up the staff costs of the Anglicare clinic. It's a process that has made Heni reflect on the risks of aid dependency:

If only our government could pick up the budget, I would just say, oh, enough of aid. Maybe we could use the aid where it is necessary, but not to fund core service delivery. Because when aid funding changes direction, when it is life-and-death services, then it becomes challenging. How do you make those transitions?

In the meantime, Anglicare is doing what it can: lobbying government, lobbying the Anglican Church, and raising private funds (2016 featured a fundraiser with former Australian Prime Minister Tony Abbott). And Heni has been writing lots of applications:

It's a lot of stress, a lot of trying to work through applications. Keep submitting, resubmitting, a lot of process involved. It takes up a lot of time. I've given a lot of time to address those changes and to find how I could sustain the important parts of the service that we provide.



Heni Meke (2nd left) welcoming a delegation from the Global Fund to the client Services Drop In Centre, February 2016.

Corporate challenges

What are the other challenges of being the CEO of a large Papua New Guinean NGO? The first Heni mentioned was report-writing.

Different partners, different formats, it's a challenge doing too many reports.

More broadly, Anglicare has become a complex operation:

There are so many things happening, so many partnerships, different funders, different projects. It's challenging to really spend quality time on one thing. You just have to keep abreast of everything that's happening under you, and also know where the risks are and look at the mitigation plans for these risks.

I asked Heni about human resources. Can she get the staff that she needs?

Not all the time. Sometimes people look good on paper, but when you get them on board, you will find capacity gaps. But one way Anglicare contributes to this country is the development of human resources. If someone doesn't want to change, if they're a humbug, it's a challenge. But we do a lot of capacity-building here. I am really proud to see that we develop [staff], contributing to a lot of Papua New Guineans getting better jobs. And they're empowered, making a difference in their life. It's exciting to see that people go out of this organisation into good jobs.

What about being a female CEO? There aren't many in PNG. Heni's answer surprised me:

In the health department, my boss was a male, but I respected him and he didn't have any problem with me. He'd just say "Hey, workaholic, you've got to go home." But I enjoyed my work there, and I saw things progressing that made me happy. When I moved here, I didn't see it as much challenge, because our senior management is all women. The program management is all male. They're all in charge of the programs. The accounts team is 50/50. But the senior management is all female. People respect us because of the progress and positive changes made.



Anglicare Adult Literacy students attentively listen during class in Port Moresby, 2017.

Commitment

Heni has four children and one grandchild. The oldest is 26, the youngest (adopted), only 6. She explains that her children:

... have got used to me working long hours and giving them less time. But when I have a break, I spend time with them and take them out for a holiday.

Tragically, she became a single mother in 2013 following her husband's death from a heart attack. She misses her husband, but jokes that:

Without a husband, I'm more comfortable, I'm not home to quickly make a meal for him, so that gives more time.

I asked Heni what keeps her going. She replies that initially she was on a five-year contract but she has just agreed to stay for another three.

At first, I said I was going to leave after five years, because I thought the job was just sleeping and work. But the problems and the development issues that my people face in my country have become more real, and I feel I'm making a difference here.

There is a lot to do. Being in an organisation where funding challenges are so much of an issue, I don't want to just drop and go. So, they're giving me another three years. Within these three years, I should look at a sustainability plan, get government funding. Three years to do that, and then I should exit.

Afterword

PNG is one of only a handful of countries that has no female members of Parliament. In that bleak context, the stories of Heni Meke and other female professionals are rays of hope.

Heni's rise would not have occurred without sustained support from Australian aid for the HIV/AIDS effort in general and Anglicare in particular. Often in aid the contrast is drawn between direct service delivery and capacity building. Heni's story shows the false dichotomy on which this apparent contrast rests.

While Heni's story illustrates the good that aid can do, it also demonstrates the difficulty aid agencies face in committing for the long haul. HIV/AIDS used to be so important to the Australian aid program in PNG that it had its own 23-page strategy. Now it barely rates a mention. Anglicare is left holding the can. People like Heni are left trying to hold everything together, and, literally, to find the funding to keep thousands living with HIV alive. Yes, the PNG Government should step up. But so should Australia: and direct far more funding to PNG's effective non-government organisations like Anglicare. In this way, we can both support service delivery and build capacity.

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