



JARINGAN INDONESIA POSITIF (JIP)

Network of People Living with HIV in Indonesia

Summary Report

“Feedback and Recommendations on the draft Asia-Pacific Community and Civil Society Statement of Positions on the Post 2022 Strategy of The Global Fund”

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Implementor : Jaringan Indonesia Positif
Supported by : APCASO



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Background

The Indonesian Ministry of Health data showed that estimation of Tuberculosis (TB) cases reached 845,000 cases, and only 69 percent were found. Also, data on HIV AIDS cases in Indonesia in the third quarter of 2020 continues to increase every year. MOH's data mentioned that until September 2020 as many as 409,587 people already knew their HIV status, and 256,536 people have started ARV treatment. However, the number of people with HIV who had dropped out of treatment was 64,988. Meanwhile, malaria cases are concentrated in eastern Indonesia. The total number of malaria cases in Indonesia in 2019 was 250,664.

HIV, Tuberculosis, and Malaria prevention programs in Indonesia come from several resources such as PEPFAR-USAID, The Global Fund, DFAT-AusAID, which supports sustainable development goals by 2030. Indonesia received support from The Global Fund (GF), starting in Round 1 in 2002 until the New Funding Model Continue (NFMc) in 2020. In December 2020, the network of civil society organizations for the Asia-Pacific region held virtual meetings and collaboration on the "The Global Fund Support that We Still Want" to form the next strategic goal in 2022. This meeting was hosted by APCASO and the Asia-Pacific Global Fund Advocates Network (GFAN AP). The meeting discussed global health insurance, a resilient and sustainable health system, prioritizing community, rights, and gender (CRG). It also discussed strengthening community systems (CSS) to be more inclusive and responsive to key populations' needs and work together with civil society organizations working on AIDS, TB, and Malaria, to achieve the Sustainable Development Goals by 2030.

The follow-up meeting between APCASO and GFAN AP will help develop a draft position statement. Statements as recommendations for the Global Fund's strategic objectives after 2022 with new strategies to be adapted in early 2023. The process will collect messages from each country that has received support from the Global Fund in its AIDS, TB, and Malaria programs and will receive feedback from the consultative process carried out by the Asia-Pacific regional network to formulate the strategy. In mid-2021, it is hoped that the strategic framework from each country in Asia-Pacific can be submitted to the Global Fund board through representatives of the APCASO and GFAN AP organizations as a regional network of Asia-Pacific civil society organizations.

The framework for the Global Fund's strategy for 2023 is expected to be completed with a consultative process with civil society organizations and communities that focus on AIDS,



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tuberculosis, and Malaria. The Jaringan Indonesia Positif (The Positive Indonesia Network), as a national network of people living with HIV, in collaboration with APCASO, has held a community and civil society virtual consultation meeting to get feedback and recommendations on the draft Asia-Pacific Community and Civil Society Statement of Positions on the Post 2022 Strategy of The Global Fund. The virtual meeting was held on Thursday, 11 February 2021, inviting community and civil society actors at the national level to respond to HIV, TB, and Malaria.

Objective

The objectives of the consultation meeting are:

- To share and update the communities and civil society in Indonesia on the post-2022 Global Fund Strategy development process;
- To facilitate an inclusive virtual consultation process to discuss and collect feedback from Indonesia communities and civil society on the emerging themes for the post-2022 Strategy of the Global Fund; and
- To develop an Indonesia communities and CS position statement based on the outcomes of the virtual consultation and other related GF engagement processes.

Key Output

- A consultation report, including key recommendations, input and perspectives on the direction of the post-2022 Strategy from communities and Civil Society stakeholders from the region; and
- A regional communities and CS position statement on GF post-2022.

Participants

No	Nama	Lembaga
1	Raditya	Rumah Cemara/CCM Member
2	Hadi Irawan	CCM Member
3	Cynthia Novemi	Ikatan Perempuan Positif Indonesia
4	Hilmansyah Panji	Indonesia AIDS Coalition/ CCM Member
3.	Daniel Marguari	Yayasan Spiritia
4.	Eko Komara	Yayasan Penabulu
5.	Wawa Akwa Reswana	GWL-INA
6.	Irene	Inti Muda Indonesia
7.	Natasya Sitorus	Lentera Anak Pelangi
8.	Iman	POP TB Indonesia
9.	Indro Laksono	Stop TB Partnership Indonesia



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10.	Herman Varella	Yayasan KNCV Indonesia
11.	Hermawan	PERDHAKE
12.	Liana	Organisasi Perubahan Sosial Indonesia/CCM member
13.	Aris Subakti	Yayasan Penabulu
14.	Muhammad Afif Yanfa Ananta	JIP/Moderator
15.	Puji	JIP
16.	Nita Juniarsih	JIP/Presenter
17.	Ary Bumi Kartini	JIP/Presenter
18.	Firman Syaleh	JIP
19.	Endang Syafitri	JIP
20.	Ade Wiyono	JIP
21.	Meirinda Sebayang	JIP/ CCM Member
22.	RD Marte	APCASO

Discussion Process

The meeting was opened by Meirinda Sebayang as Chair of the National Secretariat of the Positive Indonesia Network (JIP), explaining the background of the meeting, which was then followed by remarks from RD Marte as ED APCASO. RD provides information about APCASO and the forms of cooperation that APCASO is doing with civil society organizations and communities in Indonesia. As mentioned by RD, APCASO is an Asia-Pacific regional civil society network of community-based and non-governmental organizations on HIV, Health, and social justice. APCASO focuses on advocacy and community capacity development that has partnered in the Asia Pacific region. In Indonesia, APCASO has been established a relationship with several organizations such as Yayasan Spirita and Yayasan Gaya Nusantara.

After opening and remarks, the meeting was then continued with the presentation of the agenda and objectives of the meeting by Bumi from JIP. The agenda of the meeting is as follows:

Waktu	Agenda	PIC
13.00 – 13.10	<i>Registration</i>	Endang Syafitri
13.10 – 13.20	Welcome speech	Meirinda Sebayang
13.20 – 14.00	<ul style="list-style-type: none">● Overview: APCASO● Agenda and objectives of the meeting● Global Fund Strategy Development Process post 2022 and current issues	RD Marte Ary Bumi K. Nita Juniarsih
14.00 – 14.15	Presentation of the Draft Position Statement of AP Civil Society Organizations and Community for the Post-2022 Global Fund Strategy	Muh. Afif



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14.15 – 15.30	Inputs and recommendations on draft position statement	Firman Syaleh & Muh. Afif
15.30 – 16.00	Conclusion & Closing	Meirinda Sebayang

The presentation on the meeting objectives and schedule continued with a presentation on the overview of The Global Fund's strategic framework from 2017 to 2022. Summary explained that the sub-theme of the Global Fund is investing to end the epidemic is more concise with four strategic frameworks, which are:

1. Maximize impact against HIV, TB, and malaria
2. Build resilient & sustainable system for health
3. Promote and protect human rights and gender equality
4. Mobilize increased resources

In addition, this session also explained the Global Fund Strategy in 2006; TGF strategy framework 2012-2016; partnerships forum, based on the presentation material developed by APCASO. Regarding the PF, the presenter said that the partnership forums' objectives are (1) The Global Fund has created a bold, ambitious and agile post-2022 strategy to accelerate progress against HIV, TB, and malaria and improve global health. (2) The Partnership Forum will bring together representatives from all Global Fund partnerships to actively contribute their expertise to help develop the goals and areas of focus of the next Global Fund strategy.

After the presentation related to the TGF strategic framework, the meeting continued to describe the draft communities and CS position statement. The presenter described a position paper as an article containing an opinion or opinion or a position issued by a state agency or institution regarding its opinion on an issue. This position statement aims to ensure that the community and civil society's voice and needs in the Asia Pacific region are heard by continuing to develop consultations that involve various communities and civil society, from HIV, TB, and Malaria. The essence of the position paper that has been drafted is that the AP community and civil society want the Global Fund to invest in fighting for the community, gender approach, or CRG so that it continues to support strengthening the CSS community.

From the two cores that the position statement focuses on, it is further expanded into five:

1. AP community and civil society want the Global Fund to invest in the Campaign Community and Gender Intervention of CRG and contain CSS because it maintains gender equality and human rights at the strategic level. So, CSS is firmly embedded with the target of a sustainable and



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robust health system and collects Human Rights programs with a community strengthening system to allocate Global Fund funding. It is hoped that the executor can implement the funds provided by the Global Fund to make it more effective and efficient and then convert it to gender equality for women and girls in their territory. Invest more strategically for community-based strengthening, including mobilizing the use of advocacy by communities from the regional state level and civil society organizations.

2. AP community and civil society want the Global Fund to fulfill its mandate effectively on HIV, TB, and Malaria first and foremost. The Global Fund could consider expanding this mandate, so why say that effectively on HIV, TB, and Malaria because community and CS know that in 2019 and 2020, there was a Covid-19 pandemic that has yet to see a significant spot. Almost all related agencies focus all of their funding, resources, and activities to fight the Covid-19 pandemic. Even though behind it all, there are problems that have not been resolved since 2020, namely HIV, TB, and Malaria. Therefore, the Global Fund's contribution to HIV, TB, and Malaria requires a resilient and sustainable system for communities, and human sanctions contribute to sustainable achievement.
3. AP community and civil society want the Global Fund to continue to put community-based funding for human rights, gender, and community-based strengthening. The idea of dealing with this pandemic as a health emergency response, as previously explained, because there is a Covid-19 pandemic, which is the main focus of several agencies. Community and civil society don't want the Global Fund to skip over the problems on HIV, TB, and Malaria, because with the Global Fund's help, even if only a little or a lot more can save more lives and also prevent the increase in mortality rates.
4. AP community and civil society want the full resources of the Global Fund. Community and CS emphasize the importance of the Global Fund, which is calling on the donor community to improve further and for implementing countries to upgrade their facilities in health. This means that as the executor of the Global Fund's funds, they should not waste the funds but focus more on investing in the health sector. It is hoped that the Global Fund can become an intermediary in countries with health practices that need to be supported by the principles of justice and humanity, equality, equality & monitoring evaluation.
5. AP community and civil society want the Global Fund to mean that there are key populations or vulnerable populations of marginalized communities left behind regardless of state income. Although the target focuses on countries with the most significant impact, that does not mean that the Global Fund will leave countries with less impact. For the Global Fund to cover all countries globally, all governments in the AP region, even domestic and sustainable funding for the health and investment needs of disadvantaged and discriminated populations of key populations.



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Furthermore, the presenter also said that The Global Fund would continue to strategize not to leave needy communities from countries whose territories are no longer eligible for assistance during this pandemic. The Global Fund will allocate funds for communities at the national level and community-based advocacy and peer support beyond a country's government's eligibility for access to the Global Fund. And finally, the point to be conveyed is that the Global Fund will allocate funds for equivalent and regional governments related to CSS and peer support below the eligibility limits of governments and countries to access global funding. The above are the points which the Global Fund must do and should not be stopped. The latter ensures a strategy by asking and answering questions beyond the state's capability, returning an unavoidable advantage of an intervention without securing and providing the environment for protecting human rights and key populations. APCASO also hopes that the Global Fund will ensure the availability, affordability, and access to diagnostic, life-saving drugs with drug-related patents, this time explaining the series of attachments that have been given in more detail.

Feedback on the Position Statement

After presenting the draft communities and CS position statement, Presenter continued the discussion by providing feedback regarding the position statement. The process is carried out by discussing point by point, which is then summarized as follows:

1. We want GF to fund the CRG (Community Rights and Gender) dan CSS (Community System Strengthening)

The TB community represented by POP TB Indonesia and KNCV agreed on the first statement because the TB community was not as massive as the HIV community, so it still needed organizational strengthening. Besides, not many donors fund the process of organizational strengthening, while POP TB Indonesia, as a community-based organization, still need support to strengthen their management. Apart from enhancing organizations, studies and research related to human rights violations, mental health, and gender in TB patients are not many in Indonesia. So that the TB community feels they need funding for the CRG and CSS. Among the HIV community, participants raised issues about women with HIV and children. One participant suggested highlighting the need to including children with HIV because it focuses on women and girls the statement only. There are clear indicators related to CSS, not only in the documentation process. Gender education in the community of women and adolescents is still needed. In Indonesia, the malaria community said that since 2012 the Indonesian government had committed to allocating treatment for Malaria from the domestic funds, not using GF funds



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anymore. Still, in practice since 2012 until now, the one-door mechanism has never worked well. There are still issues related to stock-out on Malaria's treatment. The program of Malaria has not reached key populations in the Mobile Migrant Population (MMP) area.

- 2. We want GF to fulfill its mandate effectively on HIV, TB, and malaria, first and foremost; If there are joint correspondence and increased expansion of donor funding, the GF could consider expanding this mandate**

All participants present agreed to this point, continuing its mandate on HIV, TB, and malaria. Even though there was co-infection in each disease, the forum decided that GF should continue its mandate on the three diseases. We want the GF to continue to put CRG, and CSS approaches as cornerstones of pandemic and health emergency responses.

- 3. We want the GF to continue to put CRG and CSS approaches as cornerstones of pandemic and health emergency responses**

The TB community agrees because there are issues about mental health, particularly among TB-MBR patients. Also, literature and studies on the mental health of TB patients in Indonesia are still very minimal. Collaboration between services and communities with better-recording systems integrated with national data. The HIV community hopes that GF will have "tangs" on the Indonesian government because the Indonesian government did not support the community's efforts at the time of implementation. Performance in terms of services for people with HIV, including women, often the health office closes the door on the community.

- 4. We want a fully resourced GF**

Among the HIV community, GF should provide more space to include other vulnerable populations. Currently, TGF only recognizes four key populations as Transgender, MSM, IDU, and female sex workers. TGF needs to ensure that children with HIV and women with HIV become a priority because both are in a vulnerable position, and participants assumed that the government had low attention for these sub-groups.

- 5. We still want a GF that is truly global – one that does not leave key, vulnerable, and marginalised communities behind, regardless of their country income classification**

Participants from the TB and HIV community agreed with this point, even though Indonesia's per capita income rose and became middle-income country, it still need support from the Global Fund. There are still many challenges and gap in Indonesia, including stigma and also gender based violence among key population. In addition, community-based organization and CSO still difficult to access domestic funding for prevention programmes. Furthermore, Financial support for



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preventive commodities such as condoms, PrEP and sterile syringes is still very dependent on external funding.

Conclusion and Recommendation

After going through the discussion process, the following are recommendations on 5 points that become thematic issues:

1. **We want the GF to put the money where its mouth is on CRG and CSS.** Among the HIV issue in the area of CSS and Human Rights, there is an impression from the outside that it does not directly impact the epidemic, so it requires the determination of clear indicators related to CSS Human Rights. There are still barriers to treatment for children with HIV, issues of childbirth in pregnant women with HIV, and children with HIV have not become a priority because no database can describe children with HIV situations or impact HIV in Indonesia as a whole. In malaria, the government has allocated malaria from the state budget and not through the Global Fund since 2012. However, until now, it turns out that the one-door mechanism related to treatment has not run smoothly. Most of the malaria areas are remote areas so that there are many communities in the MMP category. There are suggestions that other key populations of the three diseases can cover in the working paper. There is a knowledge gap, including literature and studies on TB and malaria in Indonesia, particularly on the program area that has been implemented.
2. **We want the GF to fulfill its mandate on HIV, TB effectively, and malaria, first and foremost; only if there are a corresponding and real scale-up of funding from donors should the GF consider broadening this mandate.** All participants from the three communities (HIV, TB, and malaria) still want GF to focus on the three diseases and must be re-emphasized and ensure other vulnerable populations such as children with HIV and women with HIV. Including GF funding even though it is hindered by the COVID-19 that occurs in all countries.
3. **We want the GF to continue to put CRG and CSS approaches as cornerstones of pandemic and health emergency responses:** GF continues to fund CRG and CSS, including mental health issues in the three diseases. Indonesia has comprehensive data involving key communities and other vulnerable populations. Collaboration between services and communities is the goal of GF funding support in Indonesia.
4. **We want a fully resourced GF:** GF provides more space to include other vulnerable populations such as children with HIV and women with HIV.



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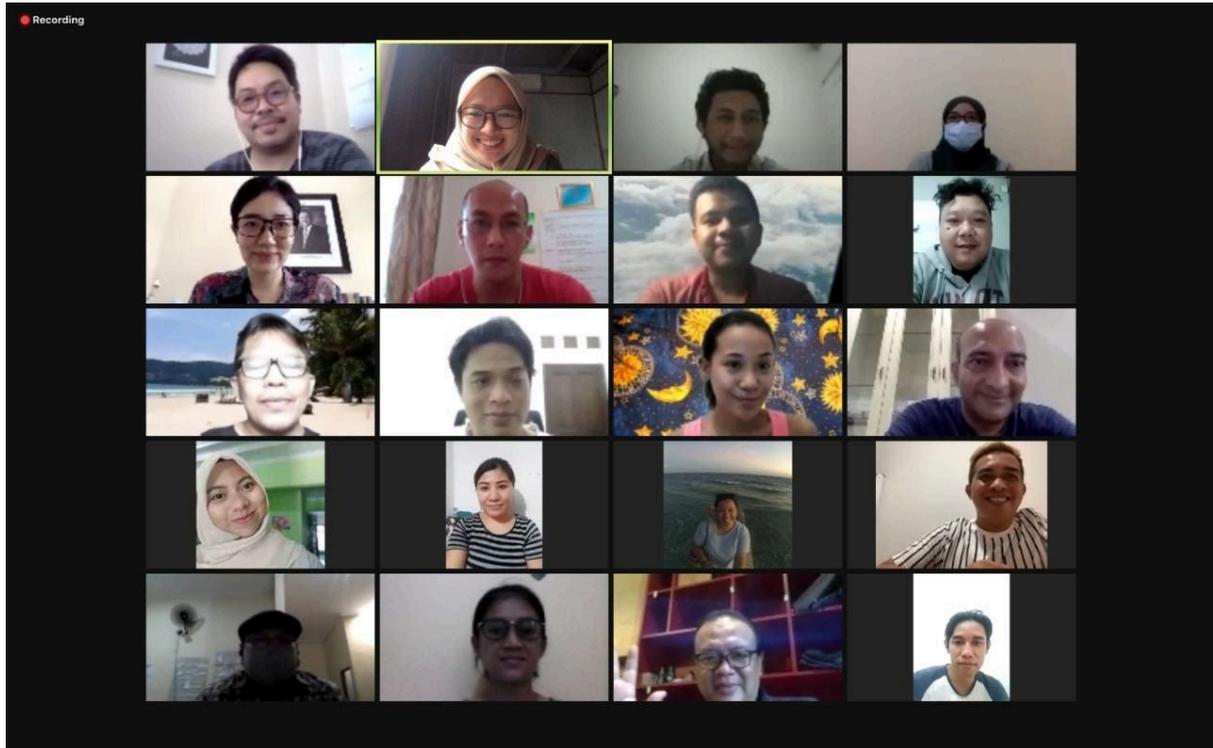
5. **We still want a truly global GF – one that does not leave the key, vulnerable, and marginalized communities behind, regardless of their country income classification.** All participants from the three diseases agreed that middle-income countries such as Indonesia still need GF support with several primary considerations: stigma and discrimination in key populations. The three disease meeting activity suggestion is how together we build regular communication across diseases and communities.

Participant's photo



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