

RAPID ASSESSMENT REPORT

**OPPORTUNITIES AND CHALLENGES FOR IMPLEMENTING
THE GLOBAL FUND ADVOCACY ROADMAP IN INDIA,
INDONESIA, AND THE PHILIPPINES**



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We dedicate this report to our community members affected by TB, Malaria and Living with HIV who continue to fight the disease and the inequities associated with it.



EXECUTIVE SUMMARY

The Global Fund’s first Advocacy Roadmap 2023–2025¹ outlines several key priorities, including the need to mobilise increased financial support for HIV, TB and malaria responses and the Global Fund’s mission in partnership with communities and civil society (Objective 2) and leverage the Global Fund’s diplomatic voice to protect and promote gender equality, human rights and equity, and challenge harmful and discriminatory laws, policies and practices. (Objective 4) Over the course of two weeks in November 2023, GCTA supported by Matahari Global Solutions undertook a rapid assessment exercise to assess opportunities and challenges around the application of the Advocacy Roadmap in three countries (India, Indonesia, and Philippines), interviewing stakeholders (UN agencies, CSOs, community groups, and independent experts) on key objectives in the Roadmap and opportunities for advocacy. The following table summarises our findings:

COUNTRY	OPPORTUNITIES FOR IMPLEMENTING/SUPPORTING THE GLOBAL FUND ADVOCACY ROADMAP
India	<ol style="list-style-type: none"> <li data-bbox="380 779 1421 989">1. Multipronged advocacy and focus on stockouts. These would include proposals for reform of the HIV Act and critical review of procurement plans and procedures for TB drugs. Global Fund could commission work to examine the impact of stockouts on gender equity and preparedness for future pandemics – while funding communities to maintain pressure on procurement agencies for increased transparency. <li data-bbox="380 1014 1421 1119">2. Global Fund to consult and advocate internally for a community organisation principal recipient. In order to ensure sustainability of resources for community groups. <li data-bbox="380 1144 1421 1493">3. Drawing better synergies between groups working in different disease areas/vertical disease programs. The GF Advocacy Roadmap emphasises the need to ‘recognise and act upon’ linkages between different diseases. These include increasing health literacy and engagement among communities in remote areas who are still affected by malaria, but likely require attention and linkage to healthcare for other conditions as well. Additionally, given the 47–57% chances of a pandemic as serious as or more serious than COVID-19 in the next 25 years,² cross-disease coordination and protocols for future pandemics, and efforts for service integration should be explored. <li data-bbox="380 1518 1421 1761">4. Engagement of the private sector on access to services and funding for community advocacy. One interviewee suggested that there may be opportunities to unlock new domestic funding streams for communities through the private sector. More in-depth discussions are needed to explore this opportunity – and whether private sector would be interested in funding work in line with the GF Advocacy Roadmap, such as on linkages between diseases and on gender equity in accessing health services.

1. The Global Fund (2023) Advocacy Roadmap 2023–2025. <https://www.theglobalfund.org/media/13367/publication_advocacy-roadmap_report_en.pdf> (accessed 14 November 2023)

2. Smitham and Glassman, ‘The Next Pandemic Could Come Soon and Be Deadlier’ Centre for Global Development (25 August 2021) <<https://www.cgdev.org/blog/the-next-pandemic-could-come-soon-and-be-deadlier>> accessed 25 November 2023

<p>Indonesia</p>	<ol style="list-style-type: none"> 1. Social contracting for community funding. A pilot program for government social contracting is expanding in 2024, there is existing advocacy to increase domestic TB funding through village funds, and advocacy for the recognition and payment of community health workers, all providing an entry point for government-focused advocacy on broadening domestic funding for communities. 2. Non-discrimination bill. Civil society coalitions around non-discrimination exist and have begun to include some health-related civil society groups. UNAIDS and the National Human Rights Commission are advocating for a comprehensive non-discrimination bill. 3. Messaging around gender-sensitive TB services up to the 2024 National Strategic Plan for TB. Approaching human rights integration from a gender-sensitive programming perspective would allow for important progress in the TB response, and that framing will provide an opportunity to expand political engagement of women in all their diversity for stronger health and non-discrimination advocacy. 4. Human rights conditions to Global Fund funding. Civil society to advocate with Global Fund to attach stronger conditions for human rights, non-discrimination, and legal reform as a condition to Global Fund grant funding.
<p>Philippines</p>	<ol style="list-style-type: none"> 1. Integrated/collaborative human rights advocacy. Large number of human rights organisations provide an opportunity for strengthening human rights advocacy beyond siloed HIV and TB organisations. Collaboration with human rights organisations focusing on civil, political, and economic, social and cultural rights in the Philippines could propel issues at the heart of the Advocacy Roadmap. 2. Advocate the Global Fund to use its diplomatic voice across government agencies. The Global Fund could use its diplomatic voice to promote the 2021 PNAC Human Rights Roadmap among government agencies (Ministry of Health and other agencies) in order to realise the full human rights agenda. The existence of this domestic document means that any advocacy can rightly claim it is supporting a national agenda, rather than introducing outside demands onto the Philippine government. 3. Cross-disease collaboration (such as HCV and HIV treatment advocacy). Community leadership and cross-disease collaboration could be strengthened through supporting community priorities, such as advocating for community-based hepatitis C treatment alongside the WHO and supporting gender-sensitive services. 4. Increased advocacy around the right to health, health equity, and harm reduction. Interviews indicate variation in CSO views on harm reduction, both for drug use and sexual behaviour. The Global Fund could convene discussions among stakeholders in Philippines working at the intersection of HIV and harm reduction to consolidate and promote messaging around these issues.

Funding for community is of concern in all three countries. In India, Indonesia and the Philippines, several entry points for building out domestic funding opportunities exist. The Global Fund could capitalise on these and strengthen the ongoing advocacy for domestic funding with its diplomatic voice and through financial contributions. In India, and possibly in the other two countries, engagement with the private sector holds promise for domestic funding as well. Importantly, participation by domestic community organisations throughout the process would not only strengthen community leadership, but also build multi-sector collaboration and widen the domestic disease response.

INTRODUCTION

In September 2023, the Global Fund published their first Advocacy Roadmap 2023–2025.³ The Advocacy Roadmap is the Global Fund’s first overt attempt to use its broad organisational prowess and influence to respond to key issues in the evolving advocacy ecosystem around the globe. Having had two decades to observe the impact of its grantmaking cycles and grantmaking systems across the world, the Global Fund is adding a new piece to its strategy for eradicating HIV/AIDS, tuberculosis (TB), and malaria.

The Advocacy Roadmap aims to address how the evolving global advocacy system is impacting civil society and communities and the implications this holds for the Global Fund’s partnerships with communities and civil society.⁴ The Advocacy Roadmap asks, inter alia, that Global Fund’s values and support for human rights, gender equality, and health equity are clearly and consistently communicated (see Outcome 1), and ‘the links between HIV, TB, malaria, and pandemic preparedness and response (PPR) are consistently recognised and acted upon’ (Outcome 2), among other key recommendations and milestones.

In large part, the Advocacy Roadmap as a whole is a strategic response to the shrinking space for civil society advocacy, including on human rights issues including gender, LGBTQIA+, women’s rights, and lays out the Global Fund’s initial vision on how to ameliorate the negative impact that disregard for human rights in HIV/AIDS, TB, and malaria responses holds for the overall impact of Global Fund grants to end HIV/AIDS, TB, and malaria by 2030. The Global Fund’s own assessment illustrates that countries that restrict proven communities, rights and gender (CRG) strategies, have less successful outcomes in their response to HIV/AIDS, TB, and malaria.⁵

According to the 2023 WHO Global Tuberculosis Report, all three countries have recovered from two years of diagnostic disruption due to COVID-19 and all three now have a case notification higher than pre-COVID-19.⁶ Still, TB remains the second infectious disease leading to death, behind COVID-19.⁷ According to the WHO, in 2022 TB caused twice the number of deaths than HIV/AIDS. TB cases among people living with HIV/AIDS (PLHIV) remained low in all three countries.⁸

The 2023 UNAIDS Global AIDS Update reinforces a similar message to the GF Advocacy Roadmap, i.e., the AIDS strategies that “put people first, confront inequalities, uphold human rights, and forge trust between public authorities and affected communities,” are the most successful, continuing that remediating legal barriers to non-discrimination and access, gender equality, and community leadership are central to ending AIDS.⁹ Community leadership is important in particular in countries where stigma, discrimination, and punitive laws hinder effective engagement. States UNAIDS, community organisations “are more

3. The Global Fund (2023) Advocacy Roadmap 2023–2025. <https://www.theglobalfund.org/media/13367/publication_advocacy-roadmap_report_en.pdf> (accessed 14 November 2023)

4. See e.g., GFAN call on 18 October 2023 <<https://www.youtube.com/watch?v=O1afUMmBxLA>> (accessed 14 November 2023); or Developing Countries NGO Delegations call on 19 November 2023 <<https://drive.google.com/file/d/190Bo3ZT--nzJdWVbdegYUc3dPCW5SXLR/view>> (accessed 14 November 2023).

5. *ibid.* p. 8.

6. WHO (2023) Global Tuberculosis Report 2023, Sliddeck, slide 14 <https://cdn.who.int/media/docs/default-source/hq-tuberculosis/global-tuberculosis-report-2023/globaltbreport2023_slideset.pdf> (accessed 16 November 2023)

7. *ibid.* slide 22.

8. *ibid.* slide 23

9. UNAIDS (2023) The Path to End AIDS. 2023 Global AIDS Update, p. 15 <https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf> (accessed 16 November 2023)

effective than standard health facility-based platforms at reaching underserved populations with services and support, especially where stigma and discrimination are rife. They also function as adjunct public health infrastructure, bringing services and information to poorly served communities, linking them with standard health services, and supporting them as they navigate those services.”¹⁰ In the Asia-Pacific region, access to HIV treatment remains lower than the global average.¹¹

Global Fund data shows that all three countries are on track in their malaria response, though challenges with last mile delivery of tools and programming point to a need for increased community and civil society participation and leadership.¹² India followed by Indonesia registered the most malaria cases in the region, according to the 2022 WHO Global Malaria Report.¹³

This rapid assessment aims to build a preliminary understanding of which parts of the GF Advocacy Roadmap communities and civil society in India, Indonesia, and the Philippines would prioritise for initial engagement; what thematic areas they would like to see use of the Global Fund’s diplomatic voice, and what challenges they anticipate.

METHODOLOGY AND LIMITATIONS

This report was devised using a mixed-methods approach. Interviews with civil society and community representatives in each country were selected based on a snowball sample. Desk review included perusal of documents provided on the Global Fund website, additional resources including policy documents shared by interviewees, and supplementary materials on the HIV/AIDS, TB, and malaria response for India, Indonesia, and the Philippines. The authors contacted 30 key informants resulting in 10 key informant interviews.

Time constraints represents the major limitation for this report. Due to the exceedingly short timeframe of two weeks, interviews skewed towards those individuals who were able to respond and be available within those two weeks, thereby excluding those key informants who were travelling in the field, at conferences, or were unable to accommodate the interview request in their schedule. India held the nationwide Deepavali/Diwali celebrations during the first week of research. At the same time, the annual Union World Conference on Lung Health preoccupied many TB advocates. Therefore, this report can only represent a snapshot of the opportunities and challenges that implementation of the Global Fund Advocacy Roadmap will encounter in the three countries. However, the authors and funder of this rapid assessment deem this methodology appropriate for the initiation of the first advocacy activities in support of the Advocacy Roadmap in these countries.

10. *ibid.* p. 113.

11. *ibid.* p. 29

12. Aidspace (2023) ‘Redefining strategies to address the multifaceted battle against malaria’. Fig. 3. <https://aidspace.org/redefining-strategies-to-address-the-multifaceted-battle-against-malaria/?utm_medium=email&utm_source=es> (accessed 16 November 2023)

13. WHO (2022) World Malaria Report 2022 <<https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2022>> (accessed 16 November 2023)



INDIA

INDIA COUNTRY SNAPSHOT

According to the CIVICUS Monitor, which tracks civic space in countries around the world annually, India is categorised as ‘repressed’, with 31 points out of 100.¹⁴ In the Freedom in the World report which measures civil and political rights, India is ranked as ‘partly free’, though with higher overall scores than Indonesia and the Philippines. Intimidation and harassment of journalists, human rights defenders, and NGOs is common. The registration of domestic and international NGOs has been revoked under a clause that allows the government to restrict foreign funding and disband organisations receiving it.¹⁵ At the same time, India is going through a welcome trend of phasing out international contractors and promoting national contractors. This process is in line with localisation plans of USAID, DFID, and other international development agencies.¹⁶

According to the 2023 WHO Global Tuberculosis Report, India accounted for 27% of the global TB burden in 2022, remaining the country with the highest TB burden worldwide.¹⁷ By the end of 2022, India did not yet offer the new recommended four-month regimen for treating rifampicin-susceptible TB.¹⁸ In India, 68% of PLHIV are on antiretroviral treatment, with 63% of PLHIV having achieved suppressed viral load. HIV prevalence among key populations is overall low, with people who use drugs having the highest prevalence among key populations

14. CIVICUS (2023) Monitor, ‘India’ <<https://monitor.civicus.org/country/india/>> (accessed 15. November 2023).

15. Freedom House (2023) Freedom in the World ‘India’ <<https://freedomhouse.org/country/india/freedom-world/2023>> (accessed 15 November 2023)

16. Written contribution by GCTA (23 November 2023)

17. WHO (2023) Global Tuberculosis Report 2023. 1.1 TB Incidence <<https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023/tb-disease-burden/1-1-tb-incidence>> (accessed 16 November 2023)

18. WHO (2023) Global Tuberculosis Report 2023. 2.3 TB Coverage and Treatment. fig 2.3.13 <<https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023/tb-diagnosis---treatment/tb-treatment-and-treatment-coverage>> (accessed 16 November 2023)

at 9%. India provides pre-exposure prophylaxis (PrEP) to a small number of people.¹⁹ In 2021, 79% of all malaria cases and 83% of all malaria deaths in Southeast Asia were registered in India.²⁰ 2023 will see the publication of India's new malaria National Strategic Plan (2023-2027) as part of the National Framework for Malaria Elimination (2016-2023).²¹

ADVOCACY ROADMAP CHALLENGES

For Indian civil society, including community organisations, financing has been a large challenge. In fact, funding for communities was expressed as a challenge in all the three countries. To date, major funding for HIV, TB, and malaria work in India that reaches civil society originates from the Global Fund. Global Fund contributions are accessible for organisations without registration under the Foreign Contributions Regulation Act (FCRA) as SRs and SSRs. Interviewees expressed that accreditation under the FCRA, which is required to become a PR, is a prolonged process and advocacy organisations have limited opportunity to achieve registration, based on experiential data. Funding with FCRA registration is quite restrictive. A 2020 amendment to the law forbids “sub granting among FCRA-registered organisations, setting a severe cap on administrative spending, and further centralising control of FCRA funding with the State Bank of India and the Ministry of Home Affairs.”²² This presents a major challenge to sustainability of community participation and sustainability of a community movement in India. As one interviewee stated:

“

Community engagement does not mean to only give employment to one or two individuals, but it is the sustainability of any CBO community-based organisation and to make their voice freely [heard] and advocate for their needs and rights. This is completely missing. Even in HIV there is no primary recipient [that is a] community led organisation.”²³

Domestic funding streams exist, but as per interviews for this report, for HIV related work they mainly support prevention activities. Domestic funding for TB is mainly channelled from the National TB Program to state TB programs, who implement activities.

2024 is the general election year in India, with the general election to be completed by May. In the past, general elections in India have given rise to conservative social sentiments, in part due to the “male chauvinistic, patriarchal mindset” of the ruling party, including “attacks against minorities and rationalists, attacks against women resisting caste and religious hegemony, physical assault on rights-based activists and lawyers, and other acts

19. AIDSinfo. India Country Factsheet. <<https://aidsinfo.unaids.org/>> (accessed 16 November 2023)

20. WHO (2022) World Malaria Report 2022, <<https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2022>> (accessed 16 November 2023)

21. WHO (2023) ‘Investing, innovating and implementing actions for zero malaria’ <<https://who.int/india/news/feature-stories/detail/investing--innovating-and-implementing-actions-for-zero-malaria>> (accessed 16 November 2023)

22. International Center for Not-for-profit Law. ‘India’s Foreign Contribution (Regulation) Act’. <<https://www.icnl.org/post/assessment-and-monitoring/indias-foreign-contribution-regulation-act-fcra>> (accessed 22 November 2023)

23. Interview with anonymous stakeholder, India (via Zoom, 20 November 2023)

of violence and intimidation.”²⁴ Human rights and key population-focused and -led advocacy in the lead up to the election will need to take additional precautions. Non-domestic actors are advised to let communities lead and act in support of their goals. In addition, government attitude towards human rights and gender equality advocacy may deteriorate as coalition building across civil society sectors strengthens, requiring the inclusion of discussion and funding of security of person and security of information strategies. In the past, communities and civil society organisations have applied strategic approaches to operate successfully in the political ecosystem. For example, GCTA’s advocacy on stockouts has used positions by political leadership, e.g., the appeal to end TB by 2025, to push for change at opportune moments.²⁵

ADVOCACY ROADMAP OPPORTUNITIES

SELECTED KEY ACTORS AND CURRENT ADVOCACY ACTIVITIES: INDIA			
No.	Name of Organisation	Area of Focus	Current Advocacy Focus
1.	GCTA	TB	Meaningful community engagement, access to medicines and diagnostics
2.	CS4ME	Malaria	High-burden countries, advocacy for political commitment and policies.
3.	NCPI+	HIV, TB, hepatitis	Community engagement; umbrella for 30 state-level organisations
4.	Nirvana Foundation	HIV	
5.	GFAN India Working Group for Health	TB, HIV, malaria	Health advocacy; inclusive and sustainable health financing and relevant policies and processes.
6.	TB People India	TB	Treatment access; community involvement
7.	Touched by TB	TB	Barriers to TB treatment and diagnostics
8.	Southeast Asia Regional Coordination Mechanism Forum	TB, HIV, malaria	Cross-border prevention
9.	RBM Partnership	Malaria	Regional and global
10.	APLMA	Malaria	Coordinates government advocacy across 22 countries in Asia

24. Vijayan, MJ 'The Ascent of Conservative Civil Society in India', in: Youngs, Richard (2018) 'The mobilization of conservative civil society'. p. 20. <https://carnegieendowment.org/files/Youngs_Conservative_Civil_Society_FINAL.pdf> (accessed 17 November 2023)

25. Written contribution by GCTA (via email, 23 November 2023)

SUMMARY OF KEY OPPORTUNITIES

1. Multipronged advocacy and focus on stockouts. These would include proposals from CSOs and CBOs for reform of the HIV Act and critical review of procurement plans and procedures for TB drugs. Global Fund could commission work to examine the impact of stockouts on gender equity and preparedness for future pandemics – while funding communities to maintain pressure on procurement agencies for increased transparency.
2. Global Fund to consult and advocate internally for a community organisation principal recipient. In order to ensure sustainability of resources for community groups.
3. Drawing better synergies between groups working in different disease areas/vertical disease programs. The GF Advocacy Roadmap emphasises the need to ‘recognise and act upon’ linkages between different diseases. These include increasing health literacy and engagement among communities in remote areas who are still affected by malaria, but likely require attention and linkage to healthcare for other conditions as well. Additionally, given the 47-57% chances of a pandemic as serious as or more serious than COVID-19 in the next 25 years,²⁶ cross-disease coordination and protocols for future pandemics, and efforts for service integration should be explored.
4. Engagement of the private sector on access to services and funding for community advocacy by CSOs and CBOs. One interviewee suggested that there may be opportunities to unlock new domestic funding streams for communities through the private sector. More in-depth discussions are needed to explore this opportunity – and whether private sector would be interested in funding work in line with the GF Advocacy Roadmap, such as on linkages between diseases and on gender equity in accessing health services.

ANALYSIS OF KEY OPPORTUNITIES

Based on the abovementioned challenges with funding for domestic organisations, one interviewee was very excited by the prospects of more engagement with the private sector. Until now, private sector engagement for public health funding in India has been minimal, per the interview. This presents an untapped funding source and opportunity for widening the response to TB, HIV, and malaria. However, the interviewee recommended that it would be important to include domestic communities into that process from the start. The opportunity lies in the fact that private sector firms will be interested more in wider recognition domestically and community organisations can play a role in that. Importantly, private sector engagement could mean a new funding opportunity for communities and civil society organisations that cannot get registered via the FCRA.²⁷

Interviews also suggested the continued need for political engagement and advocacy in order to fix shortcomings in national legislation, such as the 2016 HIV Act. Even though the HIV Act states that ARV medication will “as far as possible” be provided – presenting a loophole from the highest attainable standard of health services espoused in international human rights law. When, shortages of medicines arise, government entities in the past have pointed to this provision to excuse stockouts. Given that India had the largest stockout of TB drugs in

26. Smitham and Glassman, ‘The Next Pandemic Could Come Soon and Be Deadlier’ Centre for Global Development (25 August 2021) <<https://www.cgdev.org/blog/the-next-pandemic-could-come-soon-and-be-deadlier>> accessed 25 November 2023

27. Interview with anonymous stakeholder, India (via Zoom, 20 November 2023)

September 2023,²⁸ urgent actions are required to tackle issues of health equity and the right to health for TB communities. Additionally, the TB response is also facing a challenge with access to newly WHO-recommended shorter treatment regimens. The opportunity here lies in the existence of organisational networks and working groups, including those such as the GFAN-supported India Working Group for Health, which is made up of representatives from all three diseases and has the ability to expand to include pandemic preparedness and potentially other health issues.²⁹

Malaria eradication in India remains a work in progress. Both regional and global networks are active in the country, though few consultations of affected communities have occurred. One interviewee pointed to the heterogeneity of malaria advocacy across the country, largely due to disease burden. While some parts of India have seen a lot of progress towards elimination or are in active elimination mode, malaria remains endemic in other regions. The main ask from this interviewee with regards to advocacy priorities was that all areas, including high-burden places, move quickly into the elimination phase. This will require political will, funding, and a community leadership strategy. Communities remain important in malaria, though limited community organisations currently exist. However, some of the service delivery and government stakeholder advocacy must happen in remote, hard-to-reach, forested areas of the country; some with marginalised and socio-economically disadvantaged communities. In these situations, leadership of key and vulnerable populations that are already connected to and ideally part of the respective communities is essential. Only in recent years has the malaria response in India embraced the idea of a multi stakeholder approach. As one interviewee stated:

“

*Efficient use of resources needs to occur... but it is at a nascent stage.*³⁰

Part of the discussion on resource efficiency occurred during the emergence of the COVID-19 pandemic. Because the first symptom of malaria is fever, much like COVID-19, the government began to discuss the harmonisation and integration of services for both diseases into the medical response. This remains a work in progress. According to one interviewee:

“

There is a need for - especially at the local level - coming together of communities, stakeholders, and local governance bodies on what is being missed out on this. But the question is who is going to coordinate and take

28. Banjot Kaur, 'Unprecedented TB Drugs Stock-Out in India: Union Health Minister Skips UN High-Level Meet' *The Wire* (22 September 2023) <<https://m.thewire.in/article/health/will-the-un-high-level-meeting-address-indias-problem-of-tb-drugs-stock-out-situation/amp>> (accessed 25 November 2023)

29. Interview with anonymous stakeholder, India (via Zoom, 20 November 2023)

30. Interview with malaria expert, India (via WhatsApp, 23 November 2023)

charge of this... I used to visit remote areas quite a lot, and those are still seeping in slowly, but connectivity still is increasing. But health as human right overall needs progress for recognition in remote areas. Malaria is becoming a forgotten disease in low burden areas.³¹

One opportunity for bringing together the above stakeholders in the CRG assessment tool for malaria that has been piloted in one state in India. According to the interviewee, the consultations during the pilot phase explicitly made gender equality and human rights a point of discussion.³² Both this tool and the existing experience with the state-level pilot present an easy entry point to expand the tool to other states and use the learnings of the pilot to inform policy changes.

31. Interview with malaria expert, India (via WhatsApp, 23 November 2023)

32. RBP Partnership to End Malaria, The Global Fund (2022) Malaria Matchbox Tool. An equity assessment tool to improve the effectiveness of malaria programs. <https://endmalaria.org/sites/default/files/Malaria%20Matchbox%20Tool_en_web.pdf> (accessed 24 November 2023)



INDONESIA

INDONESIA COUNTRY SNAPSHOT

Indonesia's civic space is classified as 'obstructed' in the CIVICUS monitor, with a score of 46 out of 100 points.³³ The Freedom House Freedom in the World report ranks Indonesia as partly free, with the same score as the Philippines. Challenges to civil society and community advocacy include the politicalized use of laws on defamation and blasphemy to undermine freedom of speech including of activists and human rights defenders. Key populations, including LGBTQIA+ communities face regular harassment, in part stemming from religious organisations as well as public authorities.³⁴

In 2022, Indonesia accounted for 10% of the global TB burden, the second highest TB burden for any country globally.³⁵ Indonesia does not yet offer the new four-month regimen for treating rifampicin-susceptible TB, as recommended by the WHO.³⁶ Indonesia has been successful in reducing the number of new infections of HIV by over 50% (2010-2022).³⁷ Key populations continue to be at higher risk of HIV/AIDS. In Indonesia, "HIV prevalence among young gay men and other men who have sex with men more than doubled in Indonesia (from 6% to 13% between 2011 and 2019)."³⁸ By 2022, the percentage had increased to 17.9%. HIV prevalence among people who inject drugs according to a 2019 study is 13.7%, and among transgender people 11.9%. In 2022, only 33% of PLHIV were reportedly on treatment. Indonesia provides PrEP to a small number of people in a pilot project.³⁹

33. CIVICUS (2023) Monitor, 'Indonesia' <<https://monitor.civicus.org/country/indonesia/>> (accessed 15 November 2023)

34. Freedom House (2023) Freedom in the World 'Indonesia' <<https://freedomhouse.org/country/indonesia/freedom-world/2023>> (accessed 15 November 2023)

35. WHO (2023) Global Tuberculosis Report 2023. 1.1 TB Incidence <<https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023/tb-disease-burden/1-1-tb-incidence>> (accessed 16 November 2023)

36. WHO (2023) Global Tuberculosis Report 2023. 2.3 TB Coverage and Treatment. fig 2.3.13 <<https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023/tb-diagnosis---treatment/tb-treatment-and-treatment-coverage>> (accessed 16 November 2023)

37. UNAIDS (2023) The Path to End AIDS. 2023 Global AIDS Update, p 33 fig 1.6 <https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf> (accessed 16 November 2023)

38. *ibid.* p. 84.

39. AIDSinfo. Indonesia Fact Sheet 2022 <<https://aidsinfo.unaids.org/>> (accessed 16 November 2023)

By the end of 2022, 72.4% of districts in Indonesia were declared malaria-free. However, these are concentrated in western areas of Indonesia, whereas over 90% of reported cases occurred in east Indonesia. Among the suggested improvements in malaria eradication in eastern Indonesia are multi-sector collaboration, which had proven successful with COVID-19, increased access to malaria prevention drugs, and community-based case finding.⁴⁰

ADVOCACY ROADMAP CHALLENGES

In Indonesia, stigma and discrimination against key populations remains high. According to one interviewee, PLHIV are assigned the stigma that they are sinners, healthcare workers and others often don't know how to address or act towards men who have sex with men and trans people. While TB also carries stigma, people affected by TB are mainly seen as of poor hygiene and poor. This difference in stigma may impact which local disease response, and therefore which community, will receive government funding, e.g. through social contracting. This raises the concern that rather than integrating different disease components, TB and HIV/AIDS organisations, for example, may end up in competition for domestic financing. Most community and civil society organisations in Indonesia rely on international funding, which is decreasing.^{41,42} UNAIDS is trying to address this challenge with a social contracting pilot program (see below).

Discrimination also extends to the legal environment. One interviewee talked about the increasingly hostile environment targeting key populations:

“

We have a new penal code that basically criminalises any kind of “-isms” or ideologies that are against the state ideology. And it seems like the anti-gender movement, the anti-rights movement, are trying and moving in that direction to try to mobilise political support and public support to denounce LGBTQ people as the enemy of the state.⁴³

The push of anti-LGBTQ sentiments now extends to universities, with some institutions drawing up regulations that prohibit homosexuality and ban transgender people from campus and includes mandatory counselling up to conversion therapy in some instances.⁴⁴

This strong stance of the government about laws that criminalise key populations, meaning that human rights initiatives funded by the Global Fund can be piecemeal and ineffective without progress on law reform. We asked one respondent about Outcome 1 of Objective 4 the Advocacy Roadmap (Global Fund's values and support for human rights, gender equality,

40. WHO (2023) 'Time to look back to plan Indonesia's malaria free future' <<https://www.who.int/indonesia/news/detail/31-03-2023-time-to-look-back-to-plan-indonesia-s-malaria-free-future>> (accessed 16 November 2023)

41. Interview with Adi Nugroho, UNAIDS Indonesia (via Zoom, 16 November 2023)

42. Interview with Aditya Wardhana, Indonesia AIDS Coalition (via Zoom, 20 November 2023)

43. Interview with anonymous stakeholder, Indonesia (via Zoom, 20 November 2023)

44. Interview with anonymous stakeholder, Indonesia (via Zoom, 20 November 2023)

and health equity are clearly and consistently communicated) and whether this was well-implemented in Indonesia. In the words of one stakeholder:

“

Most Global Fund grants are accessed by governments, although there has been a change midway where there is a second category of Principal Recipients, i.e., community organisations. But that role and influence of being a community or CSO Principal Recipient is still very limited. (The government) doesn't want to change any laws (that) criminalise sex workers or drug users. Of course, we still have the death penalty and so on. So these are issues that the government will not budge on. So, there is limited impact on the Global Fund's commitment and value to human rights and gender if they cannot, as part of the grant requirements, ask to see some improvements in this area. They have done bits and pieces, such as calling for a human rights and gender assessment and they have asked the principal recipients to develop a human rights response framework, but it is piecemeal and furthermore they are not rigorous about accountability... And so if somebody in the LGBTQ population gets beaten up, they claim that your rights have been violated, but there is no consequence for any of the perpetrators, no justice and no redress. And the cycle continues. I think the Global Fund can do much more to use their grant mechanism, make more (human rights) requirements for accessing funds, and have countries fulfil certain responsibilities before they can access these funds. I think that will be the only way (to achieve Outcome 1 in the Advocacy Roadmap).⁴⁵

February 2024 will see the general election and the presidential and vice-presidential election in Indonesia, and is pegged to be the beginning of a generational shift in national politics.⁴⁶ The election may bring about a shift towards conservatism in society, making operations for communities and civil society organisations more challenging, especially among those representing key populations among PLHIV, meaning less operating space for HIV, gender and human rights work.⁴⁷ Indonesian organisations have a lot of experience navigating a challenging political environment, but additional care needs to be taken by international actors to support and follow the guidance of local organisations and not to unintentionally harm local civil society.

All interviews pertaining to Indonesia raised the challenge of gender and human rights work for socially marginalised groups in a country that is largely governed by conservative social and religious thought. This extends into the governance of Global Fund-funded programs, which often include Principal Recipients and Subrecipients from religious organisations. This

environment is not always conducive to leadership from key populations and women, and

45. Interview with anonymous stakeholder, Indonesia (via Zoom, 22 November 2023)

46. Jaffrey, Sana (2023) 'Indonesia's 2024 Presidential Election could be the last Battle of the Titans'. <<https://carnegieendowment.org/2023/10/05/indonesia-s-2024-presidential-election-could-be-last-battle-of-titans-pub-90711>> (accessed 17 November 2023)

47. Interview with Adi Nugruhu, UNAIDS Indonesia (via Zoom, 16 November 2023)

thus the advocacy ecosystem may benefit from continued advocacy and norm-setting by the Global Fund with regards to CRG policies. The issue is compounded by a Ministry of Health that, according to some interviewees, does not see human rights as part of its mandate. This is an area where the Global Fund’s diplomatic voice is needed.

Another challenge mentioned with regards to TB is the lack of social protection for people with TB. TB and even more so drug-resistant TB, continues to burden families with catastrophic costs, as research by Stop TB Indonesia has shown.⁴⁸ Research into HIV programmes has shown that: “A wealth of international evidence testifies to the benefits of income support in relation to maternal and child health, children’s nutritional status, increased use of health-care services and contraception by women, school enrolment (for boys and girls) and attendance (for girls), and unintended pregnancies among young women). In South Africa, child support grants have been credited with reducing poverty levels, especially in provinces with very high poverty rates and in female-headed households. Crucially, these income support schemes seem to be most effective when they form part of broader strategies to achieve more equitable access to good-quality public goods.⁴⁹”

The TB program currently does not take a multisectoral approach to social protection for people affected by TB.

In 2017, the National AIDS Commission in Indonesia was disbanded, resulting also in the failure of the previous coordination structure governing AIDS policy among Indonesia’s districts, who now make most of the AIDS policy decisions themselves without national coordination. The multi stakeholder response has been weakened. A technical working group for HIV that coordinates the alignment among Principal Recipients of Global Fund money, but no such structure exists for the district level. One example of the negative impact of this missing structure is that while provision of PrEP had received allocations as early as 2017, it took until 2021 to initiate the first PrEP pilot in one district. PrEP is now set to expand to 95 districts in 2024.⁵⁰

ADVOCACY ROADMAP OPPORTUNITIES

SELECTED KEY ACTORS AND CURRENT ADVOCACY ACTIVITIES: INDONESIA			
No.	Name of Organisation	Area of Focus	Current Advocacy Focus
1.	Stop TB Indonesia	National TB policies, financing	Multisector approaches, village fund allocations; social protection and TB
2.	POP TB	TB	Gender-sensitive TB response
3.	UNAIDS	HIV	TB integration, community-ed monitoring, social contracting
4.	Indonesia AIDS Coalition	HIV	

48. Stop TB Indonesia (2020) ‘Social Protection for People Affected by Drug-Resistant TB’. Policy Brief, on file with Matahari Global Solutions.

49. UNAIDS (2023) The Path to End AIDS. 2023 Global AIDS Update, p. 121. .<https://thepath.unaids.org/wp-content/themes/unaid2023/assets/files/2023_report.pdf> (accessed 16 November 2023)

50. Interview with Adi Nugraha, UNAIDS Indonesia (via Zoom, 16 November 2023)

5.	Jarangan Indonesia Positif (JIP)	HIV	Community Engagement and Leadership on Pandemic Governance (CELG)
6.	GWL-INA (National Key Population Community Network for Gay, Transgender and MSM)	HIV	Strengthen community knowledge on HIV and TB treatment and prevention, and encouraging non-discriminatory HIV and TB policies
7.	Indonesian Affordable Medicine Coalition	Several, incl. TB, HIV, mental health, cancer	Treatment access and drug pricing
8.	INA-CLM	HIV	CLM, including collaborative dashboard

SUMMARY OF KEY OPPORTUNITIES

- 1. Social contracting for community funding.** A pilot program for government social contracting is expanding in 2024, there is existing advocacy to increase domestic TB funding through village funds, and advocacy for the recognition and payment of community health workers, all providing an entry point for government-focused advocacy on broadening domestic funding for communities.
- 2. Non-discrimination bill.** Civil society coalitions around non-discrimination exist and have begun to include some health-related civil society groups. UNAIDS and the National Human Rights Commission are advocating for a comprehensive non-discrimination bill.
- 3. Messaging around gender-sensitive TB services up to the 2024 National Strategic Plan for TB.** Approaching human rights integration from a gender-sensitive programming perspective would allow for important progress in the TB response, and that framing will provide an opportunity to expand political engagement of women in all their diversity for stronger health and non-discrimination advocacy.
- 4. Human rights conditions to Global Fund funding.** Civil society to advocate with Global Fund to attach stronger conditions for human rights, non-discrimination, and legal reform as a condition to Global Fund grant funding.

ANALYSIS OF KEY OPPORTUNITIES

UNAIDS Indonesia is currently running a pilot program for government social contracting in eight of Indonesia’s 514 districts, following a national policy that allows financial partnerships between the government and civil society organisations. The opportunity lies in the groundwork that this pilot program is building in terms of government and civil society organisation’s understanding of the necessary process, building trust between government and communities, and building an evidence base for the potential success of the social contracting approach. This pilot project will hold initial lessons for increasing social contracting as one approach for increased financing of communities and civil

society organisations.⁵¹ What is needed to accelerate this strategy includes advocacy for “national regulations that would encourage districts to allocate certain amounts for social contracting”.⁵² A potential gap to fill regarding advocacy for community and civil society organisations from the government is to focus on those working with women and children. These organisations tend to receive less funding from the Global Fund allocations as compared to key population organisations.⁵³

Another opportunity with regards to TB is in the form of domestic financing through village funds. Each village fund receives a national budget allocation. A Stop TB Indonesia policy brief states that “only a small portion is allocated for community empowerment components such as Health and Education. Despite improvement in village infrastructure and public service, there is still a need for investment for non- infrastructure development in villages including to tackle the tuberculosis (TB) epidemic locally.”⁵⁴ Research by Stop TB Indonesia found that reasons for this lack of local investment into TB include village leaders’ lack of knowledge on TB origins and programming, lack of regulations or instructions by the Ministry of Village, Development, and Disadvantaged Regions that TB can and should be included in village budgets, resulting in a lack of urgency in tackling TB locally. Yet, the village fund provides a steady stream of local funding that communities and civil society organisations should connect to, including possibly in a way not too different from the social contracting.⁵⁵ While the village funds are a separate funding stream from the above discussed social contracting, the interviews suggest that there are potential crossover learnings between the two, thus representing an opportunity for the TB and HIV communities to collaborate, and include the malaria community as well, which faces last mile delivery and engagement issues.

A third entry point for advocating for more domestic funding for communities is the advocacy for salaried community health workers conducted by the Indonesia AIDS Coalition (IAC). Aditya Wardhana of IAC stated that they have organised over 2,000 community health workers, who constitute a strong force that has been deployed not only for HIV services provision, but also during COVID-19 and natural disasters. However, the future of this workforce needs to be secured. According to Wardhana:

“

*One of the transformations that we are targeting is how to transform from foreign funding into the domestic budget to pay the work being done by the community health worker. Of course, the financing of the community health worker is not the one and only thing that we need to transform. Another thing is related to the certification of the community health worker... Recognizing the community health worker as part of the building blocks in the health system, that is something that actually we need to work on, to convince the government to recognize the community health worker as important as for instance a nurse, a doctor.*⁵⁶

51. Interview with Adi Nugroho, UNAIDS Indonesia (via Zoom, 16 November 2023)

52. *ibid.*

53. *ibid.*

54. Semarang, Pattiro and Stop TB Partnership Indonesia (2022) ‘Leveraging village funds to eliminate Tuberculosis’. Policy Brief, on file with author.

55. Interview with Thea Hutamon, Stop TB Indonesia (via Zoom, 15 November 2023)

56. Interview with Aditya Wardhana, IAC (via Zoom, 20 November 2023)

At the UN High-Level Meeting on TB in 2023, countries including India, Indonesia, and Philippines agreed on a new political declaration for TB, which includes references to the right to enjoy the benefits of scientific progress and its applications (right to science). The right to science commitments in the political declaration can be used to advocate for access to new shorter TB treatment regimens, and access to new drug-resistant TB drugs. Both have been recommended by the WHO, but uptake is slow. Similarly, in HIV access to and affordability of new health technologies remains “an ongoing challenge”, according to UNAIDS. PrEP access is one example in Indonesia. The 2023 UNAIDS global report states: (This is) an ongoing priority involving advocacy, activism and legal challenges. For example, the Make Medicines Affordable campaign, a consortium of 13 community-based organizations, has filed almost 70 challenges in 13 countries against patents aimed at maintaining monopolies for antiretroviral medicines, TB medicines and COVID-19 treatments.⁵⁷

One interviewee called this framing of human rights and TB “the lifeline”. In their words:

“

Using that particular commitment to fulfil the rights of citizens to enjoy the benefits of science... I think we can talk with governments better because of that, in the future, especially when we want to talk, for example, on TB and gender. So making them understand that if you disaggregate - Indonesia is

already disaggregating data by sex, but it's not really using it in analyses... So when they're doing the TB cascades, etc. it's not based on sex. So you don't really know, what are the key challenges for different genders without a good accurate analysis?⁵⁸

Based on this interview, Indonesia needs to progress to a gender-sensitive response to TB. Indeed, while the overall TB burden is higher in men, in Southeast Asia the case notification rate for ages 15-24 was higher in those who identify as female.⁵⁹ Some initial community-led work has been done on gender-sensitive TB programs (POP TB together with Stop TB Indonesia), providing a platform from which to start. One major issue that is not currently addressed because of the lack of gender-appropriate TB interventions is the insufficient information for women who are pregnant or plan to get pregnant. The main message has been that “it is dangerous, it is better if you don't have a child during your TB recovery journey.”⁶⁰ However, adds, Hutnamon, the patriarchal norms in Indonesia and insufficient information about what the risks of mortality for woman and child are when pregnancy occurs during TB illness or treatment, women cannot easily negotiate with their partners and families to wait with pregnancy.

Yet, there are several opportunities to bring about a gender-sensitive TB response. On the one hand, Indonesia will develop a new National Strategic Plan for TB towards the end of 2024. TB communities have already learned some human rights and gender lessons from HIV communities and can expand on the gender learnings from HIV. For example, Hutnamon

57. UNAIDS (2023) The Path to End AIDS. 2023 Global AIDS Update, p. 118. <https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf> (accessed 16 November 2023)

58. Interview with Thea Hutnamon, Stop TB Indonesia (via Zoom, 15 November 2023)

59. Ibid, fig 1.1.6

60. Interview with Thea Hutnamon, Stop TB Indonesia (via Zoom, 15 November 2023)

recommends a stronger multisectoral collaboration between the national TB program, UN Women (who have been advising the HIV response), in addition IOM and ILO could provide expertise to address gender with regard to other social determinants and barriers. Switching to a gender-sensitive TB response would require changes to the National TB Programme's information system. This will need political will to accomplish, which may represent a good opportunity for the Global Fund to use its diplomatic voice, together with other international and domestic health actors. In fact, Stop TB Indonesia released a new CRG Action Plan (currently in Bahasa Indonesia only) in early November 2023, which focuses on capacity building of policymakers, CSOs, and ensuring information is provided to communities. The Principal Recipient community, according to Hutanamon, has already flagged this issue with the Subrecipients, however, attention remains quite limited.⁶¹ The Global Fund could use its diplomatic voice in a practical way by including indicators in the grants, such as, how many of the CSOs, district and provincial health offices have received gender and human rights training.

The issue of gender remains important in the HIV/AIDS response as well. As one interviewee stated:

“

That's also an area that we are trying to improve, how to mainstream gender equality and address GBV in the HIV national action plan. So I think when it comes the area of gender, the focus is mainly towards addressing GBV. But not so much on the equality side, on amplifying the voice of women, young women, and of course, when we talk about gender equality in HIV on expanding the gender concept to also include women in all diversity, which also includes transgender women. And that's the area that is still difficult... the attention to addressing GBV is quite prominent. There is capacity building for paralegals and outreach workers to understand more about GBV and to build their skills to identify the victims of GBV during their outreach and to also build the capacity to refer GBV cases to services that the victims needed. But I still don't understand interventions that basically talk about strengthening the political voice, for instance, of women living with HIV, or including key populations and women in all diversity in the decisionmaking process, or support for their organisations, because, you know, in Indonesia, we have a key population network of women living with HIV, it's also part of the national key population network.⁶²

Combined, these observations represent an opportunity for working towards comprehensive human rights work and community engagement using gender equality as an entry point. This would require additional financial and technical support to organisations that are already working on gender-related issues and building stronger connections among these and other organisations to develop a strong coalition and political voice. The Global Fund could use its diplomatic voice towards generating more operating space for such work and be ready to support those activists and their organisations that may receive government scrutiny based on their participation in this work.

61. Interview with Thea Hutanamon, Stop TB Indonesia (via Zoom, 15 November 2023)

62. Interview with anonymous stakeholder, Indonesia (via Zoom, 20 November 2023)

Another strategic opportunity is the existing advocacy for a comprehensive non-discrimination law. The Indonesian National Human Rights Commission has been working on pushing this objective, which, if successful, would extend protections to key populations. There are two main challenges from the HIV/TB community perspective. First, HIV and TB continue to work in a silo. There is limited connection with the broader community of human rights defenders and organisations. The overall structure of Global Fund grant implementation appears to somewhat support this separation of movements. Therefore, the action points in the Advocacy Roadmap on working across health and environmental movements is important. However, in a restrictive context like Indonesia, it may be prudent to further broaden the approach to also work with domestic civil and political rights-focused organisations.⁶³ Second, political advocacy such as advocating for a new law requires technical skills and knowledge beyond the predominant legal advocacy in HIV and TB of knowing and advocating for your personal rights. While this has been an important area that has been supported by the Global Fund catalytic funding, the disconnect needs to be bridged, as per one interviewee:

“

Indonesia has been getting the Human Rights Catalytic Fund for the past, I think since 2017. That allows allows for the human rights programming, like community paralegals and to have paralegals that provide services for PLHIV and key populations. And also, I think it really facilitates many human rights discussions, because part of the component that is supported is “Know Your Rights” that allows the community to raise awareness on human rights among the communities. And I think those are the two components where we can see there is a significant improvement. [...] But we have to also be honest that the usual or the conventional community-based organisations in the HIV sector, or HIV CSOs are really, really focused on the health sector. Most of them are more familiar and more equipped to talk about access to treatment, prevention services. So the area of legal reform and addressing human rights barriers outside the health sectors were not a part of sensitization here, and there is something that they are not really familiar with.⁶⁴

Most of them are more familiar and more and more equipped to talk about access to treatment, prevention and delivery services. So the area of legal reform and addressing human rights barriers outside the health sectors were not very apart from sensitization here, and there is something that they are not really familiar with.

63. Interview with anonymous stakeholder, Indonesia (via Zoom, 20 November 2023)

64. Interview with anonymous stakeholder, Indonesia (via Zoom, 20 November 2023)



PHILIPPINES

PHILIPPINES COUNTRY SNAPSHOT

The CIVICUS Monitor ranks the Philippines as ‘repressed’ with 31 out of 100 points, ranking the country on the same level as India and less free than Indonesia.⁶⁵ Freedom House in its annual ranking of civil and political rights, categorises the Philippines as ‘partly free’, but points out that despite some improvements of civic space under the new President, the current administration continues to harass, arrest, and attack human rights activists. In some cases, activists get branded as terrorists and/or communists, a practice known as red tagging, which often leads to these activists being killed, held in illegal detention, and includes freezing of their assets. A recent case involved a community doctor, Dr Naty Castro, who was arrested in 2022 and remains in detention. Dr Naty is known for her work with indigenous communities, including training of community health workers and provision of services. Her work included the local response to TB and malaria, among others. Dr Naty is a well-known human rights defender who previously participated in the UN human rights council advocating for the right to health of indigenous people.⁶⁶

In 2022, the Philippines accounted for 7% of the global TB disease burden, making it the country with the fourth-highest TB incidence that year.⁶⁷ At the end of 2022, Philippines did not yet offer the new WHO-recommended four-month regimen for treating rifampicin-susceptible TB.⁶⁸ In the Philippines, the number of new HIV infections has risen by an

65. CIVICUS (2023) Monitor, ‘Philippines’ <<https://monitor.civicus.org/country/philippines/>> (accessed 15 November 2023)

66. PH Movement (2023) ‘Dr Naty Castro, The Philippines’. <<https://phmovement.org/dr-naty-castro-philippines>> (accessed 15 November 2023)

67. WHO (2023) Global Tuberculosis Report 2023. 1.1 TB Incidence <<https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023/tb-disease-burden/1-1-tb-incidence>> (accessed 16 November 2023)

68. WHO (2023) Global Tuberculosis Report 2023. 2.3 TB Coverage and Treatment. fig 2.3.13 <<https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2023/tb-diagnosis---treatment/tb-treatment-and-treatment-coverage>> (accessed 16 November 2023)

alarming <70% (2010–2022).⁶⁹ 41% of PLHIV are receiving antiretroviral treatment. Data on HIV prevalence among key populations is spotty, available numbers from 2018 state 5% HIV prevalence among men who have sex with men, and 3.9% among transgender people. PrEP is provided to some PLHIV.⁷⁰

Malaria in the Philippines is concentrated in Palawan province’s mountainous regions and the Department of Health anticipates declaring the Philippines malaria free in two to three years.⁷¹

ADVOCACY ROADMAP CHALLENGES

The funding landscape for communities in the Philippines presents a challenge. While communities play a strong role in service delivery, education, and advocacy, they rarely get leadership positions. The roles of Principal Recipient and Subrecipient for Global Fund grants, for example, have been mainly held by corporate social responsibility offshoots of large companies and international organisations, rather than indigenous civil society organisations. One drug user organisation in our interviews no longer receives Global Fund funding and limited other international funding. This is a situation where the Global Fund’s diplomatic voice may be quite useful in moving from community participation to community leadership, both with regards to financing as well as leadership capacity.⁷²

The UNAIDS World AIDS Update 2023 underscores the importance of tackling this challenge, stating that: “Current funding for community-led organizations does not match the commitments made in the Political Declaration and in many national HIV strategies. The bulk of funding comes from external donors, and reliable domestic funding for organizations that represent and serve vulnerable, marginalized communities is rare. Where domestic HIV expenditure has risen, little of it has been directed to community-led organizations, especially those working with people from key populations and adolescent girls and women.”⁷³

While integration of TB and HIV services has begun, it is currently still insufficient. During COVID-19, some relevance of TB and COVID-19 policies was recognised but has not yet been institutionalised. New legislation establishing Universal Healthcare in the Philippines may present an opportunity to advance the integration agenda.⁷⁴ Service integration for example with regards to TB and HIV has “contributed to steep reductions in number of AIDS-related deaths and integration of HIV testing and treatment with maternal and child care has prevented almost 3.4 million HIV infections in children since 2000.”⁷⁵ UNAIDS data states that only 9% of PLHIV in the Philippines who are suspected to have TB receive antiretroviral therapy, illustrating the urgency of service integration.⁷⁶ Similarly, the COVID-19 pandemic had an immense negative impact on communities and key populations. Part of the issue is that many peer educators and other community mobilisers are engaged on a volunteer basis.

69. UNAIDS (2023) The Path to End AIDS. 2023 Global AIDS Update, P p 33 fig 1.6 <https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf> accessed 16 November 2023)

70. AIDSinfo. Philippines country factsheet. <www.aidsinfo.unaids.org> (accessed 16 November 2023)

71. Philippines News Agency (2023) ‘DOH sees PH malaria-free in 2-3 years’. <<https://www.pna.gov.ph/articles/1204872>> (accessed 16 November 2023)

72. Interview with Ranier Naldoza, Pinoy Plus Advocasi Philipinas (via Zoom, 13 November 2023)

73. UNAIDS (2023) The Path to End AIDS. 2023 Global AIDS Update, p. 114 <https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf> accessed 16 November 2023)

74. UNAIDS (2023) The Path to End AIDS. 2023 Global AIDS Update, p. 114 <https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf> accessed 16 November 2023)

75. UNAIDS (2023) The Path to End AIDS. 2023 Global AIDS Update, p. 124 <https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf> accessed 16 November 2023)

76. Ibid, p. 125

Volunteering does not come with a salary, but mostly allowances to cover incurred costs for e.g., transportation, but no compensation for time. According to one interviewee, the HIV program has lagged behind since COVID-19, and there does not appear to be any planning on how to continue TB and HIV programming in a potential future pandemic, something that the interviewee said is strongly needed.⁷⁷

Stigma and discrimination continue to pose barriers for key populations to access health services and the realisation of the right to health more broadly, in particular for transgender people.⁷⁸

ADVOCACY ROADMAP OPPORTUNITIES

SELECTED KEY ACTORS AND CURRENT ADVOCACY ACTIVITIES: PHILIPPINES			
No.	Name of Organisation	Area of Focus	Current Advocacy Focus
1.	Pinoy Plus Advocacy Pilipinas	HIV and Key Populations	Promoting human rights of PLHIV and key populations; CLM
2.	DIOSSA - Love Yourself	HIV and TB - Trans People	Access to equitable healthcare and gender equality for trans women at the grassroots level, including through 'hot doctors'
3.	Pilipinas Shell Foundation	GF PR for HIV and malaria; CSR department for Shell Co.	Nutrition and food security; health and safety; education; energy; livelihood; environment; disaster relief
4.	IDUCARE	People who use drugs	Drug user rights and paralegal program; hepatitis C
5.	TLF Share Collective	PLHIV, MSM, Transgender people	Sexual health, human rights, SOGIEs of gay men, bisexuals, other men who have sex with men, and transgenders.
6.	Philippine Business for Social Progress	GF PR for TB;	Corporate citizenship, sustainable development, and poverty reduction
7.	NoBox Transitions Foundation	People who use drugs	Drug policy reform and access to better healthcare for PWUD
8.	Action for Health Initiatives (ACHIEVE)		Community Engagement and Leadership on Pandemic Governance (CELG)
9.	LBH Masyarakat	Health and human rights law	Drug policy, death penalty, penal code reform, non-discrimination

77. Interview with Tanya Laguig, Love Yourself (via Zoom, 17th November 2023)

78. Ibid.

SUMMARY OF KEY OPPORTUNITIES

- 1. Integrated/collaborative human rights advocacy.** Large number of human rights organisations provide an opportunity for strengthening human rights advocacy beyond siloed HIV and TB organisations. Collaboration with human rights organisations focusing on civil, political, and economic, social and cultural rights in the Philippines could propel issues at the heart of the Advocacy Roadmap.
- 2. Advocate the Global Fund to use its diplomatic voice across government agencies.** The Global Fund could use its diplomatic voice to promote the 2021 PNAC Human Rights Roadmap among government agencies (Ministry of Health and other agencies) in order to realise the full human rights agenda. The existence of this domestic document means that any advocacy can rightly claim it is supporting a national agenda, rather than introducing outside demands onto the Philippine government.
- 3. Cross-disease collaboration (such as HCV and HIV treatment advocacy).** Community leadership and cross-disease collaboration could be strengthened through supporting community priorities, such as advocating for community-based hepatitis C treatment alongside the WHO and supporting gender-sensitive services.
- 4. Increased advocacy around the right to health, health equity, and harm reduction.** Interviews indicate variation in CSO views on harm reduction, both for drug use and sexual behaviour. The Global Fund could convene discussions among stakeholders in Philippines working at the intersection of HIV and harm reduction to consolidate and promote messaging around these issues.

ANALYSIS OF KEY OPPORTUNITIES

The Philippines boasts a healthy number of civil society actors in the field of human rights. While some human rights work related to health was challenging under the previous Duterte administration's war on drugs, one interviewee stated that space for human rights initiatives for HIV under the new administration has increased. In fact, Pinoy Plus, a national network of PLHIV, holds a seat in the Philippine National AIDS Council (PNAC), thereby having direct participation in the main HIV policymaking body attached to the Ministry of Health. Pinoy Plus is also the co-chairperson of the Committee on Human Rights in PNAC, which is tasked to counter stigma and discrimination and promote the rights of PLHIV and key populations. Says Ranier Naldoza;

“

Human rights is not only a pillar but a framework of what we are doing and it's ensuring that everything that we do is rights-based and free from stigma and discrimination. That's how we work here in the Philippines.⁷⁹

79. Interview with Ranier Naldoza, Pinoy Plus (via Zoom, 13 November 2023)

The HIV community has made good use of their position, starting community-led monitoring (CLM) as early as 2015. CLM is a method of documenting human rights abuses and in the Philippines has demanded progress with regards to access to treatment for PLHIV, including in prisons.⁸⁰

Alongside deeply rooted CLM initiatives, the law and human rights field has strong advocates with LBH Masyarakat, a human rights and legal advocacy organisation that has long championed the rights of key populations and other socially marginalised communities. Among other things, LBH Masyarakat provides workshops and training to community organisations such as IDU Care, who were hosting a paralegal training in the week of our interview. The paralegal program at IDU Care is able to access female dorms in some prisons and they are planning to expand their services to other facilities. The paralegal program for women was designed in response to few women accessing services at the drop-in centre. This gender-sensitive approach may hold lessons for other organisations in the Philippines, but also in Indonesia and India.

The IDU Care drop-in centre also hosts weekly medical services, including HIV and STI tests. However, more testing and treatment commodities are necessary. For example, at the time of the interview, syphilis testing was unavailable. One large area of concern is the inaccessibility of hepatitis C testing and treatment. Hepatitis C is a common co-infection among the drug user community, PLHIV, and incarcerated people. According to the CDA Foundation, less than 20% of people affected by hepatitis C are diagnosed in the Philippines annually, and less than 1% receive treatment.⁸¹ The IDU Care drop-in centre hosted a two-year operational research project that documented the need for hepatitis C diagnostic and treatment. However, no resources were available for the drop-in centre to offer these needed services at this time to provide.⁸² According to WHO Western Pacific: “Hepatitis is a huge public health concern in the Philippines, but due to lack of awareness, many of those who have this viral disease may not even know they have it until it’s too late. [...]Without proper care, the two most common types of hepatitis—B and C—cause about 60 percent of liver cancer. This is why liver cancer is one of the top causes of cancer deaths in the Philippines.”⁸³

Only in 2019 did the Philippine government launch a WHO-supported pilot program for community-based hepatitis C testing and treatment. Results from a review of this and other hepatitis programs in the region found of the Philippine pilot that “Early experience from this and other pilot sites highlighted the need to accelerate universal offer of screening to all at-risk populations including people living with HIV, individuals who have ever injected drugs and incarcerated people.”⁸⁴ This documented gap provides an opportunity to elevate the health and human rights concerns of key populations by providing external support for expansion of these types of community-based services, bringing together different key populations, and thereby strengthening the leadership capacity of community organisations. The Global Fund’s diplomatic voice could have a significant impact on several of the Advocacy Roadmap action points. The advocacy environment is opening up for work

80. *ibid.*

81. CDA Foundation (2020) Countries Dashboard Philippines. <<https://cdafound.org/polaris-countries-dashboard/>> (accessed 22 November 2023)

82. Interview with Johann Nadela, IDU Care (via Zoom, 18 November 2023)

83. WHO Western Pacific (2019) PH must act to eliminate hepatitis. <<https://www.who.int/philippines/news/commentaries/detail/ph-must-act-to-eliminate-hepatitis>> (accessed 22 November 2023)

84. Chan, Po-lin et al (2021) 'Regional progress towards hepatitis C elimination in the Western Pacific Region, 2015–2020'. In: *Glob Health Med.* 2021 Oct 31; 3(5): 253–261. <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8562089/>> (accessed 22 November 2023)

on harm reduction services as well. While the current administration has been continuing the War on Drugs, the Ministry of Health has recently begun to speak about harm reduction, a concept that was previously shunned.⁸⁵ According to one interviewee working on care for PWUDs in the Philippines, some disagreements around harm reduction both in drug use and risky sexual behaviour continues – and there is a need to address this within community groups as well.

One opportunity with regards to operationalising the GF Advocacy Roadmap is the new 2021 PNAC Human Rights Roadmap, a monitoring and accountability tool for a human rights-based HIV response. According to Pinoy Plus, PLHIV and key populations were part of developing the Human Rights Roadmap. The Global Fund Advocacy Roadmap presents an opportunity to help communities in the Philippines to push more government agencies to consider human rights as part of their mandate, when they have not done so in the past.⁸⁶ One approach that was suggested by several interviewees has been for the Global Fund country grant making teams to include more human rights indicators into the grant agreements and key performance indicators.

According to one grassroots organisation working on trans people’s access to healthcare, including HIV services, they had been insufficiently engaged on Global Fund’s plans on advocacy, and asked that, Global Fund include them in briefings and planning on “the next steps (within) three years on human rights aspects for trans people and gender diverse individuals.”⁸⁷ As the Global Fund prepares for the next funding cycle with a stronger human rights component, it is important that grassroots organisations in the Philippines are given a strong role in conceiving the grant content, because they are the closest to the day-to-day challenges of health and human rights.

85. Interview with Johann Nadela, IDU Care (via Zoom, 18 November 2023)

86. Interview with Ranier Naldoza, Pinoy Plus (via Zoom, 13 November 2023)

87. Interview with Tanya Laguing, Love Yourself (via Zoom, 17th November 2023)

CONCLUSION

As per the Global Fund’s own description of the Advocacy Roadmap, it is important to note that the four objectives are “mutually reinforcing and must be implemented in concert to achieve the greatest impact.”⁸⁸ In an ideal scenario, equal amounts of effort should be placed on all three diseases in all three countries. This rapid assessment report describes several community priorities. Many of these are reflected in the Global Fund Advocacy Roadmap.

Community funding is of concern in all three countries. In India, Indonesia and the Philippines, several entry points for building out domestic funding opportunities exist. The Global Fund could capitalise on these and strengthen the ongoing advocacy for domestic funding with its diplomatic voice and through financial contributions. In India, and possibly in the other two countries, engagement with the private sector holds promise for domestic funding as well. Importantly, participation by domestic community organisations throughout the process would not only strengthen community leadership, but also build multi-sector collaboration and widen the domestic disease response.

A previous research report on TB and human rights shepherded by GCTA, *The Journey Continues - Collective learnings and challenges of communities working on TB stigma, discrimination, and Human Rights*,⁸⁹ found very similar challenges with regards to the funding situation for communities. The report’s 2021 recommendations for bilateral, multilateral, and philanthropic funders still hold true today and bear repetition:

1. Provide multiple-year human rights and advocacy grants for communities;
2. Offer communities core funding rather than project-based or person-count funding;
3. Provide funding for networks and individual organisations at the same time;
4. Provide additional funding for community-building;
5. Increase cross-sector funding to enable long-term collaborations between different sectors, types of organisations, and networks, including for collaboration between TB and HIV/AIDS, but also other community organisations working on human rights;
6. More detailed earmarking of community funding in national or regional government grants; and
7. Include communities in priority-setting for TB services and human rights funding strategies.⁹⁰

The political environment and funding for communities and civil society is directly linked to the ability of communities to become leaders in their country’s health strategy. Community participation has long been proven to be essential in access and delivery of prevention, diagnostics, and treatment for HIV, TB, and malaria. The UNAIDS World AIDS Day 2023 theme ‘Let Communities Lead’ expresses it this way: “The world can end AIDS, with communities leading the way. Organisations of communities living with, at risk of, or affected by HIV are

88. Global Fund (2023) *Advocacy Roadmap 2023-2025*, p. 6. <https://www.theglobalfund.org/media/13367/publication_advocacy-roadmap_report_en.pdf> (accessed 14 November 2023)

89. GCTA (2021) *The Journey Continues. Collective learnings and challenges of communities working on TB stigma, discrimination and Human Rights* <<https://www.gctacommunity.org/the-journey-continues-collective-learnings-and-challenges-of-communities.html>> (accessed 23 November 2023)

90. *Ibid.* p. 34f

the frontline of progress in the HIV response. Communities connect people with person-centred public health services, build trust, innovate, monitor implementation of policies and services, and hold providers accountable.”⁹¹

What UNAIDS summarises for HIV, is equally important in TB and malaria, as it is for COVID-19 and other emerging diseases or health emergencies. Yet, this rapid assessment has shown that in India, Indonesia, and the Philippines, communities are often employed in prevention strategies, as peer educators, and are to some degree involved in domestic or global processes. However, rarely has a community been able to assume a leadership position. This point of the Global Fund Advocacy Roadmap remains essential and communities are actively seeking opportunities to lead.

Each country has existing multi-disease networks or working groups. Institutional support for these coalitions would benefit cross-disease collaboration. These coalitions may also be in a position to broaden their focus beyond their focus on TB, HIV, and malaria to include other health issues, as well as connect with human rights organisations working on civil and political rights, and other economic, social and cultural rights.

In addition, the Global Fund can use both its diplomatic voice and its grant mechanism to expand the operating space for human rights as part of the health response. Expanding human rights key performance indicators and adding human rights-focused grant requirements for accessing funds will be essential to achieving the outcomes of the Advocacy Roadmap. This shift could constitute part of the Global Fund’s renewed commitment to community leadership and human rights.

Due to the high TB burden in each of the three countries, which are among the eight countries that hosted 68% of all global cases in 2022 and among the top four countries with the highest disease burden, and GCTA’s organisational expertise, GCTA may want to focus their activities on TB-related activities and activities that promote TB, HIV, malaria and COVID-19 crossover. Each country has existing civil society and community coalitions between different communities. GCTA could collaborate with these coalitions to explore how to further broaden the engagement of each of these coalitions domestically and regionally.

Interviews suggest that focusing on promoting gender-sensitive disease responses and greater leadership of communities and civil society in each of the three countries would benefit the response strategies in all countries and across all diseases. Indeed, GCTA holds expertise in gender-sensitive TB programming, having published women-focused materials in the past. Gender-sensitive programming presents a workable entry point for increased human rights work and building community leadership for women in all diversity not only for TB, but also for HIV and possibly malaria.

These priorities fall within the objectives of the Global Fund Advocacy Roadmap and would build on existing civil society advocacy. Use of the Global Fund’s diplomatic voice in support of these priorities may accelerate government action towards community priorities while promoting the Advocacy Roadmap’s objective.

91. UNAIDS (2023) World AIDS Day 2023 <<https://www.unaids.org/en/2023-world-aids-day>> (accessed 24 November 2023)

4 OBJECTIVES OF THE GF ADVOCACY ROADMAP

1. Strengthen the leadership, engagement and funding of communities and civil society within the Global Fund's advocacy ecosystem.
 - a. Strengthened partnerships for advocacy with key community-led and civil society organisations, particularly those led by people living with and affected by the three diseases, key populations, young people, and women.
 - b. Bridges built between community-led and civil society organisations, including those working on other global health issues and on the health-climate nexus.
 - c. Community-led and civil society organisations within the Global Fund's advocacy ecosystem are sustainable and have the resources necessary to do their work.
 - d. Strengthened advocacy for laws, policies, and practices that protect civic space and support community-led and civil society organisations.
2. Mobilise increased financial support for HIV, TB and malaria responses and the Global Fund's mission in partnership with communities and civil society.
 - a. Increased engagement of community-led and civil society organisations in advocacy for resource mobilisation.
 - b. Strengthened coordination and collaboration between community-led and civil society organisations, private philanthropies, and the private sector in advocacy for resource mobilisation.
3. Increase political support for HIV, TB and malaria, while contributing to health system strengthening, pandemic preparedness and response, and other factors that impact the Global Fund's work, within the evolving global health and development landscape.
 - a. HIV, TB and malaria responses continue to be prioritised in political commitments on global health and development, including in evolving conversations on health and climate change.
 - b. The links between HIV, TB and malaria and pandemic preparedness and response, as well as climate change, are consistently recognized and acted upon.
4. Leverage the Global Fund's diplomatic voice to protect and promote gender equality, human rights and equity, and challenge harmful and discriminatory laws, policies and practices.
 - a. Strengthened advocacy for human rights, gender equality, and health equity.

CIVICUS MONITOR CATEGORIES:

Obstructed: Civic space is heavily contested by power holders, who impose a combination of legal and practical constraints on the full enjoyment of fundamental rights. Although civil society organisations exist, state authorities undermine them, including through the use of

illegal surveillance, bureaucratic harassment and demeaning public statements. Citizens can organise and assemble peacefully but they are vulnerable to frequent use of excessive force by law enforcement agencies, including rubber bullets, tear gas and baton charges. There is some space for non-state media and editorial independence, but journalists face the risk of physical attack and criminal defamation charges, which encourage self-censorship.

Repressed: Civic space is significantly constrained. Active individuals and civil society members who criticise power holders risk surveillance, harassment, intimidation, imprisonment, injury and death. Although some civil society organisations exist, their advocacy work is regularly impeded and they face threats of de-registration and closure by the authorities. People who organise or take part in peaceful protests are likely to be targeted by the authorities through the use of excessive force, including the use of live ammunition, and risk mass arrests and detention. The media typically reflects the position of the state, and any independent voices are routinely targeted through raids, physical attacks or protracted legal harassment. Websites and social media platforms are blocked and internet activism is heavily monitored.

