

The Obstacle Faced by Global Fund to Assist Indonesia Government on Applying
MDGs Program Number 6
(Case Study: Eradicating HIV-AIDS in Yogyakarta)

History of HIV and AIDS has begun when a tourist from Dutch passed away in Sanglah, Bali. AIDS (Acquired Immunodeficiency Syndrome) caused the deaths of 44 -year -old man admitted by Ministry of Health Republic of Indonesia. In the year of 1987, Indonesia was included in the WHO list as the 13th state in Asia that had reported the cases of AIDS.

A. Background

In October, Congress on Diseases carrying the issue of Gender Relations in Bali, and at the same conference of the International Union against Venereal Diseases and Treponematoses¹ for Asia and the Pacific. Minister of Health Dr. Soewandjono Soerjaningrat in his speech said that the disease previously associated with sexual intercourse in defiance of the demands of religion, the transmission of HIV can be occur through blood. Next on 1988, the Ministry of Health Republic of Indonesia reported one case of HIV-AIDS. In 1989, the Ministry of Health did not report any

¹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1045715/>. Accessed June 10, 2014.

additional cases of HIV infection in Indonesia. However, the reported cases of HIV's patient condition worsen and turn into AIDS phase.

In 1990, the Ministry of Health reported two additional cases of AIDS, and number of cases of HIV infection in Indonesia increased to nine. Indonesia held the first International AIDS Candlelight Memorial. This event, known as the contemplation night, remembering the victims of HIV and AIDS , was held in Surabaya by the group of Lesbian & Gay Archipelago (now Gaya Nusantara) , in collaboration with Municipal Association of Transvestite Surabaya (Perwakos).

On 29 to 30 July 1990, the National Assembly on AIDS was held by Ministry of Health in Denpasar city, Bali, to discuss AIDS Strategy Development in Indonesia. The theme of World AIDS Day of 1990 was "Together We Face the Challenge (Sharing the Challenge)."

In 1991, the Ministry of Health reported an additional number of cases of HIV infection in Indonesia had become 18, with 12 already in the phase of AIDS. Next in 1994, On May 30, President of Indonesia, Suharto, signed Presidential Decree No. 36/2004 on National AIDS Commission (NAC). Based on Presidential Decree number 36, Menkokesra (coordination minister for people's wellness), Mr Anas Anwar, issued Decree on the Composition, Duties and Functions of the NAC Membership on June 15, and the decision about the National AIDS Strategy in Indonesia on June 16 .The Chairman of KPA was Mr.Anas Anwar, and the first secretary KPA was Dr. Suyono Yayha, MPH.

In August, NAC (National Commission on AIDS) working group, estimates that the number of cases of HIV infection in Indonesia in 2005 will be 600,000 (low transmission, with effective interventions) and 1,990,000 (high transmission, without intervention). At the end of 2005, in Indonesia, 375 people had been report as the newly infected by HIV, with 67 of them AIDS. Consists of 100 of foreigners, 203 were men, 68 women, 4 were unknown.

For people living with HIV there is a medicine, which must be consumes twice a day. The medicine has an important role to protect the body, by decreasing the ability of virus to make copies of their cell in human body. That medicine called as ARV. The first Anti Retro Viral (ARV)² in Indonesia provided in 1997. In May, DG POM issued an official letter to the Directorate General of Customs stating that when Customs received submissions from overseas drugs aimed at Pokdisus (integrated service unit) AIDS, the drug could be release without being test by Directorate General of Food and Drugs Administration (BPOM).

In June, the regimens of ARV were provided in Indonesia were AZT, ddI, ddC, 3TC, saquinavir and ritonavir³. Unfortunately, the price of the medicine was not affordable for the majority of people who lived with HIV.

² Republic Indonesia Country Report on the Follow up to The Declaration of Commitment on HIV/AIDS (UNGASS) Reporting Period 2010-2011,p.7

³ AZT, ddI, ddC, 3TC, saquinavir and ritonavir are the regimen of medicine that prescribed for people living with HIV

Surveillance performed against transvestites in Jakarta showed HIV prevalence of 6%, up from 0.3% at the end of the year 1995 in Indonesia, 619 had been reported cumulative HIV infections, with 153 of them had entered the phase of AIDS.

Next on 13 July 2006, the President of Republic Indonesia signed Presidential Regulation Number 75 Year 2006; one of the content was the appointment of Dr.Nafsiah Mboi, as the Secretary of National AIDS Commission (KPAN).

There was a meeting in October between TNI Commander Marshal Djoko Suyanto and the Secretary of National AIDS Commission Dr. Nafsiah Mboi , SpA in the Headquarter of TNI at Cilangkap. In this meeting, TNI Commander Marshal Djoko Suyanto emphasized that the prevention of HIV transmission in the military environment was very important to improve in all ranks of military system, including in the main command (Komando Utama/ Kotama).

The epidemic of HIV has suddenly peaking up, after more than 10 years of low prevalence of HIV the number of newly infected people has risen among Injection Drug User (IDU) and sex worker, and almost 40% of clients in drugs rehabilitation center are infected by HIV⁴.

The number of people living with HIV (PLHIV) is increasing year by year. The data from 1987 – September 2012 in Indonesia as shown below:

⁴ <http://www.spiritia.co.id>. Accessed August 12, 2014.

Table 1⁵

AIDS Case by Mode of Transmission from 1987 – September 2012 in Indonesia

Year	IDU	Heterosexual	Bisexual	MSM	MTCT	Blood Transmission	UN	total
1987- 2005	1299	2034	31	129	40	11	206	3750
2006	1127	1588	17	65	67	9	137	3010
2007	1112	2230	39	77	88	10	295	3851
2008	1241	2945	26	115	156	6	275	4764
2009	991	3344	41	106	161	13	196	4852
2010	727	3854	20	117	217	10	179	5142
2011	464	3885	28	116	181	12	116	4802
2012	439	2742	25	132	126	12	65	3541

Source:

<http://www.depkes.go.id/index/php/berita/downloads/Kepmenkes/downloads/index.php?vw=2&id=21>

86

In April 2001, there was a high-level meeting held by Organization of African Unity (OAU) in Abuja, Nigeria, which discussing about HIV-AIDS, tuberculosis (TB) and other infectious disease. Right after the meeting, The United Nations, with Kofi

5

<http://www.depkes.go.id/index/php/berita/downloads/Kepmenkes/downloads/index.php?vw=2&id=21>
86. Accessed August 6, 2014.

Annan as the General Secretary, proposing for 10 Billions USD per year to eradicate the epidemic of HIV-AIDS and also establishing The Global Fund (GFATM) to manage the resource.

In 2001, a year after the meeting in Nigeria, The Global Fund (GFATM) being established and made the concept that this organization are aimed to raise and manage the sources to finance the prevention, medical therapy, treatment and support for those who live and affected by HIV-AIDS, Tuberculosis (TB) and Malaria.

The Global Fund (GFATM) has agreed to finance all of the programs in 151 countries with 19, 3 Billions USD.

The financial support given by The Global Fund (GFATM) has made the possibilities to the country to improve their infrastructure and to organize the training needs by health service providers. The Global Fund (GFATM) still committed to work as partner to reach the global goal, a world that free from HIV-AIDS, Tuberculosis (TB) and Malaria⁶. The Global Fund's history in Indonesia began when Indonesia sent the application for funding of 16 million US dollars. Afterwards, the funding request submitted by Indonesia was approved by the Global Fund. Followed by the disbursement of Phase 1 of 7 million US dollars, which began to be implemented in July 2003. Over the time, the spread of HIV in Indonesia continues to increase. Based on the data received by the Ministry of Health of the Republic of Indonesia, Yogyakarta is on top ranking as the city with the highest number of infections in injecting drug use and transmission through unprotected sexual

⁶ <http://www.theglobalfund.org/en/about/?lang=en>. Accessed October 16, 2014.

intercourse as the risk factors. In order to succeed the program MDG number 6, subsequently the government of Yogyakarta along with The Global Fund, began a program to eradicating HIV-AIDS with injecting drug use and unsafe sexual intercourse as the risk factors and this paper will describe how Global Fund works in Yogyakarta.

In Yogyakarta, since 2010 the Global Fund has provided two programs as followed:

1. Harm Reduction Programs for Prevention of Injection through injecting Equipment⁷

People who inject drugs are encouraged to come to the government health facilities and change their unsterile needles/ syringes to the new and sterile by accessing sterile needles/ syringes programs (NSP) or LASS (Layanan Alat Suntik Steril) in order to reduce the risk of HIV infection.

2. Prevention of Sexual Transmission Program⁸

Prevention of HIV infection through sexual contact carried out through condom promotion and provision of STI (Sexual Transmitted Infection) treatment services.

In January to June 2011, the target of LASS Program are 40 new clients per semester, and the reached new clients are 35. In the second semester of 2011, the target of LASS Program are 40 new clients, and the reached number of new LASS clients are

⁷ *National HIV and AIDS Strategy and Action Plan Program 2010-2014*, Indonesian National AIDS Commission p.9-10

⁸ *National HIV and AIDS Strategy and Action Plan Program 2010-2014*, Indonesian National AIDS Commission, p.9-10

28. In the first semester of 2012 the target are 40, and the new clients reached are 25 person, in the second semester of 2012 the target are 40, and the new clients are 32. In January-June 2013, the target are 116 new LASS client and the reached number are 74 people, and as in the second semester, the target are 125 and the number of new clients reached are 89. In the first semester of 2014, the target are 135 and the reached number of new clients are 81. In July-December 2014, the target are 144 new clients and the result shown only 73 new clients of LASS Program.

And below, is the data from 2011 to July 2014 which are showing the number of people who live with HIV (PLHIV) in Yogyakarta

Table 2⁹

HIV and AIDS Case in Yogyakarta from 2010 – July 2014

Year	HIV	AIDS
2010	505	140
2011	1418	536
2012	1690	782
2013	2179	916
Until July 2014	2471	916

Source: <http://www.spiritia.or.id>

As the information, most of the newly transmitted people are infected by applying the unsafe sexual activity, the words “unsafe” means not using condom

⁹ <http://www.spiritia.or.id> accessed June 23, 2014

while doing intercourse to prevent the blood, vaginal fluid, and semen fluid exchange that can be the media of the virus transmission, and the using of non-sterile needles of the injection drug user. Based on the program provides by Global Fund, the injection drug user are facilitated to change the used and non-sterile needle or syringe, to the new and sterile injection equipment in the government health facilities, so does for those who would like to applying the safe sex activity, the program also providing free condoms to be accessed. Moreover, based on the low achievement of the target of LASS Program and the increasing number of newly infected people in Yogyakarta from 2011 to July 2014, it barely seen that during the implementation of the program, The Global Fund is experiencing some obstacle.

B. Purpose of Writing

There are several purposes in writing this undergraduate thesis;

- As the requirement to fulfilling one of subjects in International Relation Studies
- Explaining the condition of HIV-AIDS pandemic in Indonesia
- Finding the obstacles faced by Global Fund on assisting Indonesia to eradicating HIV and AIDS in Yogyakarta.

C. Research Question

From the background part of this paper, the writer likely to stand the research question on:

“What are the obstacles faced by the program of Global Fund in assisting Yogyakarta City of Indonesia in applying MDG’s program number 6?”

D. Theoretical Framework

In every research, a theoretical framework is needed as the tool to build an analysis in order to solve the problem proposed in the research question section of the research. The theoretical framework is a main foundation for the boundaries of a study. To answering the research question and as the tool of analysis, the writer would like to use a theory of Modernization and two concept of NGO.

i. Theory of Modernization

Modernization theory can be used not only in politics, but also can be applied in other fields such as the economy, transportation, and health care. As for in this thesis, the author will apply the theory of modernization in the field of public health.

In the book by Daniel Lerner, entitled "The Passing of Traditional Society (1958)" is mentioned that people in the social order can be divided into two groups, namely:

- a. Modern groups

b. Traditional group

Daniel Lerner also indicate if each group has its own characteristics. In the modern society, people tend to be more receptive to a change of habits that have been applied, has a higher mobility, more participatory and more able to empathize with the conditions faced by the other party. Whereas in traditional communities, they are less likely to accept a change of habit that is often done, to have low mobility, not participatory and less able to empathize with the conditions faced by the other party.

Based on information already mentioned, the writer use the Modernization Theory to analyze the obstacles that come from outside the organization The Global Fund. External obstacle are all aspects that play a role in the success of the program, particularly the subject of a program that is applied by the Global Fund, namely the people of Yogyakarta, injecting drug users and people who do not apply safe sex.

ii. Type of NGO

To simplify the process of analyzing obstacles, first of all we need to identify the type of non-governmental organizations that includes The Global Fund conditions therein. According to David Corten there are two types of non-governmental organizations, one of which is a non-governmental organization that is community development. This NGO uses micro approach in trying to solve

social problems. They love working on projects of social-economic development of rural areas, provide guidance on home micro and medium industries. They believe in the ability of people to solve their own problems. David Corten referred to them as a small scale, local self-reliance development. In accordance with the conditions, programs and activities conducted by the Global Fund, it can be concluded that the Global Fund is a non-governmental organization community development.

After knowing the type of organization of The Global Fund, then we can analyze the obstacles encountered by the Global Fund during the application of the program. Based on the NGO concept explained by Zaim Saidi in the "Five Fundamental Issues and Akuntabilitassi NGO" that one of the forms of NGO activity is to act as a provider of social services to the community. As an auxiliary role of the government, of course NGOs have several obstacles that may be encountered during the implementation of programs or decisions relating to the program.

In his book, Zaim Saidi also describes some of the implications that affect the successful implementation of the program, one of which is the decision-making mechanisms. In this case, the decision-making mechanism that is applied to the Global Fund in setting standards of success / targets and program monitoring and evaluation process conducted in a program run by The Global Fund.

To overtake the situation of HIV and AIDS pandemic in Yogyakarta, National Commissioner on HIV and AIDS is working hand in hand with the Global Fund. The Global Fund is an international financing institution dedicated to attracting and channeling resources to prevent and treat HIV and AIDS, TB (Tuberculosis) and malaria. Global Fund promotes partnerships between governments , civil society , the private sector and the community, the most effective way to help those in need . This innovative approach relies on country ownership and performance -based funding , which means it is the people who carry out their own programs in their respective countries based on their priorities and the Global Fund help by provides the funding .

Since 2002, the Global Fund has supported more than 1,000 programs in more than 140 countries, providing AIDS treatment for 5.3 million people, treatment anti - TB for 11 million people and 340 million insecticide-treated nets for malaria prevention. The Global Fund works closely with other bilateral and multilateral organizations in the fight against the three epidemics¹⁰ .

E. Hipotesis

There are external and internal obstacles faced by the program of Global Fund in assisting Yogyakarta City of Indonesia in applying MDG's program number 6 are:

¹⁰ <http://www.depkes.go.id/index.php?vw=2&id=SNR.13100011>. Accessed August 1, 2014.

1. From the external aspect, the society can be categorized as traditional societies is tend tto not accept the modernization and change. The inability to empathize with the conditions experienced by others and refuse to support the position of injecting drug users, as victims of circumstances rather than criminals, has become one of reason for the low achievement of the program when compared with the target predetermined, becomes a clear indicator that the process of implementation of the program, The Global Fund faces several obstacles. Furthermore, the withdrawal stage of Injection Drug User (IDU) after mentioning themselves clear from drugs is having psychopharmacological problem such as paranoia that psychological block is the main cause why the IDU is unable to get the sterile needle by them self.
2. Internally, the organization malfunction is also an obstacle for the program applied by The Global Fund to achieve its main objectives, namely to eradicate HIV-AIDS in Yogyakarta. In this case indicated, the malfunction is in the decision-making process for the standard rate and the success of the LASS program, the ineffectiveness of monitoring and evaluation process for the program for prevention of sexually transmitted infections through the provision of condoms. Moreover, the psycho-pharmacological problem faced by the drug user has become one of the obstacle faced by Global Fund in assisting Yogyakarta of Indonesia on MDG's program number 6 "*Combat HIV&AIDS, Malaria and other diseases*".

F. Method of Research

The writer gains the information and data from printed and online sources such as books, article, journals, reports, news, and other resources related to the subject of this research.

G. Scope of Research

In order to avoid the topic from being expanded and out of context, this undergraduate thesis has a limitation regarding the program which supported by Global Fund to eradicate the epidemic of HIV – AIDS from 2010 – July 2014. The limitation of the area, will take the data of HIV infected people from 2010 – July 2014, LASS and condom consumer of Yogyakarta City from 2011 until July 2014.

H. Organization of Writing

Chapter 1: The first chapter discusses background, research question, theoretical framework, developmental state theory, interest group, concept of economic recovery, hypothesis, scope of research, analysis and research methodology, and systematic of writing.

Chapter 2: The second chapter describes about the historical background, the focus, the main goal and the program supported by The Global Fund in Yogyakarta City of Indonesia.

Chapter 3: The third chapter discusses about the historical background, status quo of HIV and AIDS in Yogyakarta City.

Chapter 4: The fourth chapter discusses about the program in Yogyakarta City and the obstacle faced by The Global Fund. The analysis is such as the assistance of The Global Fund to eradicate the epidemic of HIV and AIDS in Yogyakarta City by applying two programs, the number of HIV infected people and the obstacle faced by Global Fund.

Chapter 5: In the last chapter of this undergraduate thesis, there will be a conclusion and closing which constructed by the data and ideas from previous chapter. The writer will wrap up the result by analyzing the program and application of Global Fund in Yogyakarta City as well as the factor that became the obstacle faced by the Global Fund to eradicate the epidemic of HIV-AIDS.