

1. Introduction

Indonesia is experiencing the fastest growing HIV epidemic in Asia. The HIV prevalence among adults is still generally low (0.16%) with an estimated 193 000 people living with HIV as of 2006.

In collaboration with a range of partners, a review of the health sector response to the HIV epidemic in Indonesia was organized by the Ministry of Health and World Health Organization (WHO) from 5th to 17th February 2007. A team of international experts along with facilitators from the Ministry of Health and the WHO visited six areas. They consulted extensively with policy makers, programme managers, health care providers, outreach workers, people living with HIV, affected communities, national and international nongovernmental organizations (NGOs) as well as development partners.

2. Objectives

The overall objective was to review progress in the national AIDS programme especially in areas related to the health sector response and make recommendations for the revision of strategies and interventions.

3. Methods

The review team comprised ten international experts, representatives from civil society, networks of NGOs and people living with HIV, representatives from bilateral donors and facilitators from the Ministry of Health and WHO.

The methods used were desk review of formal and informal documentation, focus group discussions and semi-structured interviews. Members of the review team and facilitators were deployed to six areas (**Figure 1**): Jakarta, Papua (Merauke, Wamena, Timika and Jayapura), Bali (Denpasar), West Kalimantan and East Java (Surabaya and Bayuwangi). The teams visited five Provincial AIDS Commissions, six District AIDS Commissions, 22 hospitals, both at regional and district levels, 16 community health centres (Puskesmas), two prisons (West Kalimantan and Bali), nine groups of people living with HIV, seven self-help groups of injecting drug users, 13 brothels and four self-help groups of men who have sex with men/transgenders.

4. Summary of findings and recommendations

The HIV epidemic in Indonesia is among the fastest growing in Asia. It remains concentrated among groups at high risk characterized by sharing injecting equipment and unprotected sex in most parts of the country. It has reached high levels

among specific populations like injecting drug users (70.8% in Depok, Jakarta) and female sex workers (22.8% in West Irian Jaya). Recent unpublished data suggest that Papua may be experiencing an emerging generalized epidemic with HIV prevalence several times the national average. Since the first AIDS case was reported in 1987 in Bali, HIV has affected all of Indonesia. Currently, 32 provinces and 169 districts have reported AIDS cases (**Figure 1**).

The national commitment to respond effectively to the epidemic is strong. An impressive expansion of the response to the epidemic has been seen in the last two to three years but major disparities exist: geographical, health systems capacity, the nature and size of the epidemic and available resources.

A number of sound strategies and interventions were in place to deal with the epidemic but on the whole coverage remains insufficient.

Major constraints faced by the health sector included:

- Limited capacity of the provincial and district programme managers and implementers and lack of coordination with the new AIDS commission structures;
- Lack of a consistently supportive environment to scale up effective HIV prevention interventions among sex workers, injecting drug users and men who have sex with men and transgenders;
- Weak components of the programme such as blood safety and the quality of clinical care, and
- Financial and human resource gaps.

4.1 Policy and programme management

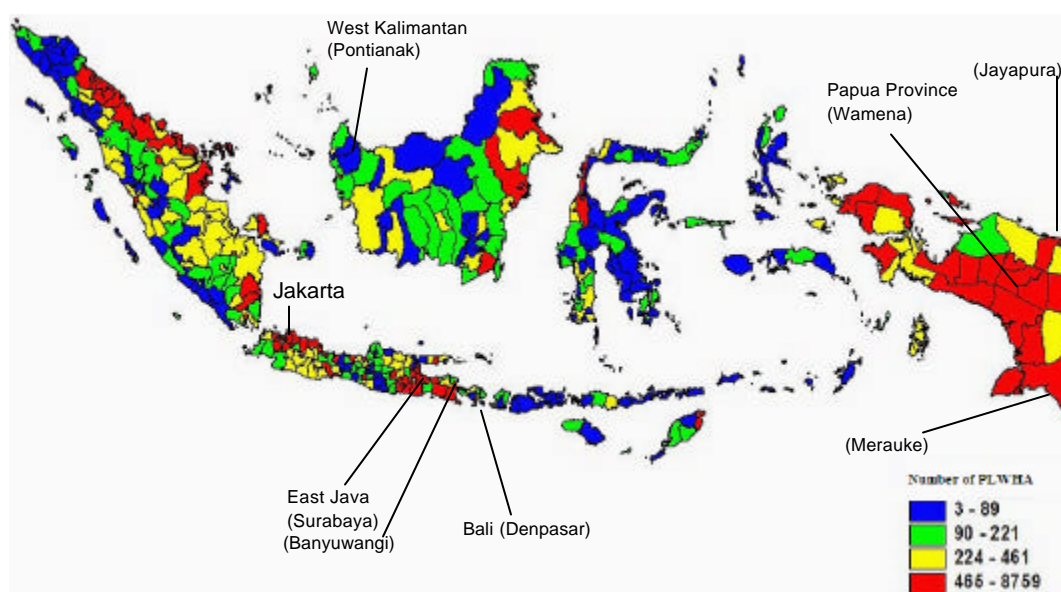
Decentralization requires that local AIDS commissions be responsible and have capacity for coordinating the multi-sectoral response at the local level. These institutions need to establish that they are transparent, credible, and responsive.

Recommendation:

- Provide technical support to local AIDS commissions to prepare and promulgate costed local strategic plans with long term sustainability for comprehensive prevention, care, support and treatment programmes funded by domestic and external sources.

There is recent evidence of a generalized epidemic in Tanah Papua. The local health care system is not well developed. There is high-level recognition that the epidemic is different and that the response to it should be adapted to the situation in these provinces.

Figure 1: District estimates of the number of people living with HIV in 2006 in Indonesia and areas visited



Recommendation:

- Address the fundamentally different planning and implementation needs in Papua, due to the unique nature of the epidemic and the limited financial, human and technical resources locally available.

The health sector response involves a number of Directorates in the Ministry of Health. Coordination of planning and implementation across the entire Ministry is needed in the multi-sectoral response to HIV.

Recommendation:

- Ensure representation of all aspects of health care in HIV programming and improve the functioning of one working group directly under the Minister of Health.

Recently, there have been notable gains in the political and financial commitment to HIV prevention and control with the Presidential decree on HIV/AIDS and commitment to increasing overall funding for the response. However, the national AIDS programme remains highly donor dependent, raising concern about its sustainability.

Recommendations:

- Increase budget advocacy with parliament, the national planning bureau, local parliaments and local planning bureaus for budgetary allocations.
- Include a financial analysis into the current budget projections of how needs will be met, identifying commitment from funding parties, including donors and philanthropic groups.

4.2 Strategic information

Surveillance

Second-generation surveillance has been implemented. Data are available and used at provincial and district levels to derive estimates for planning. However, integrated analysis combining multiple data sources is not done regularly

and sexually transmitted infection (STI) surveillance is inadequate.

Recommendations:

- Strengthen capacity for second-generation surveillance at all levels, particularly for data management and analysis and regular dissemination.
- Conduct collective analysis of data from various sources at the central level to better understand the HIV epidemic trends and geographical variations.

Monitoring and evaluation

Several parallel monitoring and evaluation systems are in place resulting in redundancy of data collection at facility level. Staff are over-burdened in fulfilling the various reporting requirements.

Recommendations:

- Ensure that the national monitoring and evaluation system is more responsive to the information needs at different levels.
- Facilitate the harmonization of existing reporting systems towards ONE national monitoring and evaluation system through the efforts of the National AIDS Commission and the Ministry of Health.
- Maintain the responsibility for primary data on the health sector response under the auspices of the Ministry of Health.

4.3 HIV prevention

Effective HIV prevention requires integration of the many different interventions considered below, as at-risk groups may have multiple risk factors and the health sector offers multiple opportunities for prevention integrated with care and treatment.

Prevention and treatment STIs

STI services do not always reach the most important target groups. Recent guidelines have not yet reached all health service facilities and the newly required recommended STI drugs are not yet in stock.

Recommendations:

- Make STI services more community friendly by strengthening peer education, outreach programmes and engagement of key community stake holders.
- Ensure that recent guidelines are followed and the required drugs are available in all health service facilities.

Condom promotion

Condom use rates remain low among populations at high risk for HIV and STIs such as sex workers. Condoms are not always available or promoted in health facilities. Peers, volunteers and outreach workers do not always carry condoms or promote their use.

Recommendations:

- The 100% condom programme should be reinforced and rapidly expanded, especially in economic hot spots and where sex work is common.
- All health service facilities, peers, volunteers and outreach workers should provide and promote condoms.

Harm reduction

Coverage is insufficient. Neither the number of injecting drug users reached nor the commodities such as clean needles, syringes and condoms supplied to injecting drug users who are contacted is adequate.

Recommendations:

- Reinforce the implementation of Regulation No.02/per/menko/kesra/1/2007 of the Coordinating Ministry of the People's Welfare at all levels and strengthen the Harm Reduction Working Group involving all stakeholders.
- Rapidly establish and scale up a comprehensive approach including methadone maintenance therapy, needle syringe and condom distribution in all provinces where injecting drug use is an important risk factor, including in closed settings.

Prevention of Mother-to-Child Transmission (PMTCT)

PMTCT is not yet available in all health facilities in priority areas.

Recommendations:

- Prioritize the scaling up of PMTCT in all areas of high HIV prevalence, particularly in Tanah Papua.
- Integrate PMTCT efforts into general reproductive health services with more active links between antenatal clinics, voluntary counselling and testing and family planning services.

Blood safety

Blood safety is not universal, especially where the Indonesian Red Cross is not actively involved. The Red Cross operates in 185 of the 447 districts.

Recommendation:

- Implement blood safety as a national priority, including application of existing guidelines on testing of blood and blood products for blood born infections and rational use.

4.4 HIV testing and counselling

Commitment to scale up HIV testing and counselling services exist at all levels. Overall access and use remain low and few clients are self-referred. Provider-initiated HIV testing and counselling is the norm. Stigma and discrimination further inhibit use of HIV testing and counselling.

Recommendations:

- Increase access and coverage of HIV testing and counselling services at all levels, considering local conditions and needs.
- Routinely offer HIV testing and counselling to all TB patients in districts where HIV prevalence is high and in all STI clinics.
- Routinely offer HIV testing and counselling to pregnant women during antenatal care in districts where HIV prevalence is greater than 1%; ensure informed consent and respect confidentiality.

4.5 Care, support and treatment

Substantial achievements have been made since 2004 with respect to increasing access and coverage of care, support and treatment services. However, the quality of clinical care, in particular with respect to diagnosis and treatment of opportunistic infections is insufficient.

Though antiretroviral therapy is offered free of charge, other associated costs are sometimes prohibitive. In all regions visited stock outs of antiretroviral drugs were reported. Provision of second-line therapy was rare. Paediatric formulations are not yet registered.

Recommendations:

- Strengthen capacity, mentoring and supervision of overall clinical care and treatment and, in particular, for management of opportunistic infections and make all necessary health products available at health facilities.
- Implement a uniform stock management system for all HIV related-products at all levels in order to ensure regular supply and forecasts for antiretroviral drugs.
- Make provision for second-line antiretroviral medicines and paediatric formulations.

4.6 People living with and affected by HIV

In several areas visited, support groups for people living with HIV have been established and are involved in a full range of prevention, care and support programmes.

Recommendations:

- Strengthen capacity of people living with and affected by HIV to form self-help groups and networks.
- Increase the involvement of people living with and affected by HIV in policy making, planning and service provision.

5. List of Participants

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