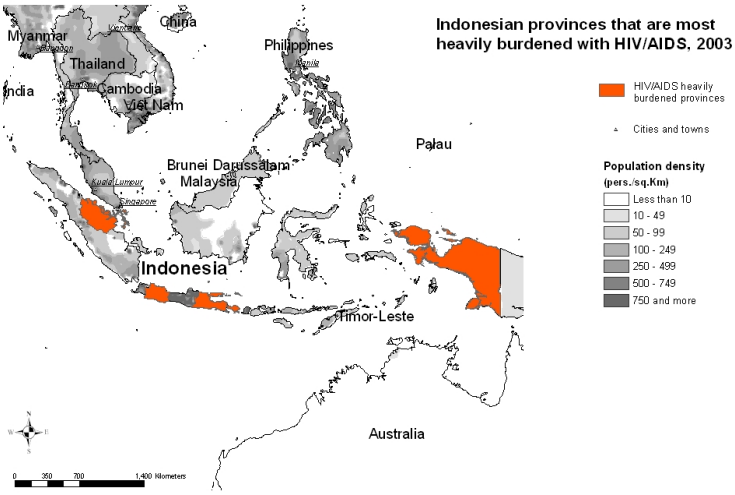
INDONESIA

December 2005

Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 12 000*
Antiretroviral therapy target declared by country: 10 000 by the end of 2005



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Public Health Mapping & GIS
Communicable Diseases (CDS)
World Health Organization

World Health Organization

SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	222.6	United Nations
Population in urban areas (%)	2005	47.88	United Nations
Life expectancy at birth (years)	2003	67	WHO
Gross domestic product per capita (US$)	2002	793	United Nations
Government budget spent on health care (%)	2002	4.5	WHO
Per capita expenditure on health (US$)	2002	24	WHO
Human Development Index	2003	0.697	UNDP

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.0 - 0.2%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	90 000-130 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Sep 2005	3 301	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	12 000*	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Sep 2005	71	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	Sep 2005	7 439	Ministry of Health
Knowledge of HIV prevention methods (15-24 years)% - female°	2000	7	MICS**
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female°°		NA	
Reported condom use at last higher risk sex (15-24 years)% - male°°		NA	

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

°°=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* In 2003, the Ministry of Health estimated the total number needing antiretroviral therapy by 2005 to be 10 000.
** Multiple Indicator Cluster Surveys

3. Situation analysis

Epidemic level and trend and gender data
The epidemic in Indonesia is concentrated, with low infection rates in the general population and high rates among certain populations, mainly injecting drug users and sex workers in some regions. Transmission among injecting drug users has increased eight-fold since 1998, and rates are as high as 70% among injecting drug users in Jakarta in 2005 (according to Kios Atmajaya, a nongovernmental organization) and 53% in Denpasar (Bali) and 26% among sex workers in one brothel in Papua. The dynamics of HIV prevalence and the epidemic, however, vary greatly across Indonesia. Papua, Jakarta, Riau and Bali are the most severely affected provinces, but HIV infection levels are also high in East Java, West Java, West Kalimantan, North Sumatra, North Sulawesi and West Kalimantan. Injecting drug users represent most new HIV cases reported nationally, followed by female sex workers and transsexuals, together with their sexual partners. National estimates indicate that there are more than 2.9 million drug users in the country, not all injecting, most young men. There are also an estimated 250 000 sex workers. Because of limitations in the national HIV/AIDS surveillance system, few cases are identified and reported at the national level. As of 30 September 2005, 4065 people who are HIV-positive, 4186 additional people with AIDS and a 25% death rate among people living with HIV/AIDS had been reported to the Ministry of Health. Among the AIDS cases, 82% were men; heterosexual transmission accounted for 48.12% and injecting drug use for 51.27%, and mother-to-child transmission for 0.61%.

Major vulnerable and affected groups
National serosurveillance surveys reveal that HIV seroprevalence among highly affected populations of injecting drug users has reached 48% in Jakarta, 53% in Denpasar and 24% in West Java. Merauke, Papua has the highest prevalence rate among female sex workers in one site (26%). National estimates in 2002 indicated that the HIV prevalence ranges from 20% to 47% among injecting drug users and from 2% to 5% among sex workers. Other vulnerable groups include waria (transsexuals), with reported rates of 9-27%, prisoners with 9-22% and men who have sex with men, with 0.4-1.3%. Surveys of health behaviour among high school students in Jakarta in 2002 showed that one third had used drugs at some point.

Policy on HIV testing and treatment
HIV testing and counselling services are based on the principles promoted by WHO. The Ministry of Health has standardized the national guidelines for HIV testing and counselling and the training modules. There are national guidelines for preventing mother-to-child transmission that have been adapted in 2005. In July 2004, the government committed to providing access to subsidized antiretroviral therapy to everyone needing treatment, with the ultimate goal of ensuring universal access. A total of 59 hospitals in all provinces have been identified as HIV care, support and treatment sites under the National AIDS Programme. Satellites will be developed in the near future. Steps are currently being made to roll out access at the district level and beyond. In December 2004, in a move to address specific issues related to high prevalence among vulnerable groups and to increase harm reduction activities, Indonesia initiated a project to introduce drug substitution therapy (methadone) for injecting drug users in two government hospitals (Fatmawati Drug Dependence Hospital/RSKO in Jakarta and Sanglah Hospital in Denpasar).

Antiretroviral therapy: first-line drug regimen, cost per person per year

The Ministry of Health has developed national guidelines for antiretroviral therapy and case management, along with training curricula. The recommended first-line regimen is zidovudine (or stavudine) + lamivudine + nevirapine (or efavirenz). Most antiretroviral drugs have been registered in Indonesia. Few generic antiretroviral drugs are registered. The envisaged supply system will rely on the local production of the first-line antiretroviral drugs by Kimia Farma (a state-owned pharmaceutical company), which have already been approved by the Food and Drugs Control. The cost of the triple regimen is about US$ 420 per person per year. The Ministry of Health has committed funds to fully subsidize the provision of antiretroviral drugs, including reagents. Additional funds of US$ 65 million for comprehensive care are available from a Round 4 grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria and will partly be used to finance second-line treatment.

Assessment of overall health sector reponse and capacity
Indonesia's health system is highly decentralized; provincial and district health services have significant autonomy to determine policies, priorities and financing. However, the major source for the national budget for HIV/AIDS is the Global Fund to Fight AIDS, Tuberculosis and Malaria, through which activities in 17 provinces are supported. In 1994, the National AIDS Commission was established as a secretariat to coordinate the multisectoral approach. Provincial AIDS commissions have been established in every province, headed by the vice-governor. Local initiatives for antiretroviral therapy have been launched throughout Indonesia, under the commitment of local authorities and of physicians taking care of people living with HIV/AIDS. The National HIV/AIDS Strategy for 2003-2007 identifies the following programme priorities - HIV/AIDS prevention, care and treatment and support for people living with HIV/AIDS, surveillance, operational research, multisectoral coordination and a sustainable response. In January 2004, a meeting between the Coordinating Minister for People's Welfare and six ministers comprising the major members of the National AIDS Commission and governors of the six most affected provinces in Indonesia adopted the Sentani Commitment. The seven objectives were: promoting condom use in every high-risk sexual activity; reducing harm among injecting drug users; providing antiretroviral therapy to at least 5000 people living with HIV/AIDS by the end of 2004; reducing stigmatization of and discrimination against people living with HIV/AIDS; establishing and empowering provincial and district AIDS committees; developing laws and regulations conducive to HIV/AIDS prevention, care and support programmes; and scaling up efforts for information, education and communication, including religious instruction, to prevent the spread of HIV/AIDS. Fourteen provinces re-endorsed this in July 2005. A national policy on scaling up antiretroviral therapy is being developed. Treatment models excluding adherence counselling have been developed at the central level, taking into account the experience of local initiatives. A move has been made from ad hoc provision of single training units to a national training strategy with the support of six regional training centres, and to standardize and certify training to ensure sustainability and quality. A total of 59 hospitals in all provinces have been identified as HIV care, support and treatment sites under the National AIDS Programme. Satellites will be developed in the near future.

Critical issues and major challenges
The current national capacity to respond to scaling up is still inadequate to achieve the national target for antiretroviral therapy. A systematic approach to building institutional and human resources capacity will have to be developed across the health sector for this purpose, going beyond the current health sector development strategy, which targets only in-service staff. The coverage of HIV/AIDS programmes targeting injecting drug users and sex workers is low. Promising small-scale programmes exist for injecting drug users, including methadone maintenance, peer outreach, risk reduction counselling, condom distribution and needle exchange for drug users and support groups for people living with HIV/AIDS, but coverage is inadequate to affect the overall epidemic. Active drug use remains a major challenge to successful adherence to antiretroviral therapy. Despite plans to extend methadone treatment to 10 sites, this number is still too low to facilitate access for most current active drug users. Advocacy for condom promotion needs to be urgently enhanced to increase coverage. Treatment for sexually transmitted infections is still insufficient, but a new strategy is under development. Additional efforts need to address the specific needs of youth. Stigma, discrimination and cultural norms create difficulty in reaching the most vulnerable populations and in implementing effective prevention and treatment interventions.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

• WHO estimates that about US$ 8.9 million was required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 10 000 people by the end of 2005.
• The government is expected to commit up to US$ 2.4 million to subsidize the cost of antiretroviral drugs. Provincial governments are identifying additional resources to support scaling up antiretroviral therapy to varying degrees. Subsidies for related services, such as voluntary counselling and testing, drugs for opportunistic infections and laboratory services, will require commitment and allocations from local governments and from donors.
• Indonesia requested US$ 15.9 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 1. Two-year funding of US$ 7.8 million for HIV/AIDS was approved, and US$ 3.3 million had been disbursed as of November 2005 to support implementation of activities.
• Indonesia's Round 4 proposal to the Global Fund has a subcomponent on HIV/AIDS treatment and care and includes antiretroviral therapy for 20 000 people by the fifth year. Of US$ 65 million requested over five years for prevention and treatment, US$ 25.4 million is for drugs (mainly for antiretroviral drugs and prophylaxis and treating opportunistic infections), including US$ 4.2 million in the first year. US$ 31.1 million has been approved for the first two years of implementation of the proposal, and as of November 2005, US$ 8.1 million had been disbursed.
• Several bilateral donors are supporting activities related to HIV/AIDS, but these do not include antiretroviral therapy. Several nongovernmental organizations support treatment and care, of which only Médecins Sans Frontières directly funds antiretroviral therapy.

5. Treatment and prevention coverage

• In 2003, WHO/UNAIDS estimated Indonesia's treatment need to be 7100 people, and the "3 by 5" treatment target was calculated as 3550 people (based on 50% of estimated need). In 2005, WHO/UNAIDS estimated that Indonesia's treatment need had risen to 12 000 people.
• The country-declared national treatment target is 10 000 people by the end of 2005.
• As of June 2004, an estimated 1500 people had started antiretroviral therapy through government services, 90% of whom were paying the full cost of treatment and care. By October 2004, 2500 people were reported to be receiving antiretroviral therapy in Indonesia. By January 2005, this number had risen to an estimated 3000 people receiving treatment free of charge in the 25 designated hospitals. By September 2005, an estimated 3301 people were receiving antiretroviral therapy.
• A total of 59 hospitals in all provinces have been identified as HIV care, support and treatment sites under the National AIDS Programme. Satellites will be developed in the near future. As of September 2005, 61 sites were providing antiretroviral therapy.
• As of September 2005, 71 sites were providing HIV counselling services, and of these, 25 hospitals also provided HIV testing services. However, the number of sites is inadequate in relation to the size of the country, and stigmatization remains an obstacle to use.
• No data are available on antiretroviral therapy prescribed in the private sector, but several outreach nongovernmental organizations, such as Yayasan Pelita Ilmu in Jakarta, work in voluntary counselling and testing, care and treatment. Proprietary antiretroviral drugs are seldom available in private pharmacies and mostly limited to Jakarta. The Ministry of Health has set up a system for monitoring and evaluating antiretroviral therapy in accordance with WHO guidelines, but this is in its early stages and data are not yet available from all treatment sites. More empirical data on antiretroviral therapy coverage are expected to be available by early 2006.
• Indonesia's National HIV/AIDS Strategy for 2003-2007 places prevention at the heart of the National AIDS Programme while stressing the need to scale up treatment, care and support. The Strategy gives priority to surveillance for sexually transmitted infections and HIV, operational research and providing an enabling policy environment. With support from donors, including major programmes from the Australian Agency for International Development, the United States Agency for International Development and the Global Fund, prevention activities among high-risk groups have intensified in several provinces and notably among sex workers, injecting drug users and waria. The quality of services for sexually transmitted infections and for voluntary counselling and testing is being strengthened through staff training and by providing equipment. The government has significantly strengthened its harm reduction programme for drug users since a national harm reduction conference in early 2005 with government institutions, police and nongovernmental organizations. The programme includes needle and syringe exchange and methadone substitution. Some cities have needle-exchange sites, and Jakarta and Bali have two methadone maintenance therapy programmes. Plans are being made to scale up to 10 sites and also to link antiretroviral therapy and methadone maintenance therapy services. Existing harm reduction programmes are estimated to cover less than 1 of 10 injecting drug users.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management
The National AIDS Commission provides leadership in planning and managing activities related to HIV/AIDS, supported by the provincial AIDS commissions. The Ministry of Health is taking the lead in developing a plan for prevention and HIV/AIDS treatment and care (including antiretroviral therapy) as a core element of the comprehensive national HIV/AIDS response. Various Ministry of Health directorates and other units are actively involved, such as centres for disease control, medical services, pharmaceutical services, community health services and laboratory services. Since 2001, a decentralized process has transferred budgets to the districts and municipal administrations. A National HIV/AIDS Treatment and Care Advisory Committee has been established, with a coordination unit at the central and provincial levels. The government is finalizing a national policy for antiretroviral therapy with the support of WHO. UNAIDS provides support for coordinating activities related to HIV/AIDS among partners.

Service delivery

The Ministry of Health provides overall leadership in delivering antiretroviral therapy services. Indonesia has primarily trained provincial-level hospitals so far: in each a counsellor, nurse, physician, case manager, laboratory staff and often people living with HIV/AIDS. In the future there will be specialized antiretroviral therapy units at the provincial level with diagnostics and treatments and satellite antiretroviral therapy sites at the district level. Further, primary health care centres will also be involved in treatment and care, most likely identifying and referring people living with HIV/AIDS and following up treatment initiated at treatment sites. In addition, methadone maintenance therapy sites will be expanded to 12 sites, and links between antiretroviral therapy and methadone maintenance therapy services will be strengthened. International donors, notably the United States Agency for International Development and Family Health International, the United States Centers for Disease Control and Prevention, the Australian Agency for International Development and the Global Fund support capacity building and training. Community-based and nongovernmental organizations that provide most services for vulnerable populations depend largely on external funding from these donors. Family Health International has also conducted training for counsellors in 10 provinces. The Working Group on AIDS of the Faculty of Medicine of the University of Indonesia has conducted training in HIV testing and counselling and antiretroviral therapy management for physicians and nurses and HIV/AIDS care and support for treatment supporters. The National Drug Regulatory Authority Bureau is responsible for pharmaceutical policy and regulating drug quality. Since the national supply system for purchasing and distributing antiretroviral drugs is weak, the Working Group on AIDS from the Faculty of Medicine has been providing support for an interim system for supplying unregistered generic antiretroviral drugs, which are imported using a special access permit. Kimia Farma has a nationwide distribution system that will supply antiretroviral drugs to hospitals designated for providing antiretroviral therapy. A pilot project for preventing mother-to-child transmission has been implemented in two sites. In Jakarta, Pellita Ilmu supports the project, and in Merauke District in Papua Province, the District Public Office Project targets four health centres and traditional birth attendants. WHO is assisting the government in integrating services for HIV/AIDS and tuberculosis. WHO has recently supported a one-day sensitization workshop for national stakeholders from different levels (provincial and national, and including different departments within the Ministry of Health) to examine the need for a standardized and simplified approach to training health care workers at the primary and district health care level and to present a strategy to roll out care to the primary health care level using the WHO Integrated Management of Adult and Adolescent Illness (IMAI) approach. The Directorate General of Communicable Disease Control and Environmental Health will take the lead in this process. Surabaya already requested the IMAI modules to support the city's work in palliative care. With the guidance of Family Health International and WHO, the Soetomo Hospital has started working with the IMAI modules. They have translated the chronic care and palliative care modules, carried out the initial adaptation to the local situation and national issues and conducted some field testing.

Community mobilization

Throughout the country, many promising but small-scale projects target vulnerable populations, especially injecting drug users and sex workers. Most projects focus on preventing HIV/AIDS. There has been a limited emphasis on treatment and care, but many community-based and nongovernmental organizations are very well placed to monitor and support people living with HIV/AIDS and their families, to advocate for testing and counselling, to provide information on treatment and to refer people to care and treatment services. Referral systems between community-based and nongovernmental organizations and government facilities need to be built and/or strengthened. The National AIDS Commission recently signed a memorandum of understanding with the National Narcotics Board to provide opportunities for scaling up effective HIV/AIDS prevention and care programmes for injecting drug users. A National Business Alliance on HIV/AIDS coordinates the activities of the private sector.

Strategic information

Activities have mainly focused on HIV surveillance. Since 1993, an updated HIV sentinel surveillance system has been operating under the centres for disease control of the Ministry of Health, which mainly target female sex workers, injecting drug users and prisoners. Thirteen of 30 provinces are reporting surveillance data depending on the funds available for conducting serosurveillance. In some provinces, unlinked anonymous surveys are also conducted among prisoners and pregnant women attending antenatal clinics. Ad hoc surveys are conducted among injecting drug users, clients of sex workers, men who have sex with men and people attending sexually transmitted infection clinics, mainly with the support of Family Health International and the Australian Agency for International Development. A standard monitoring system for HIV testing and counselling and antiretroviral therapy is not yet in place, and the local monitoring is not yet coordinated between various services. WHO, UNAIDS and international donors, including the Global Fund, are supporting the National AIDS Commission, and the Ministry of Health is addressing this issue and establishing a comprehensive monitoring and evaluation system.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Conducting a comprehensive "3 by 5" advocacy and assessment mission in January 2004 and preparing a set of recommendations for country action and WHO support
- Supporting HIV/AIDS prevention and treatment among injecting drug users and addressing issues related to scaling up harm reduction and linking HIV/AIDS treatment and care with services for drug users, including a national workshop in December 2003 and a national conference in February 2005
- Funding two pilot methadone programmes in Bali and Jakarta and funding the delivery of antiretroviral therapy to drug users
- Providing technical support for intensifying prevention and care for injecting drug users
- Providing technical assistance to the Ministry of Health in developing a national plan for scaling up antiretroviral therapy for drug users
- Providing technical assistance in procuring drugs and managing supply
- Providing technical support for developing a training strategy, national reference training materials and support for training
- Providing technical assistance for identifying and mapping entry points for access to prevention, care, support and treatment
- Providing technical assistance for expanding access to prevention, care and support beyond the provincial level and the development of locally adapted IMAI materials
- Providing technical assistance for laboratory support guidelines and policy development
- Providing technical support for developing operations research
- Providing technical support to build the capacity of nongovernmental organizations
- Providing technical assistance for developing an intensified approach to controlling sexually transmitted infections
- Providing technical assistance in developing a national plan for monitoring and evaluating the scaling up of antiretroviral therapy
- Providing technical support for developing and implementing a plan for the monitoring and surveillance of HIV drug resistance
- Providing technical support for developing the Round 4 proposal submitted to the Global Fund, with a particular focus on the HIV/AIDS treatment and care subcomponent
- Providing support for HIV/AIDS surveillance, prevention, blood safety and information campaigns in areas affected by the tsunami disaster in December 2004
- Establishing an HIV/AIDS team in the WHO Country Office to provide technical assistance to the government and partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Supporting the development of the strategic and operational plan for scaling up antiretroviral therapy, including building human resource capacity
- Establishing on-the-spot testing and counselling services and prequalification of antiretroviral drugs, drugs for opportunistic infections and diagnostics
- Developing operational research on adherence to antiretroviral therapy, especially among vulnerable populations
- Providing technical assistance to improving the quality of all entry points to HIV/AIDS services in hospitals or in the community
- Reviewing and applying (including training) national guidelines on HIV testing and counselling, antiretroviral therapy and case management
- Adapting various WHO tools and guidelines relating to scaling up antiretroviral therapy (toolkits), including for specific populations (injecting drug users and sex workers) and closed settings (such as prisons)
- Providing technical support for rolling out access to prevention, care and treatment
- Strengthening laboratory services, including training laboratory technicians in HIV testing methods, CD4 count technology and laboratory monitoring of antiretroviral therapy, setting standards and implementing quality assurance practices in 25 hospitals
- Providing advice on international pricing, drug procurement and prequalification

Staffing input for scaling up HIV treatment and prevention

- The WHO Country Office has one international HIV/AIDS Country Officer, one international HIV/AIDS/STI Medical Officer (with a focus on HIV/AIDS prevention) and one HIV/AIDS National Professional Officer. Under the intensified support and action in countries (ISAC) agreement with the Ministry of Health, WHO technical support is being scaled up to nine core provinces with provincial WHO consultants.
- Additional staffing needs identified include 16 national consultants: one monitoring and evaluation officer, one to support surveillance, one to address harm reduction, one provincial liaison officer, two to support general human resource capacity-building, one to support laboratory capacity-building and one for each of the nine priority provinces to support scaling up antiretroviral therapy and access to prevention and care.

This country profile was developed in collaboration with national authorities, the WHO Country Office for Indonesia and the WHO Regional Office for South-East Asia