

INDONESIA

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
40% of the people living with HIV are on antiretroviral treatment (ART) and 90% of the people living with HIV who are on treatment achieved viral suppression.	SLOW PROGRESS	In 2020, 66% of people living with HIV in Indonesia knew their HIV status, of whom 26% were on ART; and out of all estimated people living with HIV, 6% achieved viral suppression— an increase from 59%-20%-2% respectively in 2019 (MoH HIV Information System December 2020, GAM 2021).
75% of key populations in priority districts know their HIV status and are linked to prevention, care, support, and treatment services; and 75% of the people living with HIV in priority districts are on ART.	ON TRACK	In 2020, an estimated 61% of the people living with HIV in Indonesia are in 96 priority districts—where 85% knew their HIV status, 33% were accessing ART, and 9% achieved viral load suppression (MoH HIV Information System December 2020).
23 priority districts/cities in Indonesia implement comprehensive HIV services to achieve the fast-track targets.	ON TRACK	With support from the Global Fund, comprehensive HIV services have been implemented in 27 priority cities/districts. In 2020, an estimated 90% of the people living with HIV knew their HIV status in the 27 priority districts/cities, of whom 39% were on treatment, and 39% of those on treatment achieved viral suppression (MoH HIV Information System, 2020).
80% of the people from key populations and their partners, women, and young people who are at higher risk of HIV infection access combination HIV prevention services and commodities.	ON TRACK	Supported by the Global Fund, national HIV prevention programmes provide comprehensive prevention services to key populations, including condoms, pre-exposure prophylaxis, and needles and syringes exchange programmes. Between 2018 and 2020, HIV prevention service coverage increased from 40% to 53.7% among female sex workers, from 20% to 65.1% among men who have sex with men, and 44% to 53% among people who inject drugs. The coverage among transgender people was at 80% in 2020 (Global Fund programmatic data, as reported by the MoH).

<p>Key affected populations in 23 priority districts are protected to access health and HIV services through legal aid, support and monitoring methods, and redress mechanisms respond to human rights violation cases.</p>	<p>ON TRACK</p>	<p>Indonesia, with strong support from the Global Fund and the Joint Team, continues to implement programmes aimed at reducing human rights barriers to access HIV services among people living with HIV and key and vulnerable populations in 23 priority cities/districts. Interventions include ensuring rights literacy among people living with HIV and key populations, and provision of paralegal and legal aid services.</p>
<p>Effective data tracking of progress on treatment cascade, (HIV testing, treatment, and viral load suppression coverage) at national-, provincial- and district-level.</p>	<p>ON TRACK</p>	<p>Support is being provided by the Joint Team to improve monitoring of the HIV response and generation of treatment cascades. The RapidPro system (using SMS based reporting) was launched in 2020 as proof of principle to assist pregnant women with HIV to stay on ART. The system was piloted in Semarang, Surabaya and Denpasar. As the Ministry of Health is currently developing and upgrading the National HIV Information System (SIHA 2.0), this model could be integrated and adopted further. While the tracking of testing and treatment data using the National HIV Information System is going well, tracking of viral load data still needs strengthening.</p>
<p>Increased domestic investment for the HIV response, particularly for prevention programmes and civil society and non-governmental organizations.</p>	<p>ON TRACK</p>	<p>The National AIDS Spending Assessment (NASA) 2019-2020 is being finalised. Domestic funding for HIV increased from 53% of total HIV spending in 2017 to 68% in 2018 (NASA 2018). In 2020, a pilot social contracting programme was finalized to enable civil society and non-governmental organizations access funding for HIV-related services— implementation will take place during 2021-2023.</p>

JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, ILO, UNESCO, WHO, WORLD BANK, UNAIDS SECRETARIAT, FAO, IOM

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

In 2020, the Joint UN Team on AIDS in Indonesia provided critical support to HIV testing and treatment services, including transition to Dolutegravir as the preferred first-line treatment regimen and establishment of a dashboard to improve reporting on the HIV testing, ART, and viral load service coverage in the country. Support was also provided to train thousands of healthcare providers on clinical management of HIV and sexually transmitted infections (STIs) in community health centres. Non-discriminatory policies were developed to improve access to HIV prevention services at the workplace and a series of trainings on peer counselling was conducted for Occupational Health and Safety employees and members of the labour union. The Joint Team provided strong and varied support to the Government to minimize the impact of COVID-19 and ensure continuity of HIV services. This included direct support to people living with HIV, vulnerable and key populations, establishment of tele-medicine services, home delivery of antiretroviral medicines, transport allowance for essential visits to health centres, procurement of personal and protective equipment (PPE), and development and dissemination of guidelines and informative videos.

TESTING AND TREATMENT

TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT; PARTNERSHIPS

In 2020, the Joint Team intensified its support to the Government to rollout the Dolutegravir-based regimen, boost treatment adherence, and enhance transportation of specimen for viral load testing aimed at improving health outcomes for people living with HIV. The number of ART sites was increased from 1007 in 2019 to 1085 in 2020 (MoH HIV Information System December 2020).

To support implementation of the National Action Plan for HIV and STI 2020-2024, the District Mentor Training Programme was launched. With support from the Joint Team, 238 district health and laboratory officers, doctors, nurses, and administration staffs were identified and trained as district mentors. Further, 7500 healthcare providers received training on clinical management of HIV and STIs in 800 community health centres. Technical assistance was also provided to produce five 'test and treat' tutorial videos on HIV, STIs, tuberculosis, prevention of HIV mother-to-child transmission (PMTCT), and paediatric HIV, which will be used as training material in health facilities.

The Joint Team supported the development of revised guidelines on PMTCT, with better alignment with the Antenatal Care protocol. The guidelines were disseminated to all 34 provinces to strengthen PMTCT services. Technical assistance was also provided to roll out a series of training on STIs and HIV testing and treatment among pregnant women, in collaboration with professional associations in 91 districts.

As a result of technical support provided to the National AIDS Programme, a randomized community trial was conducted in 2020 as part of a community-based HIV self-testing pilot programme among female sex workers in 23 priority districts in Indonesia. The trial assessed uptake and acceptability of community-based HIV screening and assisted and unassisted HIV self-testing using oral fluid testing. The study revealed that these tests are highly acceptable among the target population and have a significant potential to increase the number of female sex workers who know their HIV status. Implementation of the community-based HIV screening will start in 2021.

HIV PREVENTION AND SERVICES FOR KEY POPULATIONS **POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT**

In 2020, the Joint Team supported the Ministry of Health to develop a Pre-exposure Prophylaxis (PrEP) programme guideline for implementation in mid-2021, expecting to reach 7200 people by the end of 2021. Support was also provided to strengthen the integrated partner notification programme for key populations; the revised guideline and training module comprise updated and more comprehensive steps that take into account the special needs and vulnerabilities of key populations.

The Joint Team continued to provide support to the Directorate General of Corrections to scale up quality health referral system between prisons and local health providers. As a result, a Memorandum of Understanding (MoU) was signed between the Provincial Office of Law and Human Rights and the Provincial Office of North Sumatra Province to strengthen local collaboration between health offices and prisons in province to expand prison inmates' access to equitable health services. The MoU will help to scale up HIV, tuberculosis, STI, PMTCT, and referral services for 30 923 prisoners at 39 prisons and detention centres in the province.

GENDER EQUALITY, EQUITY, AND HUMAN RIGHTS **TECHNICAL SUPPORT; EVIDENCE GATHERING; PARTNERSHIPS**

The Joint Team provided technical assistance to develop non-discriminatory policies aimed at improving access to HIV prevention programmes at the workplace. A series of face-to-face and online trainings were also conducted for 119 Occupational Health and Safety employees and members of the labour union improving their skills on peer counselling. These results were achieved through collaboration between labour unions, healthcare providers, wide sector employers, and non-governmental organizations in Indonesia.

In 2020, support was provided to civil society organizations working on HIV and human rights in their advocacy efforts for review and reform of laws and regulations violating the right of people living with HIV and key populations. For example, a collaboration with 10 civil society organizations (the PEKAD Coalition) successfully advocated against the adoption of the Family Resilience Bill—a bill that includes provisions threatening the rights of women and sexual and gender minorities. Technical assistance was also provided to Community Legal Aid Institute (LBHM) for the development of an HIV legal review which will be used to strengthen advocacy efforts focused on eliminating stigma and discrimination against people living with HIV and key populations.

As part of the Crisis Response Mechanism Consortium, the Joint Team provided technical support to prevent and respond to human rights violations targeting sexual and gender diverse communities. Notable results include the provision of shelter and legal assistance, the introduction of an early warning system to the community networks—including a hotline service and handbook outlining individual rights during arrest, detention, and trial—, and the distribution of basic food supplies and rental allowance for 2318 transgender people whose livelihoods were affected by the COVID-19 pandemic.

Technical support provided to the Forum of Service Provider (FPL) for women survivors of violence resulted in the development of a service guideline and training module to improve quality of service delivery for women living with or affected by HIV—COVID-19 prevention protocol and gender-based violence case management mechanisms have also been included in the guideline. Meanwhile, 34 peer supporters from violence against women service provider entities in eight cities increased their knowledge and skills on HIV and gender-based violence, and management of violence cases against women living with HIV. Capacity building was also provided for 52 women living with HIV—members of Indonesia Positive Women Network (IPPI)—from 25 provinces increasing their knowledge and skills on methods of assessing individual situations and local circumstances that increase the risk to violence against women living with HIV.

STRATEGIC INFORMATION AND SUSTAINABILITY OF THE HIV RESPONSE TECHNICAL SUPPORT; EVIDENCE GATHERING; PARTNERSHIPS

The RapidPro system was implemented in late 2019/early 2020 as a proof of principle pilot to assist pregnancy women living with HIV to start and stay on ART. It uses short message services (SMS) in three pilot cities—Semarang, Surabaya, and Denpasar. Preliminary reports from the system showed significant increase in uptake and retention of people living with HIV enrolled on ART services. A tutorial video on RapidPro was also developed to support scale up of the system across the country.

As a result of technical support provided to the Directorate General of Corrections, the first phase of the Prison Health Information System (PHIS) was completed to integrate existing recording and reporting systems of health services for inmates in 525 prisons across Indonesia. Between April and August 2020, the Joint Team supported consultations aimed at identifying needs and requirements and implementing a rapid assessment to review existing information systems to guide the development of the PHIS—set to be completed in March 2021.

The Joint Team provided technical support and guidance in the development of the Indonesian Global Fund grant request for the 2022-2023 period, successfully mobilizing US\$ 84.7 million for HIV, as well as the COVID-19 Response Mechanism (C19RM) proposal to the Global fund, successfully mobilizing US\$ 44.08 million. The Global Fund grant will be used to increase the number of people living with who know their status, the number of people living with HIV on treatment and under treatment retention to achieve the 95-95-95 targets. The C19RM grant will be used to further mitigate the impact of COVID-19 on HIV service delivery.

CONTRIBUTION TO THE COVID-19 RESPONSE

The Joint Team collaborated with civil society organizations and other development partners and reprogrammed 40% of their 2020 UBRAF Country Envelope allocation (per exception approval by UNAIDS Executive Director) to mitigate the impact of the COVID-19 pandemic on the national HIV response and reduce the burden of the pandemic on people living with HIV and key populations. For example, 9000 surgical face masks and 2416 bottles of hand sanitizer were procured regionally and distributed to 29 health facilities to ensure the safety of healthcare workers and continuity of HIV services in three provinces. A total of 227 refugees with chronic illness and 55 elderly refugees were also provided with surgical masks, and personal protective equipment (PPE) worth US\$ 54 470 was also procured and distributed in 21 prisons and 50 community-based drug treatment centres to reduce the spread of COVID-19 among people who use drugs. In addition, support was given to the Ministry of Manpower to develop an occupational Safety and Health Guidance for COVID-19, HIV and Tuberculosis in the workplace, which was shared with 500 companies in 2020.

To ensure continuity of HIV prevention and treatment services, the National Network of Sex Workers (OPSI) was supported to run an ART home delivery programme for eligible people living with HIV and to provide transport stipends for those who needed to visit health centres for their supplies during the pandemic. OPSI further received assistance to provide virtual counselling sessions reaching 108 sex workers in Jakarta to improve their knowledge on HIV prevention and promote uptake of HIV testing services.

A total of 1405 women living with HIV in 12 provinces received cloth face masks, hand sanitizers, information materials on COVID-19 prevention, a safety plan for gender-based and intimate partner violence, including the violence against women service directory. Support was also provided to the National Network of Women Living with HIV (IPPI) to scale-up safe space services to address the increased level of violence against women during the pandemic. A special guideline for service providers on addressing violence against women living with HIV, which includes a COVID-19 protocol and information on how to handle violence against women in emergency situations, was developed to integrate HIV and gender-based violence services in

community-led programmes. A pilot training was conducted online to strengthen capacity of 34 service providers from non-governmental organizations in Jakarta, Bandung, Denpasar, Yogyakarta, Semarang, East Nusa Tenggara, South Sulawesi and East Java, with a focus on violence against women living with HIV.

In 2020, the Joint Team also supported several studies to assess and monitor the impact of COVID-19 on people living with HIV, and key populations, including a rapid assessment on the impact of the COVID-19 pandemic on the Partner Notification Programme to measure the level of anxiety, socio-economic situation, incidence of gender-based violence, and sexual reproductive health among 206 women living with HIV and 13 female partners of men living with HIV. The Indonesia AIDS Coalition (IAC) also received technical assistance from the Joint Team to conduct a survey on the critical challenges facing people living with HIV and key populations during the pandemic. The results were used to inform and strengthen the national COVID-19 response, the national programme on decent work and other advocacy efforts on social protection policies and mechanisms.

Similarly, the Joint Team also collaborated with the Crisis Response Mechanism Consortium to conduct another survey involving 300 people from the LGBT community across Indonesia to capture impacts of COVID-19 pandemic towards the social, economic, and legal situations of this community. An information video was produced based on the results from the survey to sensitize the public on the social, economic, and legal hardships faced by people from LGBT community during the COVID-19 pandemic.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

As part of the “Leaving No One Behind” principle, the Joint Team advocated for integrated comprehensive care and an enabling environment for all, including people living with HIV, older persons and persons with disabilities, in particular during pandemics and disasters. Joint Team members were actively engaged in the development of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2026, which was finalized in 2020. HIV-related work is integrated under the outcomes ‘Inclusive Human Development’, ‘Inclusive Economic Transformation’ and ‘Innovation’, and contributes to the realization of SDGs 3, 5 and 10.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The COVID-19 pandemic impacted HIV and other health services in the country. In consideration of the current economic downturn, an assessment is needed to evaluate the financial needs to sustain the HIV response and overcome the COVID-19 pandemic, including financial resources needed for COVID-19 vaccines.</p>	<p>Collaborate with the National Institute for Health Research and Development to rollout analysis of secondary-level care readiness and assess Indonesia's investment capacity for health post COVID-19 pandemic.</p>
<p>Low uptake of ART services and high number of lost-to-follow up cases among people living with HIV enrolled on ART services. The high price of antiretroviral drugs remains a concern.</p>	<p>Support the Government's treatment acceleration plan to scale-up decentralization of ART sites to primary health centres that are closer to the community and expand viral load testing sites, and promote uptake of these services.</p> <p>Provide technical support for the Ministry of Health to accelerate implementation of recommendations from the ARV pricing analysis and strengthen policies on procurement and supply-chain management.</p> <p>Support the treatment cascade analysis initiated by the Ministry of Health to develop an improved mechanism aimed at reducing lost-to-follow up cases. Support the pilot RapidPro for real-time data collection and user-communication for early infant diagnosis, laboratory tracking and ART.</p>
<p>Stigma and low knowledge of HIV management prevents young people and people from key populations from accessing HIV prevention, care, treatment, and support services.</p>	<p>Provide technical assistance to reinvigorate the HIV prevention programme for key populations, including strengthening the outreach model. Support implementation of the PrEP, HIV self-testing and partner notification initiatives.</p> <p>Provide technical support for an HIV-sensitive, stigma and discrimination reduction training for healthcare workers.</p> <p>Provide technical support to integrate non-discriminatory policies to eliminate existing issues, such as mandatory pre-employment HIV testing, and denial of employment, dismissal, and pressure to resign among people who test HIV positive.</p> <p>Advocate for private sector involvement in prevention and innovative workplace voluntary HIV counselling and testing.</p>
<p>High number of intimate partner and gender-based violence cases continue to be reported in and outside of the five priority cities in Indonesia. There is poor capacity in violence case management and delivery of support services among peer outreach workers, members of Forum of Service Providers, and health workers.</p>	<p>Support a series of advocacy initiatives to ensure that the a) draft Penal Code Amendment Bill upholds the basic rights of people from key and vulnerable populations and does not hamper HIV and sexual and reproductive health programmes for these groups, and b) immediate adoption of the elimination of sexual violence bill.</p> <p>Provide technical support to increase capacity of the outreach workers, members of Forum of Service Providers, and health workers to ensure quality of services provided to survivors of violence against women.</p>

Report available on the
UNAIDS Results and Transparency Portal

open.unaids.org