Stop Temukan Obati Pertahankan

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Cover

"A Peer Support in Surabaya Delivering ARV for PLHIV during the COVID-19 Pandemic"

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Directions for referring to this book:

Director General for Disease Prevention and Control, Ministry of Health Republic of Indonesia. 2023.
The 2002 HIV AIDS Annual Report

Remark

Minister of Health of the Republic of Indonesia

Together with the community, the government has made various responses to control the HIV AIDS epidemic since the emergence of the first AIDS case in Indonesia in 1987. Meanwhile, the response to prevent and control Sexually Transmitted Infections (STIs) has been implemented in Indonesia since before independence. Currently, the two responses are combined in one program due to the occurrence of STIs will facilitate HIV transmission and vice versa.

The program includes two aspects, namely prevention (promotive-preventive) and control (curative-rehabilitative). These two aspects are like two sides of a coin, they are one unit and must be carried out simultaneously. However, we need to work hard and work smart due to as of December 2022, only 77% of People Living With HIV (PLHIV) know their HIV status. Of this percentage, only 26% of PLHIV on ARV treatment and only 23% of PLHIV on ARV treatment received viral load tests with results that show the virus has been suppressed. This situation is a major challenge in HIV response, because we have targeted to achieve AIDS Elimination by 2030.

There are various factors that influence the acceleration of HIV AIDS and STI prevention and control in Indonesia, namely (1) Stigma and discrimination against PLHIV still exists in our society. This situation becomes significant barriers for health workers to reach out PLHIV and for PLHIV themselves to access health services, (2) Public knowledge about HIV AIDS and STIs is still limited due to taboos and reluctance to discuss sex-related matters in our society, even though HIV AIDS and STI transmission is closely related to sexual behaviors, (3) Considerable resources are needed to implement HIV AIDS and STIs responses across 17,000 islands with various geoFigureal barriers, (4) Strong commitment from multi-sector at all levels of administration, including communities, non-governmental organizations, the private sector and the business world, as well as professionals and academics in efforts to overcome HIV AIDS and STIs, and (5) The COVID-19 pandemic has significant impact on delivering of health service and resources including mobilization of HIV AIDS and STI resources and services to COVID-19 response.

Together with community and international partners, the government has responded to all barriers to accelerate HIV AIDS and STI prevention and control programs in achieving AIDS Elimination by 2030. These responses include mobilizing resources, providing infrastructure, expanding coverage, improving quality, and increasing community outreach or access to HIV AIDS and STIs programs, both promotive-preventive, and curative-rehabilitative.

I would like to thank and appreciate all parties who have contributed to the success of HIV AIDS and STIs prevention and control in Indonesia and participated in the preparation and publication of this Annual Report.

Minister of Health

BUDI G. SADIKIN

Foreword

Director General Diseases for Prevention and Control

In accordance with the mandate of Presidential Decree No. 47 of 2009 concerning the Establishment and Organization of State Ministries, every head of the organization is required to submit periodic reports on time and one of these reports is an annual report. This annual report contains the implementation of HIV AIDS and STI Prevention and Control of the Directorate General of Prevention and Control for Diseases in 2022 which includes activities, achievement of performance targets, and achievement of targets for responding HIV AIDS and PIMS as one of the national development programs in achieving the vision and mission of the President of the Republic of Indonesia for the 2019 - 2024.

The HIV AIDS and STI prevention and control programs are carried out on an ongoing basis. Therefore, all threats, challenges, obstacles and disruption that arise in its implementation need to be observed wisely and prudently in order to be analyzed, addressed, and followed up by improvement efforts. It is expected that all these efforts will be able to improve results and performance in the following years.

HIV AIDS and STI programs in 2022 have been implemented optimally based on the 2022 work plan. However, there are still shortcomings and weaknesses in various aspects that need to be addressed, overcome and improved in order to achieve goals and targets that have been set up. Suggestions, feedback, and constructive criticism from all readers of this Annual Report are highly expected and welcomed.

Success of implementing the HIV AIDS and STI prevention and control programs in 2022 only could be achieved by close, intensive and synergistic communication, coordination and collaboration between all stakeholders at the central and regional governments including the affected community.

I would like to thank and appreciate all parties who have supported the implementation of HIV AIDS and STI prevention and control programs in Indonesia in 2022, and in the following years. We also express our appreciation to all parties who have participated in the preparation and publication of this Annual Report.

Director General of Disease Prevention and Control (DG of DPC)
Ministry of Health of the Republic of Indonesia

Dr. dr. Maxi Rein Rondonuwu, DHSM, MARS

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Glossary

AEM	Asian Epidemic Model
AIDS	Aqcuired Immuno Deficiency Syndrome
APBD	*Anggaran Pendapatan dan Belanja Daerah* (District/Provincial Government Budget)
APBN	*Anggaran Pendapatan dan Belanja Nasional* (National Government Budget)
ART	Antiretroviral Therapy
ARV	Antiretroviral
Bappenas	*Badan Perencanaan Pembangunan Nasional* (National Development Planning Board)
Bappeda	*Badan Perencanaan Pembangunan Daerah* (District/Provincial Development Planning Board)
BHP	*Bahan Habis Pakai*
CD4	Cluster of Differentiation 4. (*Salah satu jenis sel darah putih*)
CLM	Community Led Monitoring
CSO/CBO	Civil Society Organization/Community Based Organization
EID	Early Infant Diagnosis
Fasyankes	*Fasilitas Layanan Kesehatan*
FKTL	*Fasilitas Kesehatan Tingkat Lanjutan*
FKTP	*Fasilitas Kesehatan Tingkat Pertama*
HIV	Human Immunodeficiency Virus
GF	Global Fund
IAC	Indonesia AIDS Coalition
IBBS	Integrated Biological and Behavioral Survey
IMS	*Infeksi Menular Seksual*
JKN	*Jaminan Kesehatan Nasional*
JTID	*Jaringan Transgender Indonesia* (Indonesia Transgender Network)
KAP	Key Affected Populations
Kemendagri	*Kementerian Dalam Negeri*
Kemenkes	*Kementerian Kesehatan*
Kemensos	*Kementerian Sosial*
KTIPK	*Konseling Testing Inisisasi Petugas Kesehatan*
Lapas	*Lembaga Pemasyarakatan*
LASS	*Layanan Alat Suntik Steril*
LKB	*Layanan Komprehensif Berkesinambungan*
LSL	*Laki-laki yang Berhubungan Seks dengan Laki-laki*
LTFU	Lost to Follow Up
MMD	Multi Month Dispensing
MMT	Methadone Maintenance Therapy
MSM	Men Sex with Men
MSS	Minimum Service Standard
NAP	National AIDS Program
NAPZA	*Narkotika Psikotropika dan Zat Adiktif lainnya*

NSP	Needle and Syringes Program
ODHIV	*Orang Dengan HIV dan AIDS*
OFT	Oral Fluid Test
OMS/OBK	*Organisasi Masyarakat Sipil/Organisasi Berbasis Komunitas*
OPSI	*Organisasi Perubahan Sosial Indonesia* (Sex Worker Organization)
PDP	*PerawatanDukungan dan Pengobatan*
Penasun	*Pengguna Napza Suntik*
Permenkes	*Peraturan Menteri Kesehatan*
PIMS	*Penyakit Infeksi Menular Seksual*
PLHIV	People Living with HIV
PMTCT	Prevention Mother to Child Transmission
PPIA	*Pencegahan Penularan HIV dari Ibu ke Anak*
PSP	*Pekerja Seks Perempuan*
PrEP	Pre-Exposure Prophylaxis
PTRM	*Pelayanan Terapi Rumatan Metadon*
Puskesmas	*Pusat Kesehatan Masyarakat* (Public Health Center)
PWID	People Who Injecting Drug
RAN	*Rencana Aksi Nasional*
RPJMN	*Rencana Pembangunan Jangka Menengah Nasional*
RS	*Rumah Sakit* (Hospital)
SHM	*Skrining HIV Mandiri*
SIHA	*Sistem Informasi HIV AIDS* (Information System for HIV Program)
SIHEPI	*Sistem Informasi Hepatitis dan Infeksi Saluran Pencernaan* (Information System for Hepatitis Program)
SITB	*Sistem Informasi Tuberculosis* (Information System for TB Program)
SITRUST	*Sistem Informasi Treking untuk Spesimen Transpor* (Information for tracking specimen transport)
SPM	*Standar Pelayanan Minimal*
SSH	Surveilans Sentinel HIV
STBP	*Survei Terpadu Biologis dan Perilaku*
STI	Sexual Transmission Infection
TB	Tuberculosis
TWG	Technical Working Group
UN	United Nations (PBB)
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Childrens Fund
VL	Viral Load
Waria	*Wanita Pria* (Transgender)
WBP	Warga Binaan Pemasyarakatan (penghuni lapas dan rutan)
WHO	World Health Organization

Executive Summary

A numerous achievement has been documented by the National AIDS Program (NAP) in 2022. The achievements are contributed by health sector, multi-sectors and community sector as well. A number of innovative interventions has been made to improve the coverage and access to services such as Pre-Exposure Prophylaxis (PrEP), HIV Self-Screening, Virtual Interventions, Differentiated Care Services, HIV Test and Treat and District Mentoring for Health Workers.

Nevertheless, Indonesia is still lagging behind to achieve the global target of HIV response (95-95-95). As of December 2022, the achievement of the first 95 percent was still at 81% of PLHIV who know their status; for the second 95 percent was at 41% of PLHIV who are still on ARV treatment; the third 95 percent was only at 19% of PLHIV who were on the ARV treatment was virally suppressed.

Performance of the global target (triple 95s) were reflected in the limited coverage of prevention, HIV testing, treatment and treatment of HIV or STIs. Low coverage could be seen especially among key populations, pregnant women, babies born to HIV+ mothers, children living with HIV and TB/HIV patients. Although HIV testing for pregnant women has high coverage, but coverage on pregnant women who are HIV or STI positive for treatment of HIV and STI treatment has been very limited.

Persistent new HIV infections among key affected populations indicates lack of supportive environment for promotion and prevention programs. Although STI is part of an important service, it seems that the resources and capacity allocated are insufficient to implement the STI program widely and comprehensively.

From the policy aspect, there have been multisectoral policy frameworks for HIV response at provincial and district levels in addition to national policies, although the implementation has not been evenly distributed in provinces and districts / cities. However, multi-sectoral coordination at different levels has not been optimal which causes a lack of clarity on the role and support from across sectors. A number of laws or regulations has been considered as significant barriers to provide services to key affected populations at local level.

In terms of programmatic financing, there has been an increase in the allocation of government funds for HIV which reflects the commitment to HIV prevention and control. At the same time, MoH has developed technical guidelines on integrating HIV response into regional planning documents as a strategy to sustain resource allocation. In general, the existing budget for HIV response is mostly allocated on buying health commodities and reagents. This has resulted in a lack of funding for other essential HIV response such as HIV prevention and services provided by the community sector.

In 2022, there is also an increasing support for developing the strategic information system in HIV prevention and control (SIHA). The development of SIHA is expected to strengthen monitoring process of program performance at national, sub-national, and health facility levels. However, the SIHA has not been optimum and faced some technical problems and confusion at operational level due to lack of capacity to manage the system and different SIHA versions are still applicable.

Chapter 1. Introduction

Indonesia has faced HIV epidemic for more than three decades. The epidemic is concentrated in four key affected populations (men sex with men, sex workers, transgender woman and people who injecting drugs). However, current epidemiological trend has moved to general population where HIV prevalence of pregnant women is increasing. Transmission among general population is more obvious in Papua Island where the HIV prevalence among general population is 2,3 percent.

HIV responses in Indonesia have been implementing since the beginning of the emergence of the epidemic. A series of national strategy and action plans have been developed and implemented by Ministry of Health. The recent national strategy plan and action plan for the health sector is the National Action Plan for the HIV AIDS and STI Prevention and Control Program for 2020-2024 (HIV NAP 2020-2024). At the same time, the Coordinating Ministry of Human Development and Culture has developed National Strategy and Action Plan for HIV-AIDS Response 2021-2025 as the cross-sectoral national action plan

The National Action Plan is a basis for comprehensive efforts to achieve the target of 90 percent of people with HIV knowing their status, 90 percent of whom are on ARV treatment and 90 percent of those on ARV treatment will have the virus suppressed in their bodies (90-90-90) by 2027, and is expected to achieve 95-95-95 by 2030 as Indonesia's contribution to the global commitment to achieve AIDS elimination by 2030.

With reference to the national action plan, various HIV responses in Indonesia are implemented by the government and the community through funding supports from government, local government and community as well as international development cooperation.

A comprehensive and sustainable service model has been determined as the platform for the HIV prevention and control response in Indonesia. This model has directly demonstrated the synergistic role of the community sector with the health sector. The community sector has played more role in promotion and prevention response and building a conducive program environment for HIV services. The community responses mainly are technically and financially supported by international development partners. Meanwhile, the health sector is more dominant in treatment and care services which is reflected in various efforts to strengthen health systems at the level of health facilities, regions and nationally.

The 2022 annual report on HIV AIDS control programs is intended to describe key performance in process of achieving Triple 95s Target by 2030. The progress and performance of the response described in the report are contributed by either government sector or community sector. Six strategies in the NAP will be used to describe achievement of the HIV response. The strategies will be grouped into two major parts: (1) an overview of health efforts that include promotion prevention, treatment and care and innovations that have been carried out by the health sector and society. (2) description of the various supports needed to implement these responses which include multi-stakeholder support and commitment, multi-sector cooperation or collaboration and strengthening program management.

City of Bekasi: Mobile HIV Testing for Female Sex Workers

Chapter 2. Their Voices

This section presents voices from the field on the subjective changes felt by representative of the community members or health workers during the HIV program implementation in 2022
The 2022 is the year when things are back to 'normal' after the COVID-19 pandemic. A number of strategic actions have been taken to strengthen various initiatives that have been carried out during the pandemic and start new initiatives that have not been possible implemented during the pandemic. Numerous meaningful changes, ranging from national, local, community, to individual levels have been witnessed and documented. These actions aim to increase coverage and access to various innovative HIV services including Pre-Exposure Prophylaxis (PrEP), HIV Self-Screening, virtual interventions, differentiated services, test and treat and mentoring programs for health workers in health facilities.

In 2022, capacity building activities for health workers were not fully laid on trainings provided by the Ministry of Health. A technical assistance program in the form of Mentoring during On-the-Job Training (OJT) was developed as innovative method for strengthening the capacity of health workers at district level. The district mentoring program provides opportunities more health workers to participate in the capacity building and to receive on going technical assistance from the designated mentors during their daily services. As a good practice in strengthening capacity of health workers at facility/district level, the district mentor program is expected to be expanded evenly in all regions of Indonesia

> *"TA mentoring is very helpful. If there is TA mentoring and there is a rotation of the health workers that frequently happened, then it would be available health workers to assist the service if needed"*
>
> *– North Jakarta Health Office–*

Innovations in HIV care and treatment was developed in 2022 when multi-month dispensing (MMD) services and extended service hours were implemented ARV providers in different districts across Indonesia. These innovations are considered as strategic interventions to achieve the 95-95-95 target. The MMD service allows people living with HIV to receive ARV package for a period of two to three months. The service is perceived by health workers or community as a significant service improvement due to the service could increase retention in the program. It means that the service also may reduce the number of Lost to Follow UP (LTFU) cases. In client's perspective, the service has provided a better access to received ARV stocks for a period of two to three months in one visit to health facilities.

> *"MMD for ARV is very helpful. Main obstacle usually in accessing ARV is related to time because they work during the day. Not all services could serve outside the working hours. With MMD, they could access two to three months of medication, and that's very helpful"*
>
> *– Community Representative –*

PrEP intervention is considered effective, doable and accepted by key affected populations as prevention of sexual transmission. Some districts have also successfully integrated PrEP initiation through mobile clinic services. If previously for those who tested negative HIV were advised to return to routine check-ups, now PrEP could be recommended as an alternative to preventive interventions in addition to condoms

According to the HIV service providers, the additional service hours for PLHIV may contribute to increasing number of PLHIV who access ARV access and higher rates of adherence to ARV treatment. Therefore, it may contribute to reduce lost to follow up (LTFU) rates. In addition, the extension of service hours also provides more opportunity to offer HIV test service for key affected populations so that it could contribute to increasing HIV case findings in their service area.

> *So, the additional service hours recieves a good response and more clients access the service, especially for those who are working or who have difficulties to take medicine in the morning. It's quite helpful.*
>
> *– Health Worker, Pekanbaru –*

Pre-Exposure Prophylaxis (PrEP) service for MSM and sex workers as a trial for innovative intervention has been initiated in 22 regions since early 2021. The initiation of PrEP has received positive responses from key populations. Intensive promotion and demand creation by various NGOs were developed to sensitize and encourage the targeted population to utilize the service. According to the community, the PrEP is considered as a breakthrough to the needs for preventive alternatives to condoms.

> *So far, when talking a safe sex is always referred to condom use. However, in the last 2 to 3 years there was a shortage of condom availability in the program. Outreach runs without condom provision, whereas the prevention method is only through condoms.*
> *When PrEP is present, prevention method could be undertaken without condoms.*
> *– Community Representative –*

City of Malang: HIV Mobile Testing for Transgender Women

Chapter 3. The 2022 Situation

Number of new HIV infections in Indonesia is declining.

Estimated number of PLHIV in 2020

543.100

Number of new HIV infections in Indonesia is declining. Ministry of Health in 2020 estimated that the number of PLHIV in 2020 was 543,100. Lower than the previous estimate in 2016. STBP 2018 reported that HIV prevalence in Indonesia varies greatly by population 25.8 percent among men sex with men (MSM), 28.8 percent among people who inject drugs (PWID), 24.8 percent among the transgender women, and 5.3 percent among female sex workers

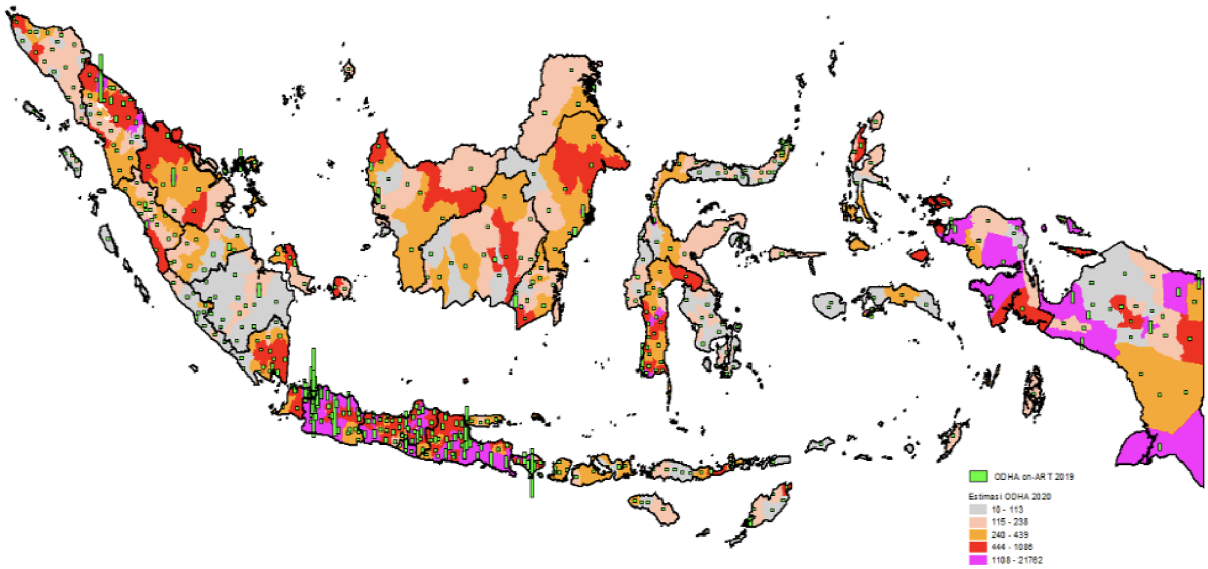


Figure 1. Distribution of estimated number PLHIV 2022
Source: MoH 2020

Different from epidemic profile in western Indonesia where the epidemic is concentrated in key affected populations, Tanah Papua has experienced with generalized epidemic where HIV prevalence is 2.3 percent of general population (IBBS Tanah Papua 2013). Distribution of the estimated number of new HIV infections in 2022. 20 districts are classified as advanced epidemics, 149 districts are concentrated in at least one key population and the rest are considered as low epidemics.

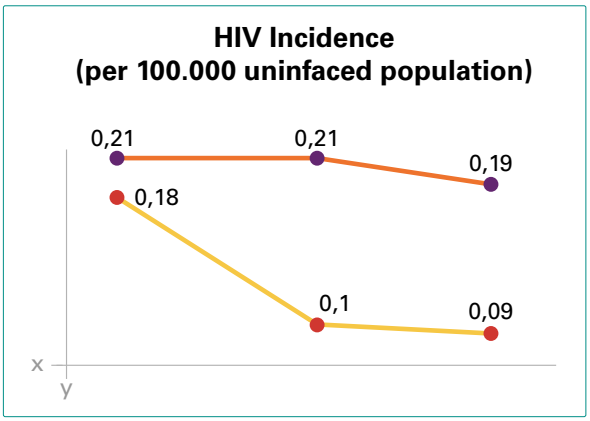


Figure 2. HIV incidence per 100.000 Uninfected Population
Source: UNAIDS 2022

The Asian Epidemic Model (AEM) estimated that HIV incidence rate in 2022 is 0.09 percent, smaller than the 2022 target of 0.19 percent. Figure 2 shows that Indonesia has achieved the incident target since 2020.

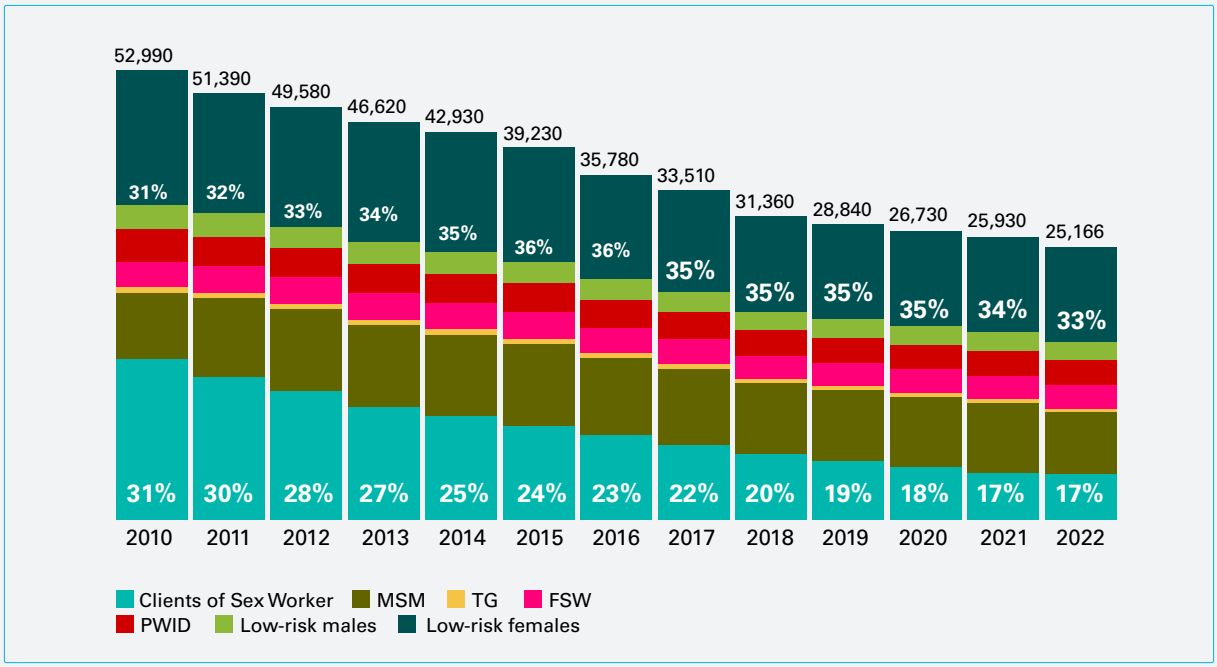


Figure 3. Estimate and Projection of new HIV infection among adult (15 years old of age or above) 2005-2024
Source: MoH 2020

Figure 3 showed that new HIV infections in populations aged 15 years and over among PWID, sex workers and transgenders women consistently decline over time. Conversely, rate of new HIV infection among men sex with men (MSM) and women at low risk (partners of key affected populations) increased in the same period.

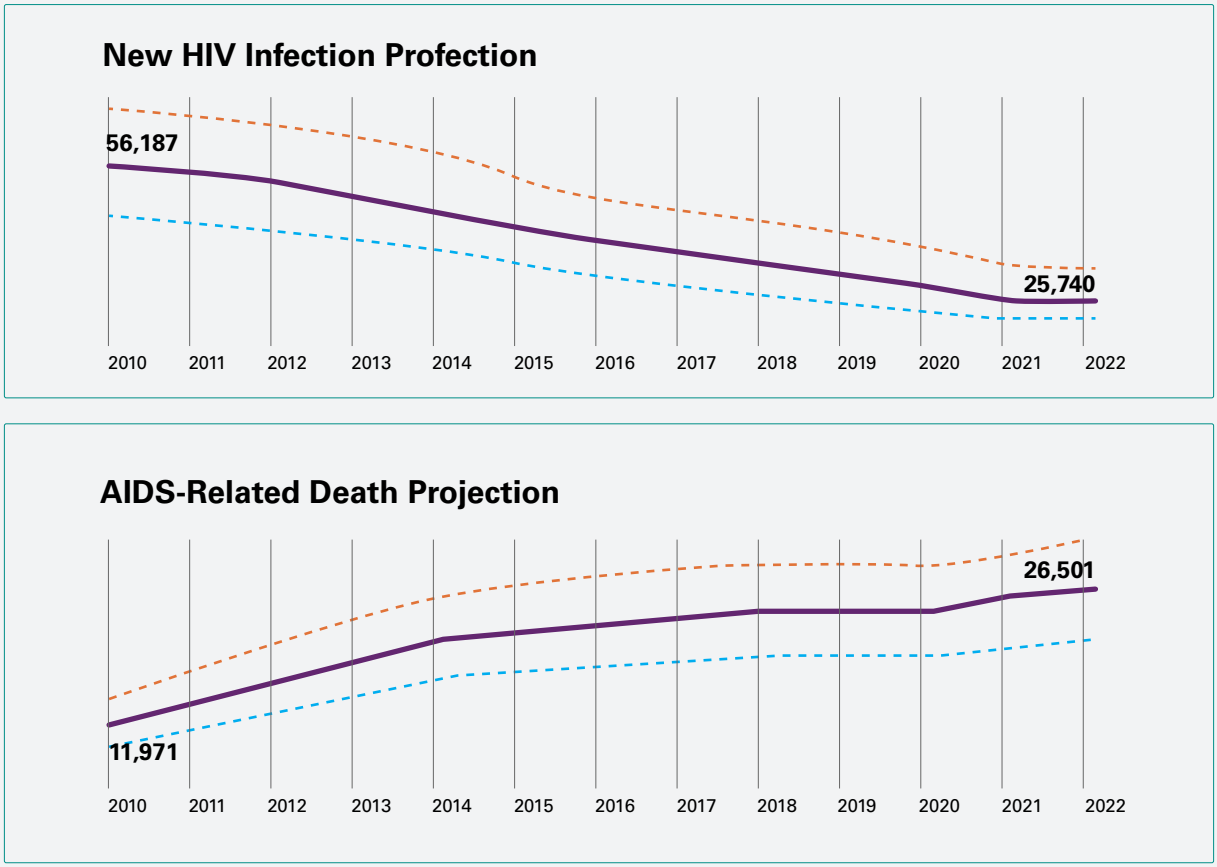


Figure 4. Projection of New HIV Infection and Projection of AIDS Related Death 2010-2022
Source: UNAIDS 2020

The results of AEM modeling in 2020 showed the trend of HIV incidence is decreasing, conversely the incidence of death caused by AIDS is estimated to increase. To reduce the trend of AIDS-related deaths, the main challenges are to strengthen early case finding, increase early antiretroviral initiation, maintain treatment and compliance with ARV Therapy, and increase the availability and distribution of ARVs.

The main strategy for HIV prevention and control is to achieve Triple 95s or 95-95-95 by 2030, specifically 95% of PLHIV know their status, 95% of PLHIV are on ART, and 95% of PLHIV in ART have viral suppression. Unfortunately, Indonesia is still lagging behind to achieve this target. As of December 2022, the first 95 percent is still at 81% and only less than half (41%) on ARV treatment; while less than 20% of PLHIV on ARV treatment have virally suppressed.

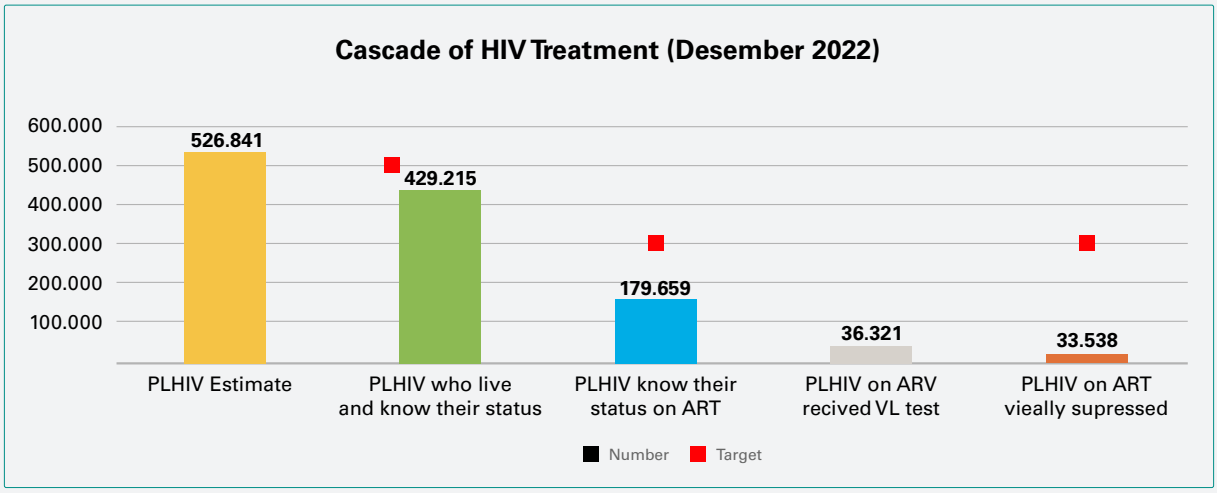


Figure 5. Cascade of HIV Treatment (Desember 2022)
Source: MoH 2022

Furthermore, as of December 2022, only 41% of PLHIV were still on ARV. Of those who were not on treatment, 54% were lost to follow up and 6% stopped their ARV treatment, while 40% died. From this figure, it can be seen that there is sharp decreased from the first to second 95 targets. It shows that retention on HIV treatment is a significant problem in HIV control in Indonesia.

Current data shows that (1) HIV transmission remains a challenge to HIV response in Indonesia; (2) key affected populations remain the most vulnerable to HIV transmission; and (3) prevention, care and treatment services for key populations urgently need to be strengthened and expanded due to the sharp cascade of HIV treatment. Efforts to respond these complex challenges need to be accompanied by various innovations that reflect on the six pillars of health system transformation on the one hand and strengthening community systems on the other hand.

City of Bandung: Sero-Survey for Key Afffected Population

Chapter 4. Response

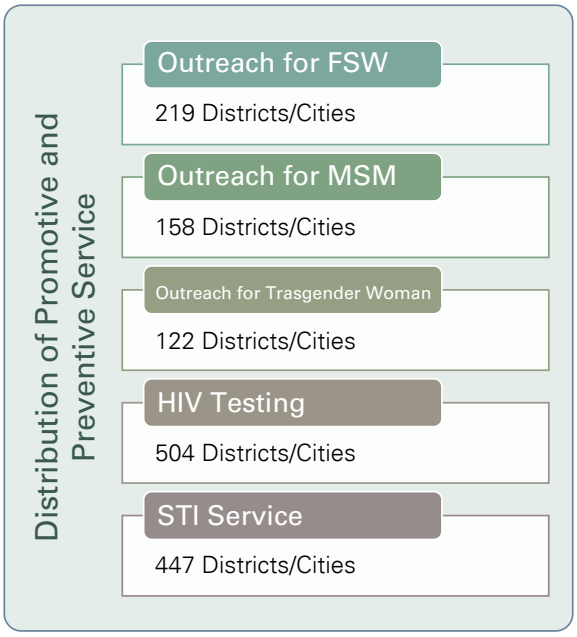
A. National Action Plan

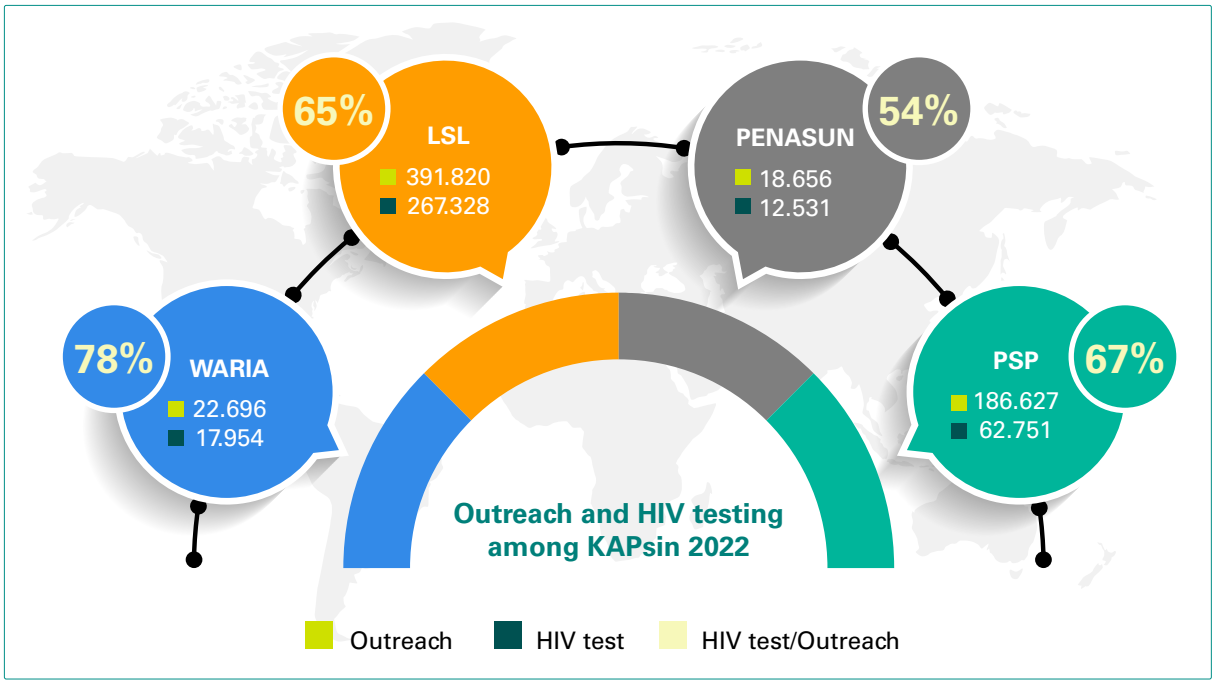
The National Program for HIV AIDS and STIs Prevention and Control in Indonesia refers to the global strategy 95-95-95. The global strategy is reflected in the 2020-2024 National Action Plan (NAP) for HIV AIDS and STIs Prevention and Control as follows: 90% of PLHIV know their status, 70% of PLHIV receive ART, and 75% of PLHIV have their virus load checked. The target set in the NAP is not only for HIV but also for STIs using the syphilis incidence indicator in Indonesia of 0.8 per 1000 population in 2024. There are six strategies in the NAP:

1. Strengthening the commitment of the relevant ministries/institutions at the central, provincial, and district/city levels;
2. Improving and expanding access to comprehensive and quality screening, diagnostic and treatment services for HIV AIDS and STIs;
3. Strengthening HIV AIDS and STIs prevention and control programs based on accountable data;
4. Strengthening partnerships and community participation, including private sector, business sector, and other multi-sectors at the national and international levels;
5. Development of innovative programs according to government policies; and
6. Strengthening program management through monitoring, evaluation, and follow-up.

B. Strengthening HIV AIDS and STIs Prevention and Control Programs Based on Accountable Data

HIV AIDS and STIs prevention program covers various interventions such as outreach for key affected populations (KAPs), referral for HIV testing to health facilities, and referral to STIs examination. The current HIV epidemiological situation is concentrated among key populations in most parts of Indonesia; therefore, the interventions are mainly focused on key populations (FSW, MSM, IDU, and transgender). These populations are hidden in the community due to stigma attached to their behaviors. The outreach intervention is intended to access KAPs through individual or group contacts in their social network, promote and engage them to preventive behaviors rather than provide information through general health education model. The outreach workers mainly encourage KAPs to change their risk behaviours individually or group in order to prevent HIV transmission and access HIV testing to determine HIV status.





The Global Fund (GF) through its Principal Recipients (Yayasan Spiritia and Indonesia AIDS Coalition) in 2022 has implemented an outreach program in 161 districts with the highest burden based on target set by the national program. Outreach for different KAPs in these targeted districts are implemented by non-governmental organizations (NGOs) or community-based organizations (CBOs) with support from the PRs.

In general, performance of the program needs to be strengthened considering the number of KAPs reached by the program is close to the program target but still far below the estimate number. Online outreach for MSM through social media and websites contributes significantly to the performance of MSM outreach. The same outreach strategy is also applied to transgender women. Even though the estimate number of people who injecting drug (PWID) has decreased, outreach to this population has exceeded the target. Meanwhile, the achievement of outreach to the FSW group in 2022 has been under the target.

Outreach as a form of behavior change intervention focuses on providing information related to HIV prevention and the various services available in the surrounding area. In supporting behavior change, the outreach program is also equipped with distribution of prevention materials (condoms or lubricants for sexual prevention, sterile syringes and alcohol swabs). Even though the success of outreach is highly depended on the availability of these materials, from January 2020 to mid-2022, there was stock-out of condoms for all KAPs and clean needle and syringes for PWID. In addition to stock out problems in several districts, available needles and syringes were different from the materials usually used by PWID, so the distribution of sterile syringes and alcohol swabs has decreased. The utilization of Methadone Maintenance Treatment (MMT) service to prevent HIV transmission also declined from the previous year.

Outreach activity also encounters various structural obstacles in the field, especially related to the application of local policies such as the enforcement of regional regulations for public order. Direct community education activities may not become feasible to be implemented and must be replaced by virtual or individual outreach.

Even though there are limitations in support of prevention commodities, the achievements in outreach activities contribute significantly in increasing the number of case findings in key populations through referrals for HIV testing in health facilities. Several efforts have been made to strengthen HIV test referrals in the field:

(1) Community-based tests in the form of mobile clinic services at hotspots, such as massage parlors, karaoke studios, and bars which are available in 195 districts/cities, can be one of the efforts to reach key populations to conduct HIV and STIs tests.

(2) HIV self-testing has also been carried out in at least 130 districts/cities using OFT (Oral Fluid Test). As of September 2022, 35,000 tests have been carried out, with reactive results, 1,450 (4%), 917 (63%) received a confirmatory test, 860 (94%) were diagnosed as HIV positive, and 699 (81%) were receiving ART.

(3) There were 90 districts/cities that reported partner notification services, with a positive rate of 15.3%-21.4%, of which 76%-91% who were diagnosed as HIV positive had received ARV treatment.

Despite the increase, the achievement of HIV test referrals to health facilities is still below the target in 2022. Compared with outreach accomplishments, the number of HIV test referrals is still below 80% for each key population (see Figure 2). This gap will be even higher when referrals for HIV testing to these health facilities are compared to the estimated number of each key population where coverage for transgender is 52%, MSM is 53%, FSW is 23%, and IDU is 36%.

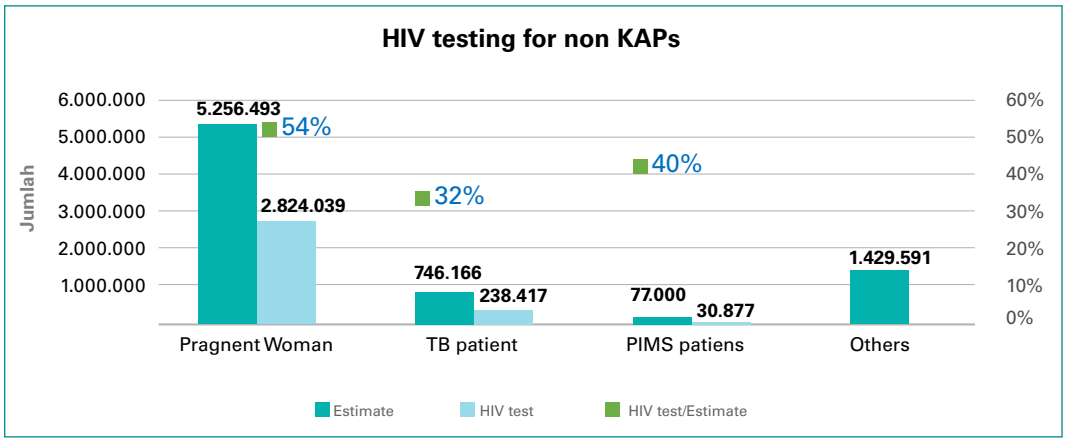


Figure 6. HIV Testing on Non Key Affected Populations
Source: MoH 2022

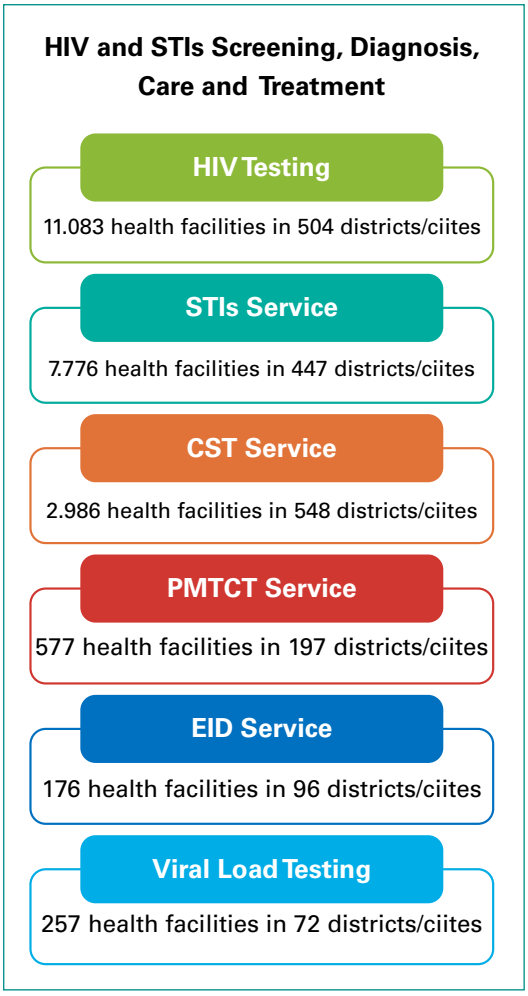
Meanwhile, the number of HIV testing for non-key population groups consisting of pregnant women, TB patients, STI patients, and others is also likely to be under the target of HIV testing in 2022. The low coverage of HIV testing in this group is expected because there are no outreach or socialization actions directed explicitly at this population. In addition, the achievements of the early infant diagnosis program (EID) are still low. By 2022 only about 10% of babies were successfully tested. The number was affected by the fact that it took several times to get the test results.

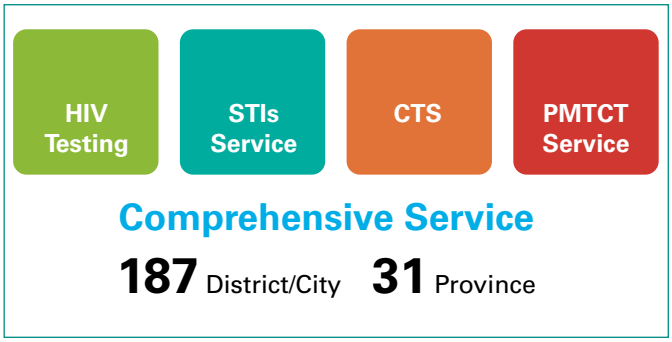
Another interesting achievement is a relatively large number of HIV tests from non-key population groups that cannot be identified as one of the key populations or vulnerable populations, so they are classified as other. It is essential to identify further from these other groups, whether they are part of a key population or a vulnerable/general population because it will influence the strategy for promoting HIV testing in the future. The under-optimal coverage must be a concern because the 95-95-95 target is based on the estimated number of PLHIV. Using the 95-95-95 target, the accomplishment of around 80 percent is still far enough to support the achievement of the first 95.

STI screening is also a way to reduce the risk of HIV incidence, unfortunately STI services are not performing well because they are not a priority, and there are insufficient resources. The STI Roadmap identified that the emptiness of drugs and test kits and the lack of support for service providers reduce motivation for both service providers and beneficiaries. The lack of reporting of STI cases also makes the magnitude of the STI problem less visible. On the other hand, key populations are actually interested in routine STI screening, but STI screening services are sporadic and primarily available only for HIV and syphilis testing.

C. Improving and Expanding Public Access to Comprehensive and Quality HIV AIDS and STIs Screening, Diagnosis, and Treatment Services

Since 2019, the number of HIV treatment services has tripled from 1,000 to 2,989 in 2022. (Two-thirds of these services are puskesmas, with the number increasing from 500 puskesmas in 2019 to 2,000 in 2021).





Suppose comprehensive service facilities are defined as the availability of a minimum of HIV testing, STI services, CST, and PMTCT services. Then there are 187 districts/cities that have these four services in their area, with a total of 5,837 HIV services, and 91% (5,318) are in districts/cities priority supported by GFATM.

About 80% of individuals diagnosed with HIV had started treatment in the same year (Figure 7). Even though the findings of HIV cases are fairly high, to reach the target of 95-95-95 in 2025, efforts are needed to be able to detect 21% or around 105,000 PLHIV in Indonesia who are expected to live for the next 3-7 years.

ARV treatment coverage has increased in recent years. Because the target continues to grow yearly, while the coverage increase per year is relatively limited, the gap between the target and the achievement of ARV coverage is rising. For this reason, efforts to find new cases need to be prioritized and expanded to include populations known to be at risk of HIV transmission, such as crystal methamphetamine or methamphetamine drug users who have an HIV prevalence of around 3 percent with an estimated population of 12,000] (Praptoraharjo, et al., 2017).

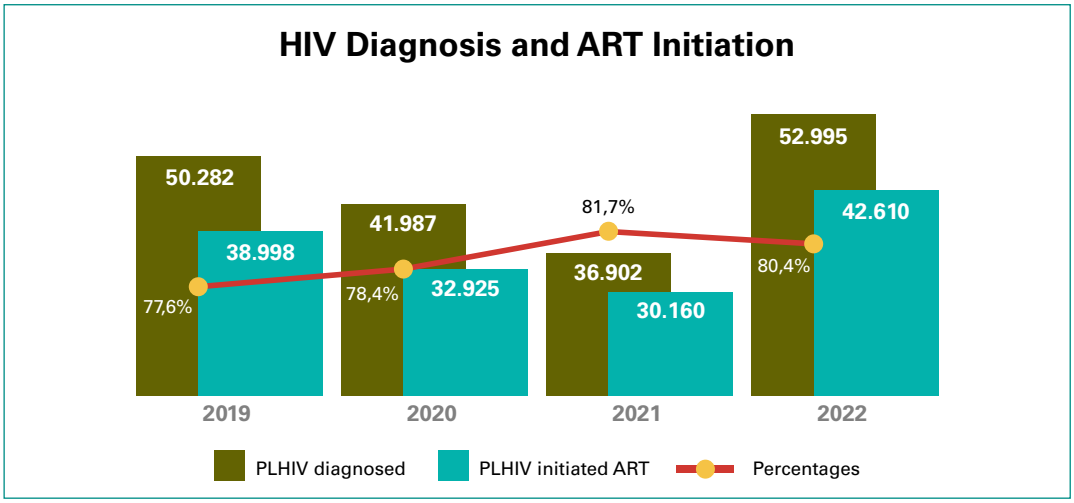


Figure 7. Coverage of HIV Diagnosis and ART Initiation (2019-2022)
Source: MoH 2022

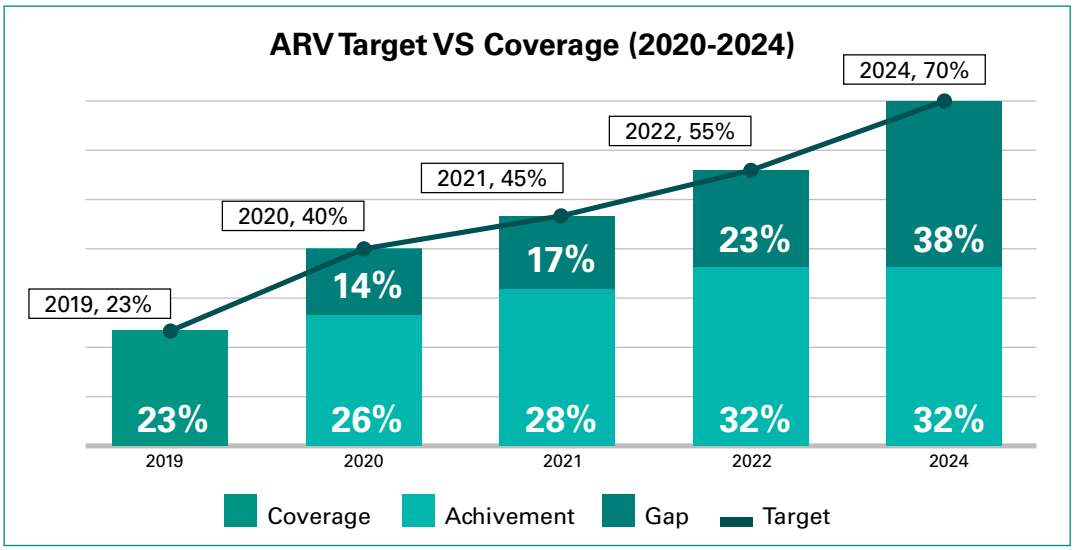


Figure 8. ARV Target and Coverage (2020-2024)
Source: MOH 2022

A total of 334,185 PLHIV have initiated ART, but in 2022 only 274,644 are still alive, and 169,767 (51%) are still accessing ART until September 2022. For those who were off treatment, 40% died, 54% were lost to follow-up, and 6% stopped ART. Retention in HIV care is a critical issue in Indonesia.

Concerning tracking patients who experience LTFU, data in 2020 shows that of the 48 percent of PLHIV who did not continue treatment or were lost to follow-up, as many as 81.7% of PLHIV had LTFU that could be traced, while 18.3% could not be traced due to a lack of contact or address information. which is not recorded.

Of those who are traced, 35% had moved and could not be located at the address provided, 16.2% had died, 12.6% had accessed treatment at another treatment facility, 20.2% had refused to restart treatment, and 15 .5% have returned to the hospital and continued ART. The pattern of loss of contact, as described earlier shows that efforts to keep people living with HIV/AIDS on treatment are a very possible thing to do, although it needs strengthening and expanding peer assistance which has been going well so far.

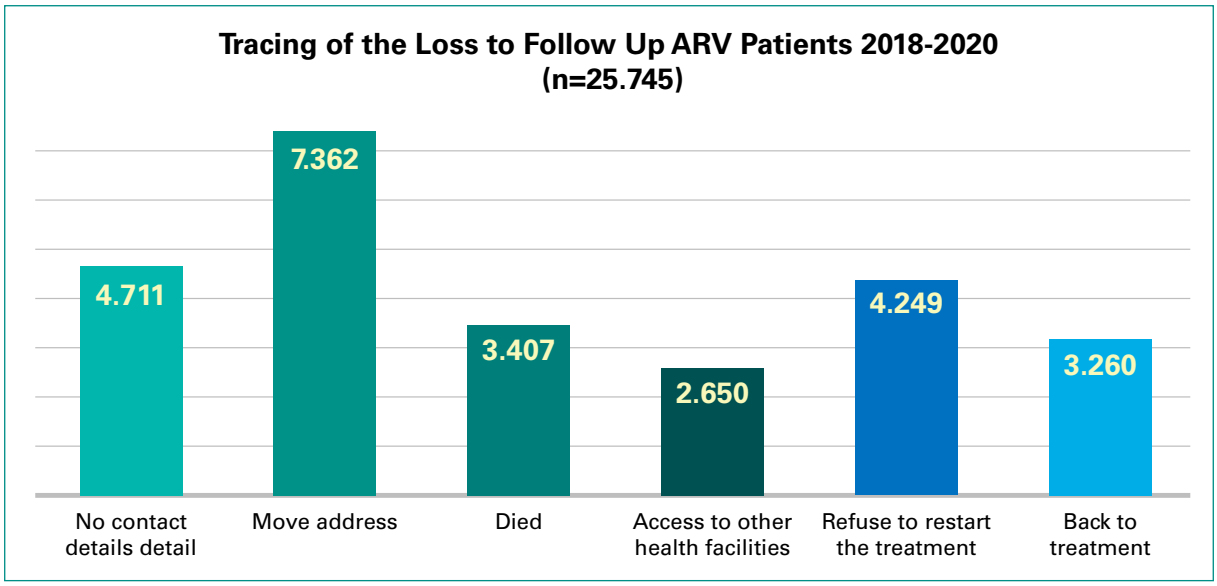


Figure 9. Tracing for the Loss to Follow Up ARV Patients 2018-2020
Source: MoH 2022

Other efforts to anticipate the occurrence of LTFU have also been carried out by establishing changes in ARV regimens for adults and adolescents with HIV through Permenkes Number 23 of 2022 by beginning to gradually transition from NVP (nevirapine) to DTG (dolutegravir). As of September 2022, 320 districts/cities have reported using TLD regimens (tenofovir, lamivudine, dolutegravir). Efforts to maintain treatment are also carried out in 2022 by imposing a more intensive multi-month dispensing (MMD). MMD allows three months of drug administration in patients who are stable on ART. Since its introduction in 2020, 320 health facilities in 111 districts/cities have implemented MMD.

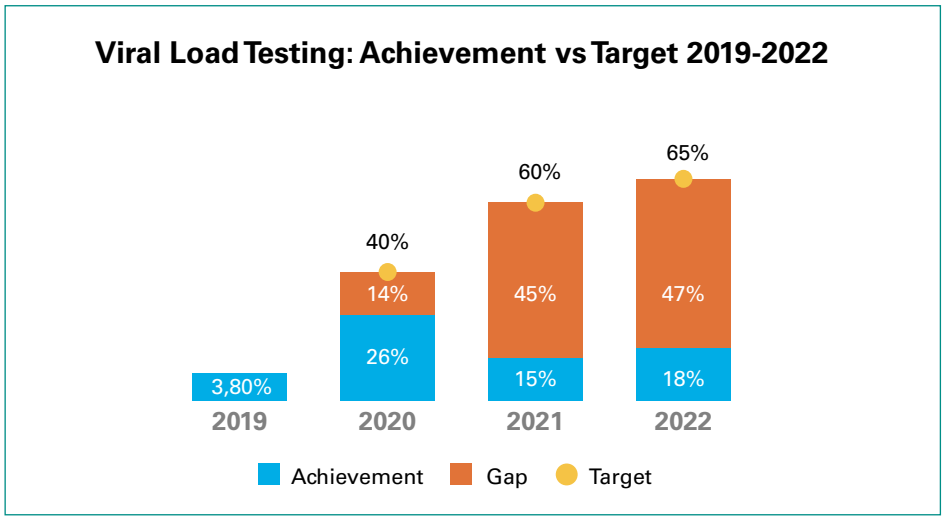


Figure 10. Viral Load Testing Target and Coverage (2019-2022)
Source: MoH 2022

The efforts to reach the Viral Load (VL) test number to reduce the third 95 gap have been intensified in 2022 and reached 30,000. This figure is three times higher than the VL examination in 2019. However, there is still a target of 60% (91,000) of PLHIV who are on ART and must be tested for VL. Efforts to create demand that has been made through the use of social media and peer support to encourage VL tests have yet to be followed by smooth implementation of tests in the field. Several problems were encountered in increasing the coverage of VL test, including delays in reagents/cartridges, which hindered distribution, fees charged to patients, limited test capacity, and technical constraints on equipment.

The need for psychosocial support in the form of activities in groups and peer support is felt to help improve adherence to treatment for PLHIV. By 2022, as many as 303,552 PLHIV (88 percent of the target) will receive social support from peers, both in individual and group support. However, this psychosocial assistance is not yet optimal, it faces two main barriers:

(1) Unavailability of health workers to carry out this task.
(2) Psychosocial support is often provided by field workers who have never attended special training in providing social support.

The problem of the availability of competent human resources to provide psychosocial support is crucial to increase adherence to treatment to achieve the 95-95-95 target.

Depok City: Declaration of Pentahelix Commitment

Chapter 5. Support

A. Strengthening Commitment from Ministries/Institutions at Central, Provincial and District/City Levels

The support underlies HIV prevention and control efforts in districts/cities based on disease burden and level of risk in order to quickly cease the speed of HIV AIDS epidemic and end it in 2030. Actions are being made to obtain this support by conducting policy advocacy and providing support sufficient resources for HIV AIDS and STIs prevention and control to achieve STIs reduction and HIV elimination by 2030.

1. Policies and Regulations

Referring to the results of the RAN in early 2023, commitments from ministries/agencies at the central, provincial, and district/city levels still vary widely. Ministries/Institutions, as well as local governments, report various policies that have been developed in previous years. For example, Bappenas report on overseeing the HIV budget as a national priority in preparing the APBN budget. While Bappeda oversees the budget for achieving HIV SPM (Minimum Service Standards). Meanwhile, The Ministry of Manpower and The Ministry of Youth and Sports Affairs carry out various HIV promotion and prevention activities within their duties and functions. Meanwhile, HIV services, although limited, were also reported by POLRI hospitals and clinics or hospitals under the supervision of The Directorate General of Corrections.

From the regulation perspective, in 2022 The Ministry of Home Affairs issued a Circular Letter 906/2114/SJ dated 19 April 2022 which regulates the nomenclature for AIDS into two parts, the first is the nomenclature for Health SPM (education-test-referral to treatment) and the second is related nomenclature for treatment/care/support for those who are already HIV positive. This nomenclature setup can encourage better commitment from each region based on the budget to solve HIV AIDS problems in their respective regions. In addition, although not directly related to HIV services, Presidential Regulation of the Republic of Indonesia Number 43 of 2022 concerning Cross-Sectoral Coordination of Youth Services, the Ministry of Youth and Sports Affairs is also mandated to support joint study and research efforts on youth issues, including those related to sexual behavior and HIV AIDS.

At the regional level, in 2022 several districts have issued regulations related to implementing HIV prevention and control in the form of District Head Regulations. Specifically, Komnas Perempuan has initiated a pilot project for HIV services for women in 2022 in Papua and West Papua. This initiative will become evidence for developing policies that will be submitted to the Papuan People's Council (*Majelis Rakyat Papua*) to be integrated into the Papuan Customary Regional Regulations.

2. Financing

The 2019-20201 National AIDS Spending Analysis (NASA) shows that spending on the HIV AIDS program in Indonesia has increased from 2010 to 2020.[1] HIV AIDS spending in Indonesia was recorded at USD 157,725,762 in 2020. This value is more than double that reported in 2010 and 2011, amounting to USD 68,085,181 and USD 72,543,622.

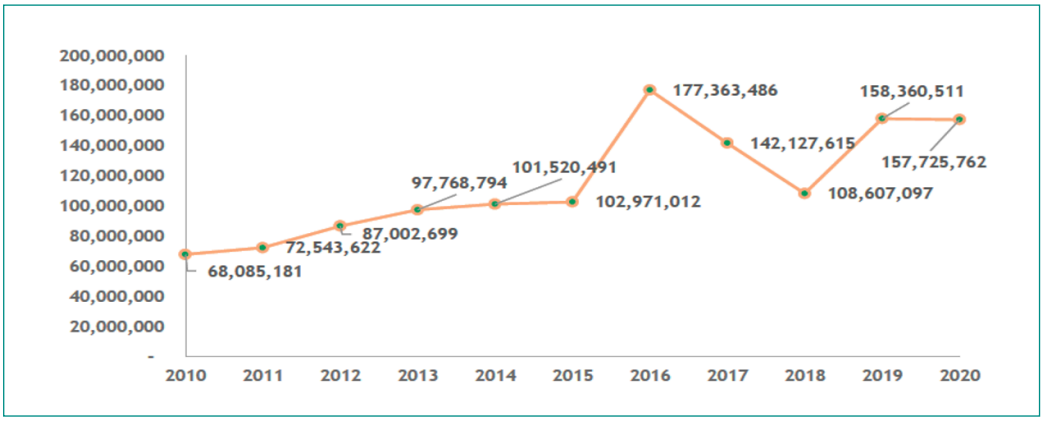


Figure 11. HIV AIDS Indonesia Total Expenditure (2010-2020)
Source: NASA Report 2019-2020, MoH 2021

However, if we look at the sources of spending funds in 2019-2020, funding from abroad is still around half of the total spending for those two years. Until now the Global Fund still dominates spending on HIV programs. It should be noted that total spending from district/city regional governments is less than 7 percent, and even provincial spending is less than 2 percent.

A sizable amount of spending on the HIV program comes from JKN (National Health Insurance), contributing 11-16 percent of total spending in 2019-2020. An analysis of JKN utilization in 2018 showed that an estimated 72.5 percent of PLHIV currently on ART had access to financing their treatment through JKN (Setiawan et al., 2022).

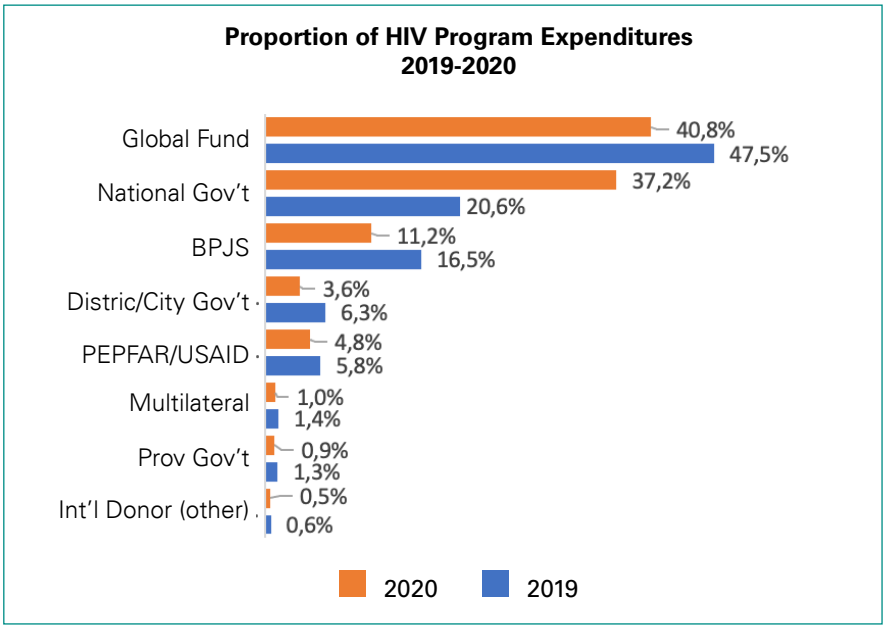


Figure 12. Proportion of HIV Program Expenditures (2019-2020)
Source: NASA Report 2019-2020, MoH 2021

[1] This analysis is conducted every two years and has not been carried out for 2021-2022

Of that number, 78 percent received services through hospitals and the remainder (22 percent) accessed through FKTP (*Fasilitas Kesehatan Tingkat Pertama* - Primary Health Care)/*puskesmas*. Among those treated through the *puskesmas*, 81 percent were referred to the FKTL (*Fasilitas Kesehatan Tingkat Lanjut* - Secondary Health Care), and the rest remained at the FKTP. The total expenditure borne by the BPJS for HIV care is estimated at IDR 444 billion, of which 99 percent is paid through hospitals. The high cost of hospital care is more due to outpatient donations, most of which are not accompanied by opportunistic infections. These patients are more likely to be provided with services at FKTP than at FKTL.

In 2022, the Ministry of Health spent IDR 370,418,069,180 on the HIV program from two primary sources: the APBN and the Global Fund. Most of the APBN are used for procurement of tools and materials and maintenance. Meanwhile, funds from the Global Fund are used for activities related to program activities.

Table 1. Budget Realization of HIV AIDS Program MoH 2022
Based on Sources and Activities

Activities	National Gov't Budget	GF	UNFPA	Total
Coordination	112.603.488	45.185.249.432	244.098.000	45.541.950.920
Public services	1.445.478.200	49.055.915.983	-	50.501.394.183
Tools, materials, and maintenance	246.964.910.000	1.128.064.996	-	248.092.974.996
Health training	1.661.449.200	15.383.625.054	-	17.045.074.254
Facilitation and coaching for local government	426.584.700	8.477.652.127	332.438.000	9.236.674.827
Total	**250.611.025.588**	**119.230.507.592**	**576.536.000**	**370.418.069.180**

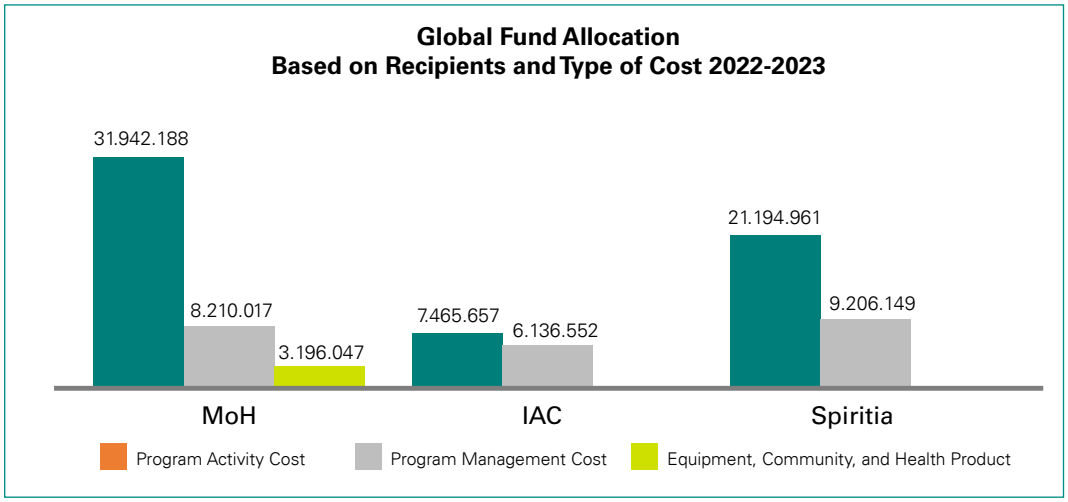


Figure 13. Allocation of Global Fund Based on Beneficiaries and Types of Cost 2022-2023
Source: data.theglobalfund.org

In addition to providing financial support for 2022-2023 to the Ministry of Health of USD 43,349,098, the Global Fund has also provided financial support to the Indonesia AIDS Coalition (IAC) for USD 13,602,209 and Spiritia in the amount of USD 30,524,785. The total funds provided by the Global Fund for these two years amounted to USD 174,827,663.

As data are not yet available for 2022, a breakdown of spending on HIV programs by type of intervention in 2019-2020 might illustrate trends in expenditures for 2022. More than 60. Percent of total spending appears to support treatment and care, including TB-HIV treatment. Prevention efforts in 2019 only accounted for 7 percent of total expenditures.

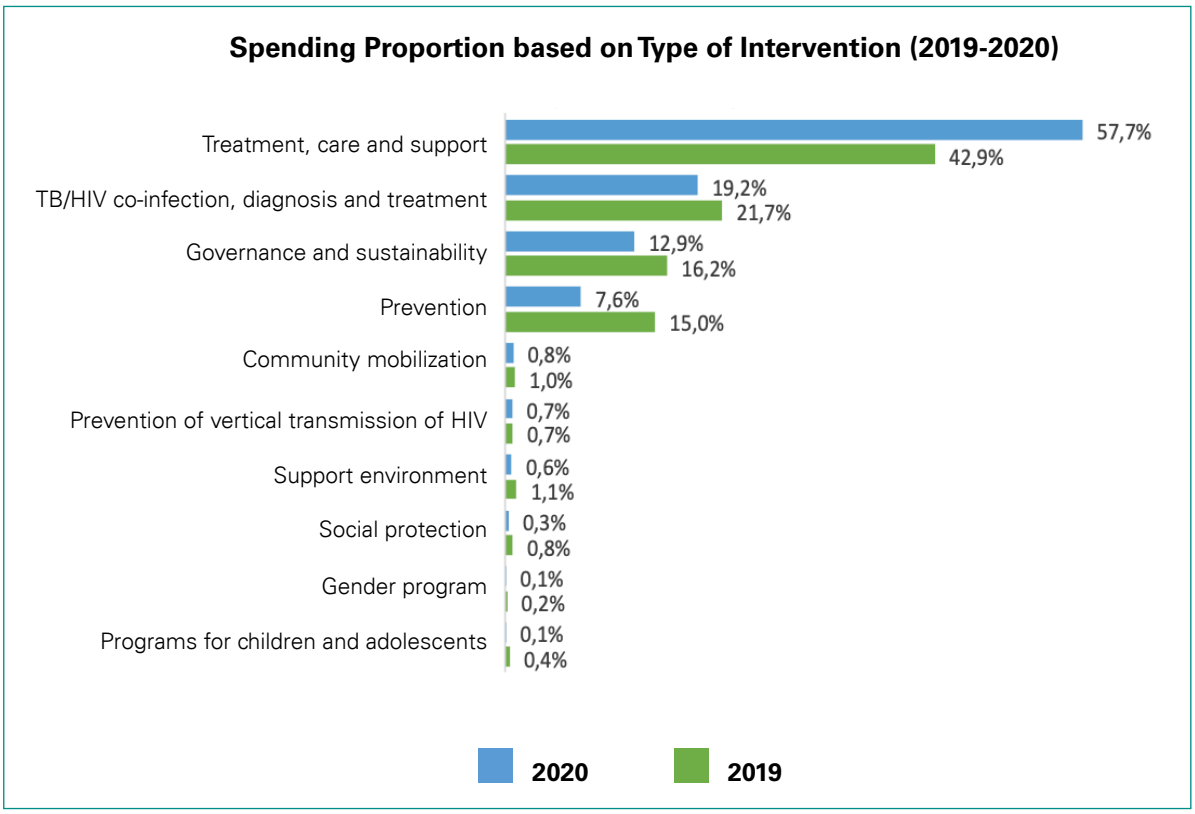


Figure 14. Proportion of Expenditure Based on Type of Intervention (2019-2020)
Source: NASA 2019-2021

The picture above shows that efforts to control HIV in children and adolescents still receive little attention. In fact, spending in the last two years is still less than 0.1 percent.

B. Strengthening Partnership and Community Participation

RAN has explicitly explained in detail regarding community participation in HIV prevention based on each strategy it uses. Civil society has also responded with various efforts developed to support the response to HIV AIDS. During 2022, various Civil Society Organizations (CSOs) have developed multiple initiatives to build a conducive environment for the implementation of HIV programs, especially for key populations. These activities include:

1. Community System Strenghtening (CSS) Program)

In Indonesia, the Indonesia AIDS Coalition (IAC) implemented the CSS and Enabling Environment for Access programs with funding support from the Global Fund from 2018-2020 and continued in 2021-2023.

The focus of the IAC CSS-HR (Community System Strengthening-Human Rights) team running in 2022 is to monitor, document, and refer to related services for issues hindering access to HIV services, both related to distribution channels and other matters related to human rights violations such as gender-based violence as well as stigma and discrimination.

Documentation of cases is carried out in stages from field officers to databases at the PR/central level and social media, such as the Facebook and Twitter accounts of 'ODHA Berhak Sehat', are used as the most effective communication channels for the community to be able to report problems even though not through CSS-HR officers. The IAC uses the term "social audit model" to describe how issues are reported outside the CSS program scheme. Other social media platforms are being developed that can be used for reporting, including mobile phone applications. In each intervention area, a district task force was formed to bridge communication among stakeholders in dealing with barriers to access to services related to stigma and discrimination and distribution channel issues.

2. Review possible legal and policy changes to create an enabling environment for prevention programmes

Joint advocacy efforts to address the adoption of the RUU KUHP, as it has great potential to hinder the HIV response by limiting the promotion and distribution of condoms. For this reason, a civil society coalition has produced a summary of policy analysis on the negative implications of the bill on achieving the SDGs and advancing human rights. This brief is intended as advocacy material to convince relevant policymakers to respond to the current law following human rights standards.

Coalition Against Stigma & Discrimination, consisting of seventeen CSOs, aims to advocate strong protection of the rights of PLHIV and key populations. One of the coalition's top priorities is ensuring that HIV-related services, including prevention, are accessible to all without discrimination. The coalition is also advocating for restrictions on distributing and promoting contraception under the RUU KUHP.

The multi-year human rights plan seeks to capture programmatic priorities for removing legal barriers and strengthening human rights protection for PLWHA and KAP (Key Affected Populations). The multi-year plan is the main reference for developing a catalytic fund for human rights programs 2021-2023.

3. Initiating social contract mechanisms for implementing civil society and expanding community-based response

IAC carried out this activity to target the financial sustainability of CSOs. The NGO Council with IAC and with the support of UNAIDS funds conduct a study on mapping the sustainability of HIV CSOs in 10 cities in Indonesia. This study states that with Presidential Decree No.16/2018 concerning Procurement of Government Goods/Services, there is fiscal space for HIV CSOs to access APBD/APBN funds through self-management schemes types 3 and 4, as long as there is a commitment from the local government.

In line with that, the Penabulu Foundation through the impact+ program with support from PEPFAR, has also carried out a series of activities to strengthen the institutional capacity of civil society organizations in 26 priority districts/cities (districts) to access, implement and manage grants to key populations, and increase the eligibility of CSOs HIV to access social contract funds from APBD/N. In 2022, the impact+ program partners with 33 HIV CSOs in 26 districts/cities (including 23 priority districts) and two national networks (OPSI and JTID). The impact+ program collaborates with IAC and NGOs Council in assisting HIV CSO partners in helping eligibility for access to self-management funds, including by supporting internal capacity building of institutions such as governance and governance of institutions, as well as institutional accountability with the support of audit funds.

4. Establish or strengthen a monitoring system for HIV response implementation

The CLM strategy provides a comprehensive community-based monitoring mechanism in three areas: service delivery, human rights, and program implementation in 23 priority districts/cities. With support from UNAIDS and technical support from the Atma Jaya HIV AIDS Research Center (PPH), seven key population national networks (Jarnas) developed a community-led monitoring (CLM) scheme that involved all key population networks in 20 districts/cities. These twenty districts/cities were selected with the consideration of Jarnas, namely districts that were not included in the CLM Global Fund's intervention through IAC. Meanwhile, the Positive Indonesia Network (JIP) also runs a CLM activity called Advocate4Health with financial support from PEPFAR, which aims to contribute to controlling the HIV epidemic in Indonesia, especially in 13 priority districts/cities in Jabodetabek.

C. Strengthening Program Management Through Monitoring, Evaluation, and Follow Up

In general, this strategy is carried out by developing reporting applications for the prevention and control of HIV AIDS and PIMS through SIHA and developing HIV AIDS and PIMS surveillance. In 2022, this strategy will be carried out through interventions aimed at implementing effective and efficient monitoring and evaluation of HIV AIDS and STI programs as well as regular, tiered follow-up by competent human resources using the latest IT technology to serve as a basis for decision making and program improvement.

1. HIV AIDS Information System (SIHA)

The HIV AIDS Information System (SIHA) is the central data management system that records HIV AIDS program intervention data from various services in health centers and hospitals. SIHA data has been widely used in national and international reporting and national-level planning for modeling and projection. SIHA data is also used by district/city teams to monitor service delivery and program implementation progress, as well as to plan improvements to service coverage in districts/cities.

In 2022 SIHA 2.1 was developed, namely an individual real-time recording and reporting application (NIK-based registration (Resident Identification Number)), which has been rolled out in Jakarta (6 districts/cities) and three districts (Bekasi, Depok, and Tangerang) since April 2022. A total of 453 health facilities in districts/cities have been trained to use SIHA 2.1. The development of SIHA 2.1 is an optimized version of SIHA 1.7 and SIHA 2.0 which are also still in use. The validity of these three versions has further added to the workload at the health facility level. On the other hand, the socialization of the three versions of SIHA has not reached all areas, so there is still a lot of confusion.

In addition, until now SIHA is still not integrated with other health recording systems (SIHEPI, SITB, SITRUST) so the burden on health facilities to input data has increased. Interoperability between health recording systems needs to be considered to make it easier if a case requires follow-up between health programs.

2. Integrated Biological and Behaviora

In addition to the program monitoring system through SIHA, the national HIV AIDS program conducts biological and behavioral surveillance (IBBS) on key populations every 2-3 years. Until now, six IBBS have been conducted in 2007, 2009, 2011, 2013, 2015 and 2018-19. In 2022, the Ministry of Health focused on preparations for the 2023 IBBS based on the 2018 IBBS. In particular, the design of the 2023 IBBS has been improved in terms of district selection so that the sampling design will make it possible to calculate trends and monitor prevalence in districts.

3. HIV and Syphilis Sentinel Surveillance

The national HIV AIDS program previously obtained data from HIV sentinel surveillance (HSS) in key populations. However, regular IBBS has reduced the focus of HIV sentinel surveillance. The national HIV AIDS program no longer requires the periodic collection and submission of SSH data, compilation, review, or use of data.

Apart from that, with increasing reporting through SIHA and regular implementation of IBBS, SSH was not continued. However, HIV and syphilis sentinel surveillance is being carried out again by focusing on ANC (antenatal care) clinics which have been carried out in 96 districts/cities in 2021 with the state budget. In 2023 SSH and syphilis will be carried out again in 100 districts/cities.

D. Program Innovation Development According to Government Policy

In 2022 innovative efforts have been continued or started by the Ministry of Health through collaboration with various parties as a breakthrough effort to leverage the performance of the HIV program in achieving 95-95-95. These innovations include efforts to prevent sexual transmission of HIV through PrEP, increasing the coverage of HIV testing, early initiation of ARVs, maintaining adherence to ARV treatment, and encouraging access to viral load testing. In addition, from the aspect of service management, an initiative has also been developed to mentor health workers in service facilities by providing district/city mentors. A brief description of this innovation can be seen in the section below:

1. Pre Exposure Prophylaxis (PrEP)

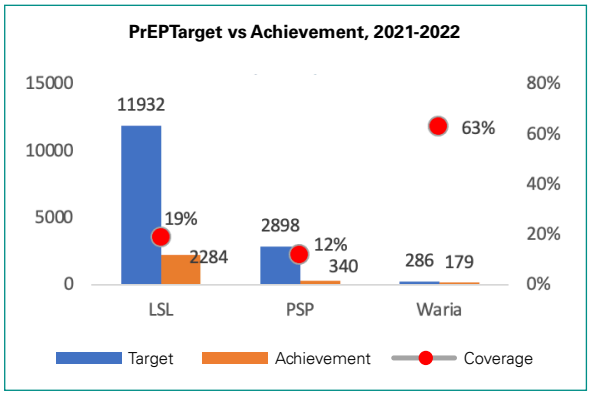


Figure 15. Target and Achievement PrEP 2021-2022
Source: MoH 2022

PrEP services – HIV prevention using ARVs – have been implemented since 2021 in 21 districts/ cities in 10 provinces aimed at MSM, transgender, and FSW populations. PrEP services are carried out in collaboration with outreach activities by the community and PDP services. Outreach activities promote and identify individuals interested in taking PrEP, while health services distribute drugs for PrEP. Overall the achievement for each PrEP target population has not been optimal compared to the target set.

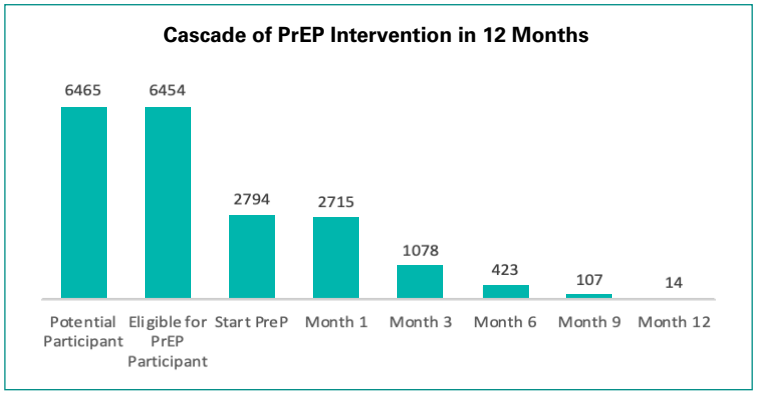


Figure 16. Cascade of PrEP Intervention in 12 Months
Source: MoH 2022

In its implementation, PrEP faces several challenges: requirements related to sexual activity, free from STIs, and the obligation to provide an email address. This is seen, for example, in clients who start PrEP approximately only 20 percent of potential participants. In terms of retention in PrEP, it is still not optimal; out of 2.794 clients who started, only 14 people stayed in the program in the twelfth month. It is a challenge in the wider implementation of PrEP for logistical and human resource readiness, including increasing health facilities' knowledge capacity and field staff's knowledge to maintain proven effective prevention methods like these.

2. HIV Self-Screening

HIV Self Screening (HSS) has started since 2020 using Oral Fluid Testing (OFT – Oraquick). Until 2022, a number of institutions (Spiritia, IAC, FHI-Epic, YKB) have received 80,000 kits. About 52% have been distributed to executors in the field and around 90% of them have been used by approximately 36,677 clients. Nearly 75 percent more are used by the MSM group, 13% are used by male sex workers, while other key populations use the rest.

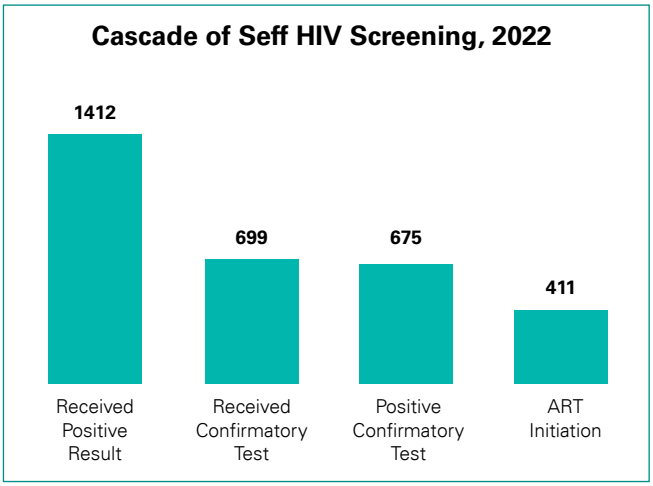


Figure 17. Cascade of Self-HIV Screening 2022
Source: SIHA SHM 2022

An interesting result obtained by the limited implementation of HSS is that most clients (83%) are screening for HIV for the first time, so this pilot shows that HSS is quite effective in reaching sub-populations that HIV testing services have never reached. Another positive thing is that HSS also indicates that around 61 percent of those who get positive HIV confirmation tests also immediately initiate ARVs. However, it must be acknowledged that only 40 percent of those who obtained a positive HIV test were screened positive.

3. Partner Notification

Since 2019, the number of districts/cities reporting index test services has increased from 8 to 90 districts/cities in 2022. The number of indexes per year is rising even though those who receive a diagnosis are still around 30-50 percent. The positive rate of the index test is high (15.3%-21.4%), and 76-91% of those diagnosed as HIV positive are receiving ARV treatment (Table below).

Table 2. Index Test Coverage, 2019-2022(September)

	2019	2020	2021	2022
Number of district/cities reporting index tes	8	22	76	90
Number of index tes	3,853	4,219	5,563	6,014
Number of index tests that get an HIV diagnosis	1,643 (43%)	1,510 (36%)	2,645 (48%)	3,467 (58%)
Number of index test who HIV+ positivity rate)	291 (17.7%)	231 (15.3%)	551 (20.8%)	741 (21.4%)
Number of index test iniatied on ART (percentage)	232 (79.7%)	210 (90.9%)	451 (81.9%)	561 (75.7%)

Notification of spouses in 2022 by Spiritia through partners in the field who provide support for outreach to key populations of MSM/transgender and assistance for PLHIV has achieved more than 85 percent of the target set with a high positivity rate (24%). However, this is different for the FSW population reached through field partners from IAC, whose achievements in 2022 are still around 13 percent of the set target. The main problem faced by the PSP population in this partner notification is the willingness to disclose their status to their sex partner. In addition, the large number of non-permanent couples makes it challenging to re-contact, which requires a significant amount of time and communication costs to be provided by health workers or outreach workers.

4. HIV Test & Treat

It has become routine for HIV testing services at counseling and testing services and treatment services at CST services. Data from SIHA ARK (Aplikasi Rekap Kohort - Cohort Recap Application) shows that the progress of ART initiation from diagnosed clients is increasing yearly. ART initiation on the same day is also increasing.

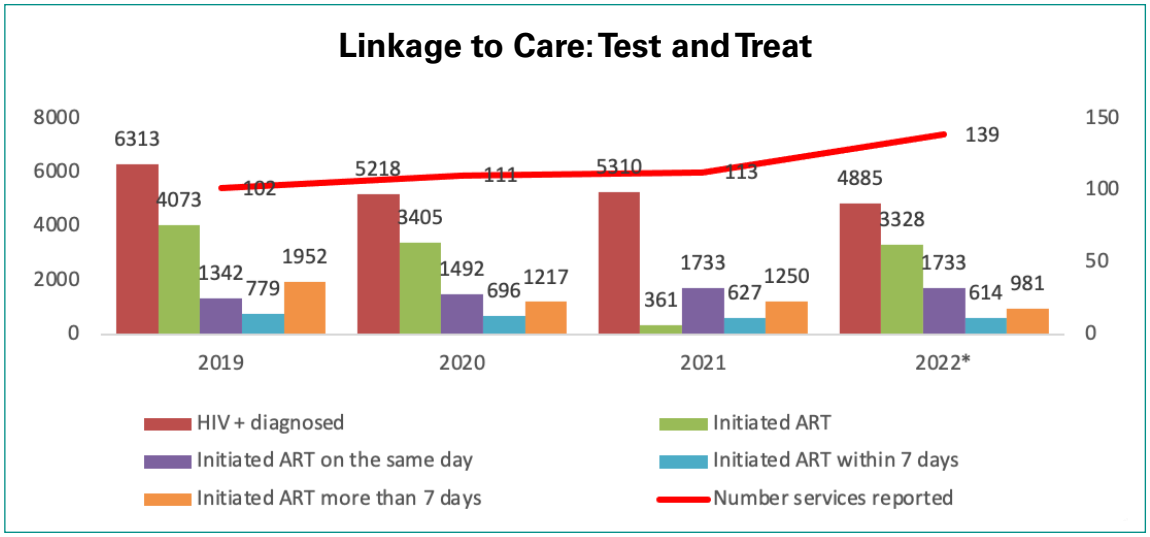


Figure 18. Linkage to Care: Test and Treat
Source: SIHA ARK

Even though early initiation of ART has been promoted and has given positive results, follow-up is not supported by a good level of adherence, so the proportion of people living with HIV who does not continue is also relatively high. Until now, only 40% of the estimated number of PLHIV are still accessing ART nationally, and 50% of those who have initiated ART.

5. Viral Load Testing Network

One innovation specifically used to support the achievement of the third 95 percent goal is the development of a viral load (VL) testing network. Specifically, this innovation aims to **(1) increase the scope of HIV viral load testing, (2) strengthen the external quality assurance (*Pemantapan Mutu Eksternal* - PME) of VL laboratories.** The strategy carried out is primarily the provision of courier services from the CST service to the nearest VL laboratory, provision of BHP (*Bahan Habis Pakai* -consumables) for VL packaging, provision of a specimen transport information system (SITRUST HIV), implementation of VL HIV examinations, and monitoring of the implementation of VL HIV examinations.

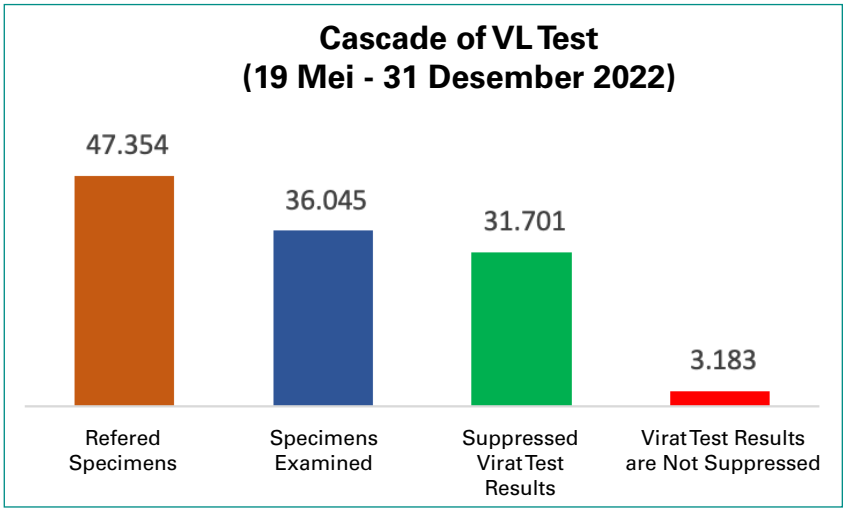


Figure 19. Cascade of VL Test 2022
Source: SIHA ARK

Activities are carried out by YKI (KNCV Indonesia Foundation) in all provinces and reach all (514) districts/cities. SITRUST HIV data for 2022 (May – December 2022) shows that 47.384 specimens have been referred to 172 labs and 36.045 specimens have been examined in 166 labs. Of the specimens examined, approximately 88 percent showed suppressed virus results. These results indicate that there is still a gap from the third target of 95 percent. This gap will appear more extensive when compared to the target of PLHIV which must be tested.

6. Mentoring for HIV Program Acceleration at District/City Level

This innovation aims to quickly expand the network of HIV service facilities through training/assistance for HIV testing and treatment services. Mentoring materials include clinical procedures for HIV testing and treatment, commodity management, HIV and STI data management (recording and reporting), including skills in analyzing treatment cascade data at the service level to identify gaps/barriers in accelerated treatment services.

District mentoring activities

Mentoring activities at the district/city level started in September 2022 – intensive mentoring activities in 7 provinces and 55 districts/cities.

Yayasan Kasih Suwitno provides this mentoring technical assistance in 5 provinces and 39 districts/cities in North Sumatra, West Java, East Java and South Sulawesi. In addition, Yayasan Siklus Indonesia provides technical assistance in 2 provinces and 16 districts/cities in Papua and West Papua. This district mentoring includes two models consisting of strengthening the capacity of primary health facilities and strengthening the capacity of hospitals.

Even though it has only started in the fourth quarter of 2022, health facilities, hospitals and health offices in several selected provinces and districts have experienced many benefits from this district mentoring. Some of the benefits experienced include: increased commitment and sense of ownership from each district/city Health Office to improve the performance of HIV care and treatment services, greater community involvement to optimize access to health facilities, increased capacity to ensure quality in care services and treatment including laboratory services and improved optimization of data analysis and use at health facilities and district level to develop appropriate training and capacity building plans.

Badung District: Strengthening Primary Health Facilities to Provide ARV Therapy

Chapter 6. Closing

The implementation of HIV AIDS prevention and control programs in 2022 has provided better figures in programmatic performance than previous years. The gap in global targets for HIV control (95-95-95) is further declined. Intensification and expansion of intervention areas accompanied by various responses to improve service quality through more complete monitoring of intervention data have been carried out during 2022. Important to note, this year various innovations have been developed and widely implemented to strengthen the existing HIV prevention and control interventions after experiencing a disruption during the COVID-19 pandemic in 2020-2021.

Although multi-sectors responses have been implemented to prevent and control HIV AIDS, there are still various barriers and challenges on the ground to achieve the 95-95-95 target in 2024 as stipulated in the National Action Plan for HIV AIDS and STI Prevention and Control 2020-2024. For this reason, a number of improvement efforts need to be made in 2023 and beyond by optimizing the implementation of 6 (six) strategies that have been set out in the 2020-2024 National AIDS Program. The main recommendation is to strengthen implementation of current interventions with various related innovations through support from relevant policies and regulations at operational level. This includes reducing structural barriers to enabling greater access to quality HIV services. These comprehensive and integrated efforts are expected to answer the objectives of HIV response: reducing the incidence of new HIV, reduce AIDS-related death, increase quality of life of PLHIV and reduce financial burden due to the disease.

References

Direktorat Pencegahan dan Pengendalian Penyakit Menular. (2022). *Capaian output P2PM HIV 2022.*

Direktorat Pencegahan dan Pengendalian Penyakit Menular. (2022). *Laporan eksekutif perkembangan HIV AIDS dan penyakit infeksi menular seksual (PIMS) triwulan I tahun 2022.* Kementerian Kesehatan Republik Indonesia.

Direktorat Pencegahan dan Pengendalian Penyakit Menular. (2022). *Laporan eksekutif perkembangan HIV AIDS dan penyakit infeksi menular seksual (PIMS) triwulan II tahun 2022*. Kementerian Kesehatan Republik Indonesia.

Direktorat Pencegahan dan Pengendalian Penyakit Menular. (2022). *Laporan eksekutif perkembangan HIV AIDS dan penyakit infeksi menular seksual (PIMS) triwulan III tahun 2022.* Kementerian Kesehatan Republik Indonesia.

Direktorat Pencegahan dan Pengendalian Penyakit Menular. (2022). *Laporan hasil kegiatan: Forecasting logistik HIV AIDS & PIMS untuk perencanaan tahun 2023-2024.* Kementerian Kesehatan Republik Indonesia.

Direktorat Pencegahan dan Pengendalian Penyakit Menular. (2022). *Timja HIV PIMS dan PMU GF AIDS 2023.*

Eldon-Edington, Mark. (December 17th, 2019). [2020-2022 Allocation Letter]. Retrieved from theglobalfund.org

Global Fund. (n.d.). *IAC | Indonesia AIDS Coalition Global Fund Budget.* https://data.theglobalfund.org/. Retrieved March 10, 2023, from https://data.theglobalfund.org/partner/c83e0569-6c1e-4ce3-80ef-c742e310d39f/budgets/flow?status=Active&components=HIV

Global Fund. (n.d.). *MOH | Directorate General Of Disease Prevention And Control, Ministry Of Health Of The Republic Of Indonesia Global Fund Budget.* https://data.theglobalfund.org/. Retrieved March 10, 2023, from https://data.theglobalfund.org/partner/690ddd7e-e63c-4270-9768-399bdb34b5a8/budgets/flow?components=HIV&status=Active

Global Fund. (n.d.). *Spiritia | Yayasan Spiritia Global Fund Budget.* https://data.theglobalfund.org/. Retrieved March 10, 2023, from https://data.theglobalfund.org/partner/aafd5967-c513-4ece-afba-dc82d992689b/budgets/flow?components=HIV&status=Active

Indonesia AIDS Coalition. (2023, Januari 9). *Community System Strengthening, Reducing Human Rights Barriers, and HIV Prevention for Female Sex Workers* [PowerPoint Slides].

Indonesia Joint HIV and STI Program Review 2023. (2023, Januari 29). *Multisectoral response, human rights & gender, community engagement* [PowerPoint slides].

Indonesia Joint HIV and STI Program Review 2023. (2023, Januari 29). *HIV testing & treatment and STI services* [PowerPoint slides].

Indonesia Joint HIV and STI Program Review 2023. (2023, Januari 29). *Thematic review – HIV prevention: Key populations & innovative practices* [PowerPoint slides].

Kementerian Kesehatan Republik Indonesia. (2019). *Rencana aksi nasional pencegahan dan pengendalian HIV AIDS dan PIMS di Indonesia tahun 2020-2024*. Tersedia di: https://hivaids-pimsindonesia.or.id/download/file/RAN_AIDS_2024.pdf [10 Maret 2023]

Praptoraharjo, Nevendorff, Widihastuti, & Mediestya. (2017, August). *Survei Terpadu Biologis dan Perilaku terkait HIV, Hepatitis B, Hepatitis C, dan Sifilis Pada Pengguna Sabu di Enam Kota di Indonesia.*

Setiawan, E., Nurjannah, N., Komaryani, K. et al. Utilization patterns of healthcare facility and estimated expenditure of PLHIV care under the Indonesian National Health Insurance Scheme in 2018. BMC Health Serv Res 22, 97 (2022). https://doi.org/10.1186/s12913-021-07434-9

Spiritia. (2023, Januari 9). Period 2022-2023 HIV *Community Programme Priorities* [PowerPoint Slides].

UNAIDS. (2019). *National AIDS spending assessment Indonesia*. UNAIDS