

INDONESIA

Report prepared by the Joint UN Team on AIDS

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 2020-2021

The Joint Team worked with government stakeholders to update and implement national testing and treatment strategies and guidelines reinforcing access to and integration of services among vulnerable populations, including pregnant women. Specific support has also been provided to scale up promotion and uptake of HIV self-testing and pre-exposure prophylaxis (PrEP) services for populations at risk of HIV, through demand creation campaigns, capacity building initiatives, and hotline services. HIV prevention programmes were implemented at workplaces and assessments were conducted identifying the level of vulnerability of young workers to sexually transmitted infections (STIs) and their access to social protection mechanisms. Innovative platforms were developed enabling women living with HIV who survived gender-based violence (GBV) to report their cases and seek help. Socioeconomic support was provided to people living with HIV and key population, including training on income generating activities and financial support improving their livelihood and adherence to treatment and care services.

HIV TESTING AND TREATMENT

The Ministry of Health was supported to implement a Test and Treat Strategy and increase the number of test and treat centres which led to increased ART coverage among people living with HIV and expanded piloting of HIV-self testing. Dolutegravir-based formula was adopted as first line treatment regimen. A district mentoring programme was established to enforce national treatment guidelines and accelerate decentralization of antiretroviral treatment (ART) services to primary health care.

The Government was assisted to revise the technical guidance for HIV testing and counselling (HTC) and HIV self-testing algorithms. Joint Team support to the Berani and Tanya Marlo campaigns, connected to hotline services, enabled dissemination of more than 40 informative messages on HIV self-testing on two social media platforms, gaining over 207 000 impressions. 1807 people accessed hotline services, of whom 346 were referred to HTC services—a 16.8% positivity rate was recorded among the people who agreed to be tested.

Under the HIV in the workplace programme, 362 workers were trained to serve as peer counsellors and 380 workers received voluntary HTC at workplace with 0.52% positivity rate. 4600 workers in 14 programme sites received HIV self-testing kits with 0.1% reactive result.

A joint community-based monitoring and advocacy strategy was initiated in collaboration with community partners to monitor community access to HIV services. Capacity building training was provided for 80 representatives of people living with HIV and key population networks to support the monitoring process. Multiple assessments were conducted evaluating the impact of COVID-19 pandemic on HIV response especially for most left behind HIV communities. Results were presented to the Vice-President's Office and the Global Fund Country Coordinating Mechanism (CCM) HIV Technical Working Group, and the community components were taken into account to ensure continuity of HIV services.

ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

Mentoring of implementation of HIV guidelines for antenatal care at primary healthcare level contributed to improving the quality of prevention of mother-to-child transmission of HIV (PMTCT) services in 9 priority HIV provinces. Updated PMTCT guidelines were implemented in 34 provinces aligning service delivery with the COVID-19 pandemic protocols, and dual rapid testing for HIV and syphilis was integrated into PMTCT services. Testing services were greatly disrupted during the COVID-19 pandemic, with nearly 2.4 million pregnant women tested in 2019-2021 compared to 1.8 million in 2018.

The Indonesian Network of Women Living with HIV (IPPI) was supported to develop a community booklet for parents and caretakers on HIV diagnosis, treatment and care of children living with HIV. Twenty webinars reached 1600 people, including adolescents and young people, women, and pregnant women via YouTube improving their knowledge on HIV, PMTCT, and STI services.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

Clinical Standards of Practice on PrEP were established, and preparations were made to start implementation of a pilot PrEP programme in 2022. Under the Saya Berani and Tanya Marlo campaigns, PrEP demand creation efforts were supported to disseminate 121 informative messages on PrEP across social media platforms, gaining over 500 000 impressions.

Assessment on the HIV vulnerability of young workers and their access to social protection was conducted and results highlighted young workers aged 15-24 years have high-risk hazards and behaviour that put them at high-risk of STIs, including HIV. It also showed the limited companies where the respondents worked that have implemented Occupational Safety and Health (OSH) programme that includes HIV prevention. Less than half of young workers have access to social protection, and this number is lower among informal workers. Key study recommendations, including the need to improve comprehensive knowledge and attitude on HIV among young workers, were integrated into the national strategy on HIV prevention at the workplace.

A virtual out-of-school comprehensive sexuality education campaign for young people, Tanya Marlo, reached 7700 people on Facebook, 4000 on Instagram, 600 on Twitter, and almost 5 000 via LINE messaging application.

An estimated 70 084 female sex workers were sensitized on HIV prevention of whom 38 637 agreed to get tested for HIV. Out of the 667 female sex workers who tested positive, 313 were linked to treatment, care, and support services. A partnership with the national network of sex workers (OPSI) was established to strengthen HIV programming among female sex workers through a community-led approach.

A virtual training module was developed to strengthen the capacity of outreach workers and peer educators in the implementation of outreach programmes targeting people who inject drugs. In 2021, a pilot training was conducted, with the participation of 100 outreach workers and peer educators. National guidelines for COVID-19 response in prison settings were developed and community-based drug dependence treatment facilities were supported through training of 560 people to improve access to harm reduction services among people who use

drugs. Church World Service was supported to conduct two webinars reaching 163 refugees and asylum seekers with information on HIV and COVID-19 prevention, care, and treatment services.

GENDER INEQUALITIES AND GENDER-BASED VIOLENCE

Results from the assessments of HIV policy and programmes were also used as a programming reference by the Global Fund Principal Recipients. As a result, 27 people working for Global Fund's community partners in coordinating and implementing roles received refresher training on mainstreaming gender equality and human rights in HIV programming, for further integration of this approach in the 12 provinces supported by the Global Fund and partners.

IPPI was supported to establish DELILA—an online database and reporting system that would enable women living with HIV and survivors of GBV to report cases and access referrals to GBV services. 76 women living with HIV were trained on the database, 30 women living with HIV were recruited from 10 provinces to serve as complaint-receiving officers, and 150 women living with HIV from six provinces were trained on GBV prevention and available services.

HUMAN RIGHTS, STIGMA AND DISCRIMINATION

A policy dialogue engaged parliamentarians on comprehensive anti-discrimination legislation. A conceptual framework on the legislation was presented to the Ministry of Law and Human Rights. Twenty-four civil society organizations, parliamentarians, media, and academicians were engaged to address legal barriers impeding the rights of people living with HIV and key populations in accessing HIV services.

Under the United Nations COVID-19 Response and Recovery Fund (MPTF), 100 people living with HIV and persons from key population groups were trained on income generating activities. Socio-economic support, including rent expenses, transport allowances to ART clinics, food supplies, and hygiene packages were provided for 180 people from the lesbian, gay, bisexual, and transgender (LGBT) community affected by the COVID-19 pandemic. A total of 276 people living with HIV also received cash vouchers in seven provinces in three districts. In five cities, 115 transgender persons who own small business received business coaching and 65% of the participants increased their business-income between 20% and 900%, with an average increase of 178%. Four transgender persons owning business were further trained as business assistance coach for transgender community.

The Ministry of Manpower supported with non-discriminatory policies, and harassment and violence awareness at workplace programmes. An Occupational Safety and Health Guidance for COVID-19 prevention at Workplace was developed and adjustments made on HIV and tuberculosis prevention—around 1500 companies were mobilized to implement the guidance.

INVESTMENT AND EFFICIENCY

Technical assistance for the Global Funding 2022-2023 grant proposal secured US\$ 88 million to accelerate the national HIV response, including scaling up of access to treatment and community-based services for people living with HIV and key populations, and addressing human rights-related barriers to HIV programmes. The Joint Team also reprogrammed 40% of its 2020-2021 budget to protect HIV services and contribute to the national COVID-19 response. This included for instance support to [bolster the economic empowerment of women and vulnerable populations](#), including people living with HIV, key populations, refugees and migrant workers.

The National AIDS Spending Assessment 2019-2020 was completed at national and sub-national level. Together with a new policy analysis and modelling of total resource need, this will inform the multisectoral National HIV Strategic Plan 2022-2027 and especially prioritized and more sustainable HIV financing for impact.

HIV estimates among key populations and HIV projections were produced using AIDS Epidemic Modelling to inform more targeted HIV programme. Support to the Directorate General of Corrections led to improvements in Prison Health Information System. Monitoring tools were developed to enforce Minimum Service Standards compliance of HIV, tuberculosis, and malaria programmes to ensure sustainability.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In 2020-2021, the Joint Team delivered crucial contributions in Indonesia's progress towards the United Nations Sustainable Development Goals (SDGs), particularly towards SDGs 3, 4, 5, 8, 10 and 17. It contributed to bold advocacy to highlight and concrete action including innovative campaigns and tools to reduce inequalities and ensure rights-based health services for vulnerable populations. Advocacy and programme support enabled prison inmates who use drugs to have equal access to health services including for HIV. Refugees and asylum seekers were provided access to women sanitary packages, condoms, and HTC. Access to workplace HIV prevention, HTC and treatment services has increased among workers at higher risk of HIV.

Technical and financial assistance was provided to scale-up integrated and quality essential services for women living with HIV who survived GBV, while galvanizing communities, legislative bodies, and other key stakeholders for the elimination sexual- and gender-based violence. A human rights-based approach was actively promoted to improve access of HIV, health and other services for all; and to eliminate stigma and discrimination based on HIV status, gender identity and sexuality, profession, addiction, and disabilities. An inclusive business assistance programme for sustainable enterprises was also implemented to empower key populations and people living with HIV.

CHALLENGES AND LESSONS LEARNED

Further scaling up access to treatment among people living with HIV in Indonesia will require intensified district level monitoring to enforce the implementation of national treatment guidelines and decentralized ART services in the primary health care. Logistical management disparity between provinces continues to imply significant differences in ART stock and risk of stock outs. Technical assistance in select pilot provinces is planned to improve logistical management of HIV commodities.

HIV self-testing should go beyond research and be implemented as national policy. PrEP services has been initiated as a pilot study in selected cities and need to urgently be scale-up across Indonesia. HIV programmes targeting key populations continue to depend on external resources. ART services for refugees are also not covered under the national health system. Facilitation of getting identity cards for transgender persons is needed as part of basic requirement to further access basic health services and social protection schemes. Coordinated technical assistance from the Joint Team and development partners in the country is critical to support these changes that will further protect and save lives.

Lessons learned underscore the importance of involving the Ministry of Home Affairs for accountability in the implementation of health programmes that includes HIV services at cities/district level to ensure longer term sustainability. Consorted advocacy, especially community-level advocacy among national and district authorities is needed to promote and implement social contracting to expand the HIV response, especial among vulnerable and key populations.

During the COVID-19 pandemic, sexual and reproductive health and HIV services, including workplace HIV prevention programmes were disrupted in Indonesia. Experiences show the need for scaling up innovative approaches, such as online training, good practice videos and rapid oral HIV self-testing, which are highly accepted by many companies. An action plan and technical assistance are required for prioritization and implementation of the national Strategic Programme on HIV Prevention at the Workplace 2020-2024.

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