



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	222.6	United Nations
Population in urban areas (%)	2002	44.9	United Nations
Life expectancy at birth (years)	2002	66.4	WHO
Gross domestic product per capita (US\$)	2001	678	United Nations
Government budget spent on health care (%)	2001	3	WHO
Per capita expenditure on health (US\$)	2001	16	WHO
Human Development Index	2001	0.682	UNDP

3. Situation analysis

- Epidemic level and trend and gender data.** HIV transmission was initially related to sexual transmission, but transmission among injecting drug users has increased eight-fold since 1998. HIV prevalence and epidemic dynamics vary greatly across Indonesia. Six provinces are most heavily burdened: Bali, East Java, Jakarta, Papua, Riau and West Java. Injecting drug users represent most new HIV cases reported nationally, with concentrated HIV epidemics among male injecting drug users in several provinces. Heterosexual transmission dominates in Papua, with concentrated epidemics among female sex workers. Because of limitations in the national HIV/AIDS surveillance system, few cases are identified and reported at the national level. As of December 2003, a total of 2720 HIV-positive cases, 1371 AIDS cases and 479 AIDS-related deaths had been reported to the Ministry of Health. Among the AIDS cases, 78% were men; and heterosexual transmission accounted for 51%, injecting drug use for 26% and men who have sex with men for 9%.
- Major vulnerable and affected groups.** Seroprevalence among highly affected populations of injecting drug users has reached as high as 48% in Jakarta, 53% in Denpasar, Bali, and 24% in West Java. Merauke Papua has the highest prevalence rate among female sex workers (26.5%). The 2002 national estimates indicated that the HIV prevalence ranges from 19.2–34.4% among injecting drug users and 2.0–5.2% among sex workers. Other groups highly affected were Waria (transsexuals) (9.3–27%) and prisoners (8.6–22%). The HIV prevalence among men who have sex with men was estimated to be 0.4–1.3%.
- Policy on HIV testing and treatment.** HIV testing and counselling services are based on principles promoted by WHO. The Ministry of Health is finalizing national guidelines for HIV testing and counselling, and training modules and materials have been developed. The availability and user cost of testing and counselling services varies between provinces. Access is limited, and stigmatization remains an obstacle to use. Physicians mostly refer symptomatic people for HIV testing and counselling. The practices are not standardized; HIV testing and counselling services in sexually transmitted infections, tuberculosis, antenatal and drug dependence services do not exist or are not well developed.
- Antiretroviral therapy: first-line drug regimen, cost per person per year.** The Ministry of Health has developed national guidelines for antiretroviral therapy and case management, along with

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	<0.2%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2003	53 000–180 000	WHO/UNAIDS
Cumulative number of reported AIDS cases	2003	1 371	WHO
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	1 500	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	7 100 ¹	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2004	25	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15–49 years)		not available	

training curricula. The recommended first-line regimen is zidovudine + lamivudine + nevirapine. Most antiretroviral drugs have been registered in Indonesia but are not widely available, especially not outside Jakarta. Efavirenz is not yet registered, although it can be made available through an exemption scheme. Few generic antiretroviral drugs are registered. The envisaged supply system will rely on the local production of these three antiretroviral drugs by Kimia Farma, already approved by the Food and Drugs Control. The cost of the triple regimen is about US\$ 564 per person per year. The Ministry of Health has committed to subsidizing the treatment of 4000 people in 2004 so that they only have to pay US\$ 300 per person per year. The commitment of provinces to provide additional subsidies varies.

- Assessment of overall health sector response and capacity.** Indonesia's health system is highly decentralized; provincial and district health services have significant autonomy to determine policies, priorities and financing. Local initiatives for antiretroviral therapy have been launched throughout Indonesia, under the commitment of local authorities and of physicians taking care of people living with HIV/AIDS. Treatment models including adherence counselling have been developed at the central level, taking into account experiences from local initiatives. A total of 25 hospitals in the 13 priority provinces have been identified as ART service delivery points.
- Critical issues and major challenges.** The current national capacity to respond to scaling up (including HIV testing and counselling, case management, adherence counselling, laboratory monitoring and treatment support) is inadequate to achieve the national target for antiretroviral therapy. A systematic approach to building institutional and human resources capacity will have to be developed across the health sector for this purpose. The coverage of HIV/AIDS programmes targeting injecting drug users and sex workers is extremely low. Promising small-scale programmes exist for injecting drug users, including methadone maintenance, peer outreach, risk reduction counselling, HIV testing and counselling, condom distribution to drug users and support groups for people living with HIV/AIDS, but coverage is inadequate to affect the overall epidemic. Stigma, discrimination and cultural norms create difficulty in reaching the most vulnerable populations and in implementing effective prevention and treatment interventions.

¹ The Ministry of Health estimates the total number needing antiretroviral therapy in 2005 is 9200 (2003).

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- WHO estimates that the total funding required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 3550 people by the end of 2005 is between US\$ 41.5 million and US\$ 52 million.
- The Ministry of Health has identified US\$ 1.2 million for 2004 to subsidize the cost of antiretroviral drugs. Provincial governments are identifying additional resources to varying degrees.
- Subsidies for related services, such as voluntary counselling and testing, drugs for opportunistic infections and laboratory services, will highly depend on commitment and allocations from local governments, and other donors.
- Indonesia has requested a total of US\$ 15.9 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria and has approved two-year funding of US\$ 6.9 million for HIV/AIDS of which a small fraction is allocated for antiretroviral therapy (for 200 people). Several bilateral donors are supporting activities related to HIV/AIDS, but these do not include antiretroviral therapy. Several nongovernmental organizations support treatment and care, of which only Médecins Sans Frontières directly funds antiretroviral therapy.
- Indonesia's Round 4 proposal to the Global Fund has a subcomponent on HIV/AIDS treatment and care and includes antiretroviral therapy for 20 000 people by the fifth year. Of US\$ 65 million requested over five years for prevention and treatment, US\$ 25.4 million is for drugs (antiretroviral drugs and drugs for prophylaxis and treating opportunistic infections), including US\$ 4.2 million in the first year.
- Taking into account the funds committed to date, WHO estimates that the total funding gap for Indonesia to reach 3550 people by the end of 2005 is between US\$ 30.3 million and US\$ 40.8 million.

5. Antiretroviral therapy coverage

- National estimates indicate that Indonesia's total treatment need for 2005 is 9200 people, and the WHO "3 by 5" treatment target is 3550 people for the end of 2005 (based on 50% of WHO estimated need).
- The country-declared national treatment target is 5000 people by the end of 2004 and 10 000 people by the end of 2005.
- As of June 2004, an estimated 1500 people have started antiretroviral therapy through government services; 90% are paying the full cost of treatment and care. No data are available on antiretroviral therapy prescribed in the private sector, but proprietary antiretroviral drugs are seldom available in private pharmacies and mostly limited to Jakarta.

6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* The Ministry of Health is taking the lead in developing a plan for HIV/AIDS treatment and care (including antiretroviral therapy) as a core element of the comprehensive national HIV/AIDS response. Various Ministry of Health directorates and other units are actively involved, such as centres for disease control, medical services, pharmaceutical services, community health services and laboratory services. Since 2001, a decentralized process has transferred budget to the districts and municipal administrations. A National AIDS Commission was established in 1994 and is coordinated by the Ministry of Social Welfare. AIDS commissions were then established in every province (headed by the vice-governor) and districts. Not all are fully functioning, especially in districts. The National HIV/AIDS Strategy for 2003–2007 identified seven programme priorities: HIV/AIDS prevention, care and treatment; support for people living with HIV/AIDS; surveillance of HIV/AIDS and sexually transmitted infections; operational studies and research; enabling environments; coordination of multiple stakeholders; and a sustainable response. The Coordinating Minister for People's Welfare convened a meeting in January 2004 with six other ministers represented on the National AIDS Commission and governors of the six most affected provinces. The meeting produced the Sentani Commitment, which endorses scaling up antiretroviral therapy to at least 5000 people by the end of 2004, reducing harm and promoting condoms. The government is finalizing a national policy for antiretroviral therapy with the support of WHO.
- *Antiretroviral therapy service delivery.* The Ministry of Health provides overall leadership in delivering antiretroviral therapy services. Family Health International has conducted training for counsellors in 10 provinces, but the counselling is still seldom available. A pilot project for preventing mother-to-child transmission has been implemented in two sites. In Jakarta, Pelilita Ilmu supports the project, and in Merauke District in Papua Province, the District Public Office Project targets four health centres and traditional birth attendants. WHO is assisting the government in integrating services for HIV/AIDS and tuberculosis. The Working Group on AIDS from the Faculty of Medicine has conducted training in HIV testing and counselling, antiretroviral therapy management for physicians and nurses and HIV/AIDS care and support for treatment supporters. Community-based and nongovernmental organizations are providing most services for vulnerable populations, depending greatly on external funding from international donors, including the Australian Agency for International Development and Family Health International. The Working Group on AIDS from the Faculty of Medicine supports the ad hoc system for supplying unregistered generic antiretroviral drugs, which are imported using a special access permit. Kimia Farma has a nationwide distribution system that will supply the hospitals designated for providing antiretroviral therapy.
- *Community mobilization.* Throughout the country, many promising but small-scale projects target vulnerable populations, especially injecting drug users and sex workers. Most projects focus on preventing HIV/AIDS with a limited emphasis on treatment and care, but many community-based and nongovernmental organizations are very well placed to monitor and support people living with HIV/AIDS on treatment through such mechanisms as case management, adherence monitoring, buddy systems, home visits and home-based care. Referral systems between community-based and nongovernmental organizations and government facilities are less than optimal. The National AIDS Commission recently signed a

memorandum of understanding with the National Narcotic Board providing opportunities for scaling up effective HIV/AIDS prevention and care programmes for injecting drug users.

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

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Conducting a comprehensive "3 by 5" scoping mission in January 2004 and preparing a set of recommendations for country action and WHO support
- Supporting a workshop in Indonesia in December 2003 on HIV/AIDS prevention and treatment among injecting drug users that addressed issues related to scaling up harm reduction and linking HIV/AIDS treatment and care with services for drug users
- Funding two pilot methadone programmes in Bali and Jakarta as HIV/AIDS prevention programmes and funding for delivering antiretroviral therapy to drug users
- Providing assistance to the Ministry of Health in developing a national plan for scaling up antiretroviral therapy, guidelines on antiretroviral therapy and a monitoring and evaluation plan
- Providing technical assistance in procuring drugs and managing supply
- Providing technical support for the Round 4 proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria, with a particular focus on the HIV/AIDS treatment and care subcomponent

Key areas for WHO support in the future

- Establishing a "3 by 5" country team to provide technical assistance to the government and partners in scaling up antiretroviral therapy
- Providing technical support to the recently established National HIV/AIDS Treatment and Care Advisory Committee and the coordination unit at the central and provincial levels
- Providing technical assistance in developing the strategic and operational plan for scaling up antiretroviral therapy, including building human resources capacity and determining costs
- Providing assistance to the government in establishing a communication strategy for promoting the "3 by 5" Initiative, including fact sheets, posters and information leaflets for people living with HIV/AIDS
- Providing technical assistance in establishing testing and counselling services for all entry points, hospital or community-based
- Providing technical assistance in reviewing and implementing (including training) national guidelines on HIV testing and counselling, antiretroviral therapy and case management
- Providing assistance for adapting and translating WHO tools and guidelines relating to scaling up antiretroviral therapy (toolkit)
- Providing technical assistance for strengthening laboratory services, including training laboratory technicians in HIV testing methods, CD4 count technology and laboratory monitoring of antiretroviral therapy, setting standards and implementing quality assurance practices in 25 hospitals
- Providing assistance for adapting and translating WHO tools and guidelines for HIV/AIDS prevention, treatment and care for vulnerable populations, including toolkits on injecting drug use, drug substitution therapy, condom promotions, sex work and men who have sex with men
- Providing advice on international pricing, drug procurement and prequalified antiretroviral drugs, opportunistic infection drugs and diagnostics
- Providing technical assistance for developing a national monitoring and evaluation plan for scaling up antiretroviral therapy and a surveillance system for antiretroviral drug resistance
- Supporting the development of operational research on antiretroviral therapy adherence, especially among vulnerable populations

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- The WHO Country Office has one international HIV/AIDS Medical Officer (with a focus on HIV/AIDS prevention) and an HIV/AIDS National Professional Officer. An international "3 by 5" Country Officer is in the process of being recruited to provide overall coordination and management of WHO support in Indonesia.
- Additional staff needs identified include nine National Programme Officers: one as a treatment liaison officer, one as a monitoring and evaluation officer, one to support procurement and capacity-building and one for each of the six priority provinces to support scaling up antiretroviral therapy.

For further information, please contact:

World Health Organization
Department of HIV/AIDS

"3 by 5" Help Desk

E-mail: 3by5help@who.int

Tel.: +41 22 791 1565

Fax: +41 22 791 1575

www.who.int/3by5

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