

PROGRAMME COORDINATING BOARD FIELD VISIT

| 22-24 October 2014

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# UNAIDS PCB Field Visit to Indonesia

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## INTRODUCTION

A delegation from the UNAIDS Programme Coordinating Board (PCB) undertook a field visit to Indonesia 22-24 October 2014. The delegation included members from Australia, Brazil, El Salvador, Iran, Luxembourg, Ukraine and Zimbabwe, as well as representatives of the PCB NGO Delegation and UNAIDS Cosponsors, participating from the regional and national level. The delegation met with a range of stakeholders engaged in Indonesia's multi-sectoral response to HIV, including senior government representatives, the National AIDS Commission, development partners, civil society organizations, and the UN Country Team.

The visit was a valuable opportunity for Board representatives to observe the AIDS epidemic and response in a very large middle-income country and to understand the challenges related to the sustainability of the response. The visit also served to demonstrate the value of an integrated Joint Programme through the Joint Programme of Support in the context of the UN Country Team (UNCT) led by the UN Resident Coordinator in support of the national response.

The programme of the visit mirrored the key issues on the agenda of the 35th meeting of the PCB in order to enable Board delegates to feed back to the governing body the realities of the epidemic and the work of the Joint Programme at the country level.

A number of key issues were highlighted during the visit, including the need for:

- strong political leadership at the national, provincial and city levels as well as in the region (through the Association of Southeast Asian Nations (ASEAN) and the UN Economic and Social Council for Asia and the Pacific (ESCAP) in particular) and globally (Global Fund Board Chairmanship);
- strategies to address the challenge of sustainable financing in a middle income country which is increasing the share of domestic financing and scaling up the response simultaneously;
- coordinated and effective UN support to the national HIV response under the leadership of the Resident Coordinator;
- a bold strategy to reduce new infections through scaling up prevention and the strategic use of antiretroviral treatment (ART) for key populations supported by an integrated continuum of care services;
- models of service integration in community-based health facilities that link outreach to testing through to treatment for key populations, the scale-up of HIV testing and treatment through NGOs, and decentralization of hospital based services;
- the recently established national health insurance to contribute to an increased share of national expenditure for HIV prevention and treatment and ensure universal access to HIV services for key populations;
- creative responses adapted to and developed by young people, including through use of new technology; and
- involvement and participation of key population groups in supporting and spearheading the national response.

## BACKGROUND TO THE AIDS RESPONSE IN INDONESIA

1. The PCB field visit to Indonesia provided a valuable opportunity to understand the particular challenges of the AIDS response in a country which has a largely young and geographically dispersed population— 238 million people living on more than 18,000 islands. In 2013, the Ministry of Health estimated there were 638,000 people living with HIV in Indonesia; a national prevalence rate of 0.43%. There were an estimated 76,000 new HIV infections in 2013. As a middle income country, Indonesia has experienced significant economic growth in the past decade. It has increased its share of domestic financing of the AIDS response to 42% and has adopted ambitious targets that expand both HIV testing as well as the strategic use of antiretroviral treatment to reduce mortality and morbidity.
2. The epidemic in can be characterised as follows:
  - Indonesia (with the exception of the two Papuan provinces) is experiencing a concentrated HIV epidemic among men who have sex with men, female sex workers and their clients, people who use drugs, and transgendered people. Papua and West Papua provinces are experiencing a low level generalized epidemic with prevalence of 2.3%.
  - despite a rise in new HIV infections over the past decade national epidemic modelling in 2014 and expanded surveillance surveys suggest that the rate of epidemic growth may have slowed during the 2010-2014 period. Projected HIV related deaths remain significant at 31,000 annually. This is despite the roll out of the policy advancing the strategic use of antiretroviral treatment.
  - sexual transmission has overtaken injecting drug use as the primary mode of transmission. HIV prevalence among people who inject drugs in cities, excluding Jakarta, decreased from 52% in 2007 to 36% in 2011, although local flare-ups in some locations demonstrated the volatility of the epidemic in the community of people who inject drugs. HIV prevalence among sex workers has stabilised and suggests that the national prevention programme for sexual transmission is having an impact on reducing new infections.
  - there has been a substantial increase of HIV prevalence among men who have sex with men, from 5.3% in 2007 to 12.4% in 2011 and an increase from 0.1% to 0.7% among 'high-risk' men (mostly clients of sex-workers). In coming years, the largest number of new HIV infections is predicted to occur among men who have sex with men (in 2011 accounting for 21.2% of new infections and projected to rise to 31.5% by 2016, according to AEM 2012 projections)
  - remaining challenges include the low coverage ART and services to eliminate new HIV infections among children. ART coverage among adult people living with HIV is estimated at 22%, based on the WHO 2010 Treatment Guidelines (initiation of treatment at CD4 count 350 and below). According to WHO Indonesia studies, the majority of people living with HIV in the country do not initiate HIV treatment until their CD4 count is below 100.

**WEDNESDAY 22 OCTOBER**

### **Introductory meeting with the Director of the National AIDS Commission**

3. The Director of the National AIDS Commission (NAC) welcomed the Delegation and explained the very close collaboration between the UN Joint Team on AIDS, led by UNAIDS Indonesia, and the NAC in all aspects of strategic planning of the response, including the organization of the PCB Field Visit. He commended the support currently provided by the UN in areas of target setting, development of investment case analysis for the AIDS response, collaboration the extension of the current Global Fund grant and development of the concept note for the New Funding Model allocation and the development of the 2015-2019 strategy for the AIDS response in Indonesia.

### **Meeting with UN Resident Coordinator, UN Country Team, and UN Joint Team**

4. The UN Resident Coordinator, provided an overview of the UN's engagement with Indonesia and the key challenges faced in supporting a complex country with rapid economic growth and increased inequalities. He noted some important dynamics for the country, including that 15 million young people enter the labour market every year and stressed the importance of focusing the UN's commitment and its collaboration between all levels of authorities, civil society and the private sector. He underscored the UN's commitment to the response to HIV and its place as one of the top priorities for new five-year National Development Plan and the UN's 2015-2019 Programme of Support to the Government.
5. The Joint Programme on HIV and AIDS (UNJT) in Indonesia provides the best model for coordination and coherence in terms of UN assistance to the country and the HIV response remains a helpful pathfinder for joint UN action and support to national programmes.
6. The work of the UNJT is guided by a Theme Group, chaired by the Director of the ILO, which focuses on the multi-sectoral support provided by the UN to the national response including: political mobilization at all levels; mobilization of domestic resources; and, ensuring that funds are invested in programmes with most impact. Key issues discussed with the country team included:
  - the challenges of the sustainability of the AIDS response in a middle income country;
  - Indonesia's regional role and leadership including through ESCAP and ASEAN;
  - new HIV infections leveling off - but ongoing concern related to increases in infections among men who have sex with men and the emergent use of methamphetamine type drugs which brings an increased risk factor for HIV transmission;
  - the UN's role in developing and implementing the policy and strategy on the strategic use of antiretroviral treatment, with a target of testing six million people by 2015;
  - roll-out of national health insurance – the challenge of including HIV prevention and treatment in the scheme and ensuring access by people living with HIV;
  - need for enabling environments for sex work, men who have sex with men, drug use and broader stigma and discrimination issues that prevent access to health services; and,
  - the 'test and offer treatment' strategy for key populations.

7. The session provided an opportunity to learn more about the importance of prioritizing districts based on epidemiology, capacity and readiness. There was also concern about the sustainability of external funds which account for the bulk of resources for local community and key population groups and how local government can be mobilized to fill this gap.

### **Meeting with national civil society organizations and networks of people living with HIV**

8. The PCB delegation met with a range of civil society organizations including networks of women living with HIV, sex workers, men who have sex with men and injecting drug users. The delegation learned how civil society engagement has expanded rapidly across the country over recent years. Discussion focused on how the role of civil society needs to further adapt and expand as the response continues. Beyond advocacy and “watchdog” roles, civil society will need to consider involvement in service provision, demand-creation for services and driving policy change. Through discussions, a variety of key issues were raised, including:
  - importance of political will across all levels of government and especially at the local level where funding and legal barriers must be addressed as a matter of priority;
  - community are key to the response yet their funding is largely externally driven;
  - stigma prevents key affected population members from accessing HIV testing or accepting HIV prevention and treatment services which often subsequently leads to and subsequent late treatment initiation;
  - need for training programmes on human rights for health personnel;
  - prioritization needed for community-led condom distribution for men who have sex with men to counter very low condom use among the population;
  - increasing use of social media within civil society has led to demand-creation for services, especially in the area of HIV testing;
  - civil society’s role in driving public accountability – the introduction of ‘iMonitor’, the free mobile device tool for community members to report stock outs and quality of services provided by Government clinics and hospitals;
  - challenges for NGOs working in a legal environment which inhibits the channeling of public funds for service provision by communities – in particular for staff; and
  - lack of awareness by community groups of opportunities available for CSOs to access local funding at district level, in light of the devolution of fiscal and political authority across the country.

### **Visit to Cipto Mangunkusumo Central Hospital in Jakarta**

9. The delegation visited the Cipto Mangunkusumo Central Hospital located in central Jakarta, Indonesia, which hosts an HIV Integrated Services Unit offering medical consultation, HIV counselling testing and HIV hotline, and access to generic and patented ARTs. The hospital manages the largest group of people living with HIV on treatment in the country (6,000) and serves as the national reference state hospital for HIV treatment, including treatment for children.
10. The delegation was particularly impressed with the focus on the social aspects of medical care and how this had translated into the development of staff-awareness programmes on

sensitivities around rights, people who inject drugs and men who have sex with men. Other issues discussed during the delegation's interaction with hospital staff included:

- the implementation of the *strategic* use of antiretroviral treatment – including the provision of HIV treatment for all pregnant women (Option B+) and key populations, irrespective of CD4 count;
- that increasing numbers of new clients on treatment have higher than 350 CD4 (up to 20%) – suggesting that the treatment scale-up strategy is working;
- the growing HIV epidemic amongst men who have sex with men;
- failure on first line drug regimens (5% of people on treatment);
- that viral load tests are only taken annually by 10% of patients (at a cost of US\$60 per test);
- the local production of antiretroviral medicines and the expectation that all treatment-eligible people living with HIV can be provided with locally produced medicines (compared to 30% currently); and
- task-shifting to NGOs which will be critical for e.g. reaching key populations.

## THURSDAY 23 OCTOBER

### Meeting with the National AIDS Commission (NAC)

11. The Director of the NAC highlighted the role of the NAC to bring about a multi-sectoral national response and progress made in the national response, such as, the expansion of HIV testing and treatment over the past five years, increased service coverage and behavior change impact. UNAIDS had worked with the NAC to develop an HIV Investment Case for Indonesia which provides the basis for identifying HIV prevention and treatment targets for the National Strategic Plan (2015-2019), the prioritization of cities, and planning towards the long-term goal of ending AIDS as a public health threat by 2030.
12. Other issues discussed included the implementation of :
  - Option B+ for the prevention of new HIV infections among children. Although the number of pregnant women who had received an HIV test had doubled in the previous year the coverage of services to eliminate new HIV infections among children remains low.
  - new ambitious targets for HIV testing, prevention and treatment in the new national strategic plan which will run from 2015 to 2019;
  - a focus on 35 cities where 60% of new infections can be found, and scale-up of innovative models of service delivery for prevention and treatment, aiming for better programme quality;
  - strategies to engage (young) men who have sex with men; and
  - service delivery strategies for key populations that utilize NGOs and peer delivery; and
  - sustainable programming through commitment by local government to increase the levels of funds available.

### Visit to Gambir Community Health Centre, Central Jakarta

13. The community health centre in Jakarta provides harm reduction services for drug users working in cooperation with the local AIDS Commission and NGOs, such as, outreach, referral to tertiary care and home visits. Outreach to schools is also undertaken with a view to working with school teachers who may be able to assist in the identification of 'at-risk' students. The delegation was shown the dispensing clinic for methadone and given

an introduction to the counseling support provided to drug users who are maintained on methadone. Discussions focused around challenges faced by people while on treatment including continued drug use and barriers to finding employment.

### **Meeting with the Minister of Health and Chair of the Global Fund Board**

14. The Delegation met the Minister of Health, Dr Nafsiah Mboi, who is also the current chair of the Global Fund Board. Before becoming Minister in June 2012 she was the former Secretary of the NAC and in her capacity as Minister Dr. Mboi, adopted the three zeros vision, committed to the goal of ending AIDS in Indonesia by 2030, and championed the new policy on the strategic use of ART.
15. Dr Mboi made a presentation on the launch of Indonesia's National Health Insurance programme (which was initiated in January 2014), the policy on strategic use of antiretroviral treatment, and targets for ending AIDS by 2030. She noted that the National Health Insurance scheme will make a vital contribution to HIV prevention, care and treatment and stressed that the continued payment of premiums was essential if the national health insurance scheme was to remain sustainable.
16. Dr. Mboi noted the progress made to expand HIV treatment coverage, including Indonesia's adoption of the policy on strategic use of antiretroviral treatment for all key populations irrespective of their CD4 count. She emphasized that such a policy was needed as it had become clear that condom use had not reached the levels needed to stop the epidemic and that ART remained one of the keys to achieving an AIDS-free generation, alongside continued HIV prevention efforts.
17. Finally the Minister outlined the plan to test six million people and enable access to ART for 166,000 people living with HIV by 2015. She noted the increase of people receiving HIV treatment from 4,500 people in 2006 to over 42,000 in 2014, stressing that the dramatic increase in HIV testing (to more than one million people in 2013), including among pregnant women in high-burden districts, indicated that significant momentum had been achieved with the strategic use of ART initiative.

### **Meeting with development partners**

18. The meeting provided an opportunity to discuss the sustainability of the HIV response in Indonesia. Despite the high level of economic growth and significant scaling up to the domestic investment in the response, Indonesia continues to rely on international sources for HIV financing.
19. Total spending for the AIDS response in Indonesia increased from over US\$ 72.5 million in 2011 to just over US\$ 87 million in 2012. Domestic spending has increased from 27% of the total monies spent on the HIV response in 2006 to 42% in 2012. While encouraging, these increases fall short of the ambitious national target of reaching 70% domestic funding by 2014. External contributions focus more on HIV prevention programming and

support for civil society organizations, while the Government is covering HIV treatment, care and support.

### **Meeting with Jakarta's Acting Governor**

20. In a meeting with Jakarta's Acting Governor, Mr Basuki Tjahaja Purnama, the discussion focused on the city government's response where men who have sex with men are increasingly accessing services as a result of successful programming. He expressed his commitment to continue to prioritize health, education, employment and housing needs of people living with HIV and key affected populations, towards ensuring that no one is left behind.
21. Although Global Fund and other external resources are likely to decrease in the future, the Jakarta Government is making provision for such an eventuality: currently Jakarta Health Insurance covers ART and the cost of HIV testing. Increased efforts are needed to work more effectively with community groups to strengthen outreach and peer-led follow-up care in the community.

## **FRIDAY 24 OCTOBER**

### **Meeting with the Vice-governor of Bali**

22. The Vice Governor of Bali, who recently assumed his role as Chair of the Bali AIDS Commission, gave a brief overview of the HIV epidemic in Bali and highlighted the importance of having HIV programming interventions in place, including proper budget allocations and the establishment of an environment for local policy development that will support programming and implementation.
23. The Government of Bali has been able to leverage funding (US\$ 600,000 in 2014) from its provincial budget in support of service provision and delivery both at primary health care and community levels. In doing so it had nurtured strong relationships with civil society organizations and had enable direct support services for community groups through public grant-making.

### **Meeting with the Office of the Mayor of Denpasar**

24. Denpasar City is a major tourism destination in Indonesia. As such it has a large and highly mobile domestic and international population which leads to challenges beyond health, including environment, transportation, employment and education. Increased urbanization from rural areas of Bali to Denpasar City is seen as a demographic that will pose impact upon people's vulnerability to HIV, especially among local migrant workers. Health and education are a high priority for local budget allocation.

### **Visit to the Kertipraja Foundation (service provision for sex workers)**

25. The Kertipraja Foundation (YKP) highlighted as a good practice model within the national sexual transmission strategy. It implements interventions for mainly brothel-based (or direct) sex workers and offers a range of services including STI testing and treatment,



voluntary HIV testing and counselling, information sharing, and outreach and peer support. Sex workers can conveniently access STI / HIV services independently at the clinic and access to antiretroviral treatment can be initiated.

26. The meeting was attended by a diverse group of representatives of key affected populations including sex workers and their managers, drug users, as well as women and children affected and living with HIV and the delegation took the opportunity to discuss the constraints in the planning and budgeting for HIV in Bali, the feasibility of allowing public grants to fund community-based service delivery related to HIV, the challenges of integration of HIV into the national and local health insurance scheme, the support needed by women to enhance protection, and the potential roles of the private sector and their corporate social responsibility in contributing to the AIDS response at local level.

### **Visit to Kerobokan Prison**

27. Kerobokan prison in Denpasar is one of the models for HIV programme intervention in prison settings in Indonesia and a prison setting pilot site for the *ASEAN Cities Getting to Zero* initiative. It is home to around 865 inmates, more than half of whom are convicted on illicit drugs related charges. It is reported 21 inmates are currently living with HIV but only seven are receiving ART. About one third of the inmates are native to Bali and less than 10% of the total inmates are foreigners.
28. With higher than national-average levels of HIV prevalence among prisoners, addressing HIV in prison settings is a central area of focus for the Government of Indonesia. Among services offered in Kerobokan are voluntary HIV counselling and testing, methadone maintenance therapy and antiretroviral treatment. HIV related services were first initiated in 2003 when the first cases of HIV were reported in the prison and provision of ART began in 2005. Support for the programmes has been provided through Australian Government Aid and the Global Fund.
29. On the subject of substitution therapy provision Kerobokan is one of 11 prisons in Bali providing methadone substitution. However, the demand for methadone maintenance has declined due to the changes in drug use - amphetamine use has become more prevalent than the injection of opiates. An emerging challenge is therefore the management of behaviors arising from the use of amphetamine type drugs in prison.
30. While Kerobokan prison is committed to take part in the implementation of the policy on strategic use of antiretroviral treatment, many inmates requiring HIV related services are from outside of Bali and many are disqualified from accessing the local health insurance scheme without the possession of an identity residents' card.

### **Visit to Bali Medika Clinic**

31. Bali Medika Clinic is focused on providing one-stop community-led and community friendly services to men who have sex with men including the provision of free testing and antiretroviral treatment under the motto: "*Get tested! Get treated! Get on with your life!*" It has built significant trust among men who have sex with men in Denpasar by marketing its services through social media most frequently used by the community. HIV prevalence among its 2,000 clients is estimated at 14%. All who test positive are immediately offered antiretroviral treatment, regardless of CD4 count. With the introduction of the policy on the

strategic use of antiretroviral treatment, Bali Medika has been able to promote earlier initiation of treatment than the national average (at CD4 count 320 on average) and with much higher retention rates (89% after a year compared to the national average of 66%). The importance of a one-stop-shop that is open after normal work hours and on Saturdays was also highlighted as key to the impressive results.

32. Since Bali Medika Clinic is a privately-owned community clinic dependent on donations from the private sector and individuals, the challenge is how to sustain the success of Bali Medika Clinic in the long run as it cannot receive public funding. The NAC Director explained how the NAC, with the support of UNAIDS, is planning to replicate the clinic in 43 other locations in Indonesia. The plan being to collaborate with government-funded community health centres to more effectively address the increasing new HIV infections among MAM, promote horizontal learning across the country and share proven models of service delivery.

## CONCLUSIONS FROM THE FIELD VISIT

33. The PCB Delegation concluded its visit with a discussion on the key take away messages, challenges and lessons learned:
  - The Joint Programme has a unique and proven role based on its comparative advantage in mobilizing political will and the allocation of resources for a multi-sectoral response, and ensuring the engagement of all stakeholders at national and sub-national levels. As such it provides the space for political debate on the most strategic approach to stop the epidemic. In the case of Indonesia this is illustrated through the Investment Case which led to the adoption of ambitious targets in the new national strategic plan (2015-2019); the adoption of a focused city and district based approach to the NFM and the national strategic plan; and the adoption of the strategic use of antiretroviral treatment approach where key populations are able to access treatment irrespective of CD4 count and which has revitalized the national response.
  - A successful response needs buy-in at national and sub-national levels, particularly in a country where planning and budgeting is decentralized.
  - The use of social media by all partners is key, especially in Indonesia with a young and dynamic civil society keen to provide its own solutions to the challenges before them.
  - Quality and population-friendly services have been shown to deliver the most impact especially with key populations.
  - Local innovation needs to be identified and shared around the country, supported through mechanisms for promoting horizontal learning and knowledge management.
  - Financial sustainability of the response is a challenge at a time when international resources are being reduced and domestic resources are not being increased at a rate to ensure continued scale-up of the response. Alternative financing mechanisms, such as the Indonesian national health insurance scheme, must be encouraged.
  - A flexible approach is needed to provide enabling environments e.g. changes in legislation which could allow the allocation of local resources for NGOs as service

providers and ensuring that inmates living with HIV are immediately linked to local HIV treatment services.

- Need for task-shifting whereby efforts to decentralize ART initiation to community health centres are continued as a strategy for ensuring that people who test positive for HIV can access treatment immediately and not have to be referred to district hospitals.