Antiretroviral therapy target declared by country: WHO estimate of number of people requiring treatment - end 2004: 11 500*
Antiretroviral therapy target declared by country: WHO estimate of number of people requiring treatment - end 2005: 10 000 by the end of 2005

**1. Demographic and socioeconomic data**

<table>
<thead>
<tr>
<th>Date</th>
<th>Total population (millions)</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>222.6</td>
<td>United Nations</td>
</tr>
<tr>
<td>2003</td>
<td>44.9</td>
<td>United Nations</td>
</tr>
<tr>
<td>2002</td>
<td>66.4</td>
<td>WHO</td>
</tr>
<tr>
<td>2002</td>
<td>793</td>
<td>United Nations</td>
</tr>
<tr>
<td>2002</td>
<td>4.5</td>
<td>WHO</td>
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<tr>
<td>2002</td>
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<td>WHO</td>
</tr>
<tr>
<td>2002</td>
<td>0.692</td>
<td>UNDP</td>
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</tbody>
</table>

**2. HIV indicators**

<table>
<thead>
<tr>
<th>Date</th>
<th>Adult prevalence of HIV/AIDS (15-49 years)</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>0.0% - 0.2%</td>
<td>WHO/UNAIDS</td>
<td></td>
</tr>
</tbody>
</table>

**3. Situation analysis**

**Epidemic level and trend and gender data**

HIV transmission in Indonesia 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. Initially there were six provinces established as most heavily burdened, however, this has now increased to 11 provinces. The provinces are: Bali, East Java, Jakarta, Papua, West Java, West Kalimantan, North Sumatra, North Sulawesi, Riau, West Irian Jaya, and West Kalimantan. Injecting drug users represent most new HIV cases reported nationally, with concentrated HIV 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 2004, a total of 3368 HIV-positive cases, 2682 AIDS cases and 740 AIDS-related deaths had been reported to the Ministry of Health. Among the AIDS cases, 81% were men; heterosexual transmission accounted for 43.7%; and injecting drug use for 44.1%.

**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 (1.7%). The 2002 national estimates indicated that the HIV prevalence ranges from 19% to 34% among injecting drug users and from 2% to 5% among sex workers. Other groups highly affected were Warta (transsexuals) (9%-27%) and prisoners (9%-22%). The HIV prevalence among men who have sex with men was estimated to be 0.6%-1.3%.

**Policy on HIV testing and treatment**

HIV testing and counseling services are based on the principles promoted by WHO. The Ministry of Health has standardized the national guidelines for HIV testing and counseling and the training modules. As of June 2005, 60 sites provide HIV counseling services, and of these, 25 hospitals also provide HIV testing services. HIV counseling services are included in services related to the management and treatment of sexually transmitted infections. However, the number of sites is inadequate in relation to the size of the country, and stigmatization remains an obstacle to use. In July 2004, the Government committed to proving access to subsidized antiretroviral therapy to everyone needing treatment, with the ultimate goal of ensuring universal access. In December 2004, in a move to address specific issues related to high prevalence among vulnerable groups and to increase harm reduction activities, Indonesia initiated a project to introduce drug substitution therapy (methadone) for injecting drug users in two government hospitals (Fatmawati Drug Dependency Hospital / RSKO in Jakarta, and Sanglah Hospital in Denpasar, Bali).

Antiretroviral therapy: first-line drug regimen, cost per person per year

The Minister of Health has developed national guidelines for antiretroviral therapy and case management, along with training curricula. The recommended first line regimen is zidovudine + lamivudine + nevirapine. Most antiretroviral drugs have been registered in Indonesia but are not available in the dispensaries. Few generic antiretroviral drugs are registered. The envisaged supply system will rely on the local production of these three antiretroviral drugs by Kimia Farma (a state-owned pharmaceutical company), which have already been 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 funds to fully subsidize the provision of antiretroviral drugs for 1700 patients over one year. The commitment of provinces to provide additional subsidies varies. Additional funds of US$ 65 million for comprehensive care are available from the Global Fund to Fight AIDS, Tuberculosis and Malaria Round 4 grant.

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. A National AIDS Commission was established in 1994, coordinated by the Ministry of Social Welfare. Provincial AIDS Commissions have been established in every province, headed by the Vice Governor. 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. The National HIV/AIDS Strategy for 2003-2007 identifies the following programme priorities: HIV/AIDS prevention, care and treatment and support for people living with HIV/AIDS, surveillance, operational research, multicultural coordination and a sustainable response. In January 2004, a meeting between the Coordinating Minister for People's Welfare and the HIV/AIDS Ministries comprising the major members of the National AIDS Commission and governors of the six most affected provinces in Indonesia was held. A National HIV/AIDS Commitment. The seven objectives were: promoting condom use in every high-risk sexual activity; reducing harm among injecting drug users; providing antiretroviral therapy to at least 5000 people living with HIV/AIDS by the end of 2004; reducing stigmatization and discrimination of people living with HIV/AIDS; establishing and empowering provincial and district AIDS programmes; reducing the prevalence of mother-to-child transmission of HIV/AIDS; and Indonesia has included antiretroviral therapy service delivery points. Health workers are being trained to deliver antiretroviral therapy.

Critical issues and major challenges
The current national capacity to respond to scaling up (including HIV testing and counseling, case management, adherence counseling, 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 low. Promising small-scale programmes exist for injecting drug users, including methadone maintenance, peer outreach, risk reduction counseling, 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.

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

• WHO estimates that about US$ 8.9 million is required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 3550 people by the end of 2005.
• The government is expected to use existing human resources to support scaling up antiretroviral therapy. In addition, the government is expected to commit US$ 2.4 million to subsidize the cost of antiretroviral therapy.
• Provinces will request additional resources to support scaling up antiretroviral therapy to varying degrees.
• Subsidies for related services, such as voluntary counselling and testing, drugs for opportunistic infections and laboratory services, will depend on commitment and allocations from local governments and from donors.
• Indonesia requested US$ 15.9 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 1. Two-year funding of US$ 6.9 million for HIV/AIDS was approved.
• 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. US$ 31.1 million is expected to be approved for the first two years of implementation of the proposal.
• Of total Global Fund money, an estimated US$ 5.5 million is expected to be available during 2004-2005 to support the scaling up of antiretroviral therapy.
• Several national and international non-governmental organizations are supporting activity governments support treatment care, of which only Médecins Sans Frontières directly funds antiretroviral therapy. An estimated US$ 82 000 is expected to be provided by the nongovernmental sector to support the scaling up of antiretroviral therapy during 2004-2005.
• Taking into account the funds committed to date, WHO estimates that Indonesia will face a total funding gap of about US$ 1 million to reach 3550 people by the end of 2005.

5. Antiretroviral therapy coverage

In 2003, WHO/UNAIDS estimated Indonesia's treatment need to be 7100 people, and the "3 by 5" treatment target was calculated as 3550 people (based on 50% of estimated need). In 2004, WHO/UNAIDS estimated that Indonesia's treatment need had risen to 11 500 people.
• National estimates indicate that Indonesia's treatment need for 2005 is 9208 people.
• The country-declared national treatment target is 10 000 people by the end of 2005.
• As of 1 June 2004, an estimated 1500 people had started antiretroviral therapy through government services; 90% of whom were paying the full cost of treatment and care. By October 2004, 3550 people were reported to be receiving antiretroviral therapy in Indonesia. By January 2005, this number is estimated to have risen to about 3000 people receiving treatment in the 25 designated hospitals.
• No data are available on antiretroviral therapy prescribed in the private sector. 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 National AIDS Commission provides leadership in planning and managing activities related to HIV/AIDS, supported by the provincial AIDS commissions. 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 budgets to the districts and municipal administrations. A National HIV/AIDS Treatment and Care Advisory Committee has been established, with a coordination unit at the central and provincial levels. The government is finalizing a national policy for antiretroviral therapy with WHO. UNAIDS provides support for coordinating activities related to HIV/AIDS among partners.

Antiretroviral therapy service delivery
The National AIDS Commission provides overall leadership in delivering antiretroviral therapy services, in collaboration with the National AIDS Commission. Family Health International has conducted training for counsellors in 10 provinces. The Working Group on AIDS from the Faculty of Medicine of the University of Indonesia has conducted training in HIV testing and counselling and antiretroviral therapy management for physicians and nurses and HIV/AIDS care and support for treatment supporters. Family Health International and the United States Centers for Disease Control and Prevention are providing support for antiretroviral drug treatments for vulnerable populations in Indonesia. The National AIDS Commission and governments in Indonesia adopted the Generalized Antiretroviral Therapy (GAT) programme, which mainly targets female sex workers. Thirteen of 30 provinces are reporting surveillance data. In some provinces, unlike anonymous surveys are also conducted among prisoners and pregnant women attending antenatal clinics. Adhoc surveys are conducted among injecting drug users, clients of sex workers, men who have sex with men and people attending sexually transmitted infection 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, but monitoring and evaluation activities related to HIV/AIDS are conducted among 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

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• Providing technical assistance in developing the strategic and operational plan for scaling up antiretroviral therapy, including building human resources capacity
• 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 in adapting and translating WHO tools and guidelines relating to scaling up antiretroviral therapy (toolkit)
• Providing assistance in 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 promotion, sex work, men who have sex with men and prison settings
• Providing technical assistance in 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 advice on international pricing, drug procurement and prequalified antiretroviral drugs, drugs for opportunistic infections and diagnostics
• Supporting the development of operational research on adherence to antiretroviral therapy, especially among vulnerable populations

Staffing input for scaling up antiretroviral therapy and accelerating prevention
• The WHO Country Office has one international "3 by 5" Country Officer, one International HIV/AIDS Medical Officer (with a focus on HIV/AIDS prevention), and one HIV/AIDS National Programme Officer (with a focus on harm reduction).
• 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.