



Indonesia

Snapshot

Executive Summary

Overview

The Government of Indonesia aims to reach Fast Track 90-90-90 targets by 2027. The strategy's key goals are Increased testing and diagnosis, to be achieved through (1) increased partner testing, (2) more systematic implementation of health facility-based Provider-Initiated Testing and Counselling (PITC), and (3) strengthened linkages with STI diagnosis and treatment services.

To increase treatment retention, CSO/NGO participation in monitoring and supporting patients on antiretroviral treatment (ART) will be expanded and refined, the number of Community Clinics providing key affected populations (KAP)-friendly services will be expanded in selected districts, and case tracing and detection of PLHIV who are lost-to-follow-up (LTFU) will be implemented.

Key Populations

Key populations are: People who inject drugs (PWID), Female sex workers (FSW), Men who have sex with men (MSM) and Transgender ¹(Waria).

HIV Epidemic and Behavioural Data

An estimated 622,000 people were living with HIV at the end of 2016. Indonesia is one of few countries with an increasing number of new HIV infections. HIV prevalence in the general Indonesian population is estimated to be low (0.5%).

HIV prevalence is significantly higher among key populations (FSW: 5.3%; Transgender: 24.8%; MSM: 25.8%; PWID: 28.8%). Over the period 2007 to 2015, HIV prevalence declined among FSW and PWID. However, over the same period HIV prevalence increased from 5% to almost 26% among MSM indicating a rapid acceleration of HIV transmission. HIV prevalence remained high but stable among transgender population.

Program Coverage

In 2018 just over 50% of PLHIV were aware of their HIV status. Less than 20% of PLHIV were on ART.

HIV cascade data among key populations in Indonesia show very poor rates of retention in treatment and viral suppression. In a 2016 study conducted across clinical sites in Bandung, Jakarta, Bali and Yogyakarta 24% of those who commenced ART were lost to follow up after 6 months.

Data from service providers in Indonesia indicate that the percentage of key populations reached with prevention services ranges from 32% of FSWs to 58% of "reachable" MSM.

National Strategy Funding

HIV Program implementation is mainly funded from domestic sources. Less than half the funds required to implement the national program are provided.

Policy Environment in relation to HIV, SOGIE and Sexual Behaviour

Homosexuality and sex work are not illegal. However, at a local level various ordinances are used to legally harass these groups.

Drug use is criminalised, and the death penalty can be used for drug trafficking.

The policy environment is not supportive for implementation of programs targeted at key populations. In response to conservative social and political elements, the Ministry of Social Affairs has declared a nationwide crackdown and closure of sex trade zones (lokalisasi). The government has announced plans to ban programs on mass media featuring LGBT talent or promoting sexual minority groups, and some media channels of interest to LGBT having been blocked. An assertive drug campaign continues against PWID.

Reduced tolerance for religious minorities and alternative lifestyles has contributed to stigma and discrimination.

Meaningful involvement of the Community

Community groups report not being consulted on major decisions and planning concerning health services and service delivery and perceive that their feedback on service provision is not taken seriously.



Overview of the National Strategic Plan

The Government of Indonesia aims to reach Fast Track 90-90-90 targets by 2027. Increased testing and diagnosis are key goals that need to be achieved (1) increased partner testing, (2) more systematic implementation of health facility-based Provider-Initiated Testing and Counselling (PITC), and (3) strengthened linkages with sexually transmissible infection (STI) diagnosis and treatment services.²

To increase treatment retention community service organisations/non-government organisations (CSO/NGO) participation in monitoring and supporting patients on ART will be expanded and refined. The number of Community Clinics providing KAP-friendly services will also be expanded in selected districts. Finally, case tracing and detection of PLHIV who are lost-to-follow-up (LTFU) will be implemented by Puskesmas³ and affiliated community workers in priority districts, with focus on returning patients to treatment.⁴

National strategies and operational guidelines provide overall guidance for the Indonesian HIV response. However, the Indonesian health system is a tiered system reaching to the village level, with budgetary responsibility decentralized to district level.⁵ Consequently there is significant variation across the country in the delivery of services across the spectrum from prevention to treatment.

All 514 districts will receive at least a basic package of HIV services. Certain districts will provide increasingly comprehensive packages of services. The basic service package to be provided at 276 districts over the period till 2020 included testing and treatment at a small number of sites. The phasing in of test and treat was scheduled for 96 districts by 2020 and 23 districts classed as “acceleration” were to also include community-based screening (including self-testing) and Pre exposure prophylaxis (PrEP).

Key Populations

Key populations are:

- People who inject drugs (PWID)
- Female sex workers (FSW)
- Men who have sex with men (MSM)
- Transgender⁷ (Waria)

MSM are the largest key population with an estimated population size of 754310.⁸ The estimated number of MSM is significantly lower than the proportion of MSM estimated by many countries (usually at least 2% of the adult male population). The estimated number of MSM is less than 1% of the adult male population.⁹



EVIDENCE TO ACTION HIV and AIDS Data Hub for Asia -Pacific

Key population size estimates, 2016

Key population size estimates		
Populations	Estimate	Year of estimate
People who inject drugs (PWID)	33 492	2016
Female sex workers (FSW)	226 791	2016
Men who have sex with men (MSM)	754 310	2016
Transgender (Waria)	38928	2016

Source: Prepared by www.evidencehub.org based on Global AIDS Monitoring 2018

HIV Epidemic and Behavioural Data

An estimated 622,000 people were living with HIV at the end of 2016. Indonesia is one of few countries with an increasing number of new HIV infections. HIV prevalence in the general Indonesian population is estimated to be low (0.5%). The provinces of West Java, Jakarta, and Bali have the highest incidences of HIV in the country.¹⁰

HIV prevalence is significantly higher among key populations. (FSW: 5.3%; Transgender: 24.8%; MSM: 25.8%; PWID: 28.8%). Over the period 2007 to 2015 HIV prevalence declined among FSW and PWID. However, over the same period HIV prevalence increased from 5% to almost 26% among MSM indicating a rapid acceleration of HIV transmission. HIV prevalence remained high but stable among transgender population.

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HIV prevalence among key populations, 2015



Source: Prepared by www.evidencehub.org based on Integrated Biological and Behavioral Survey among key populations and Global AIDS Monitoring

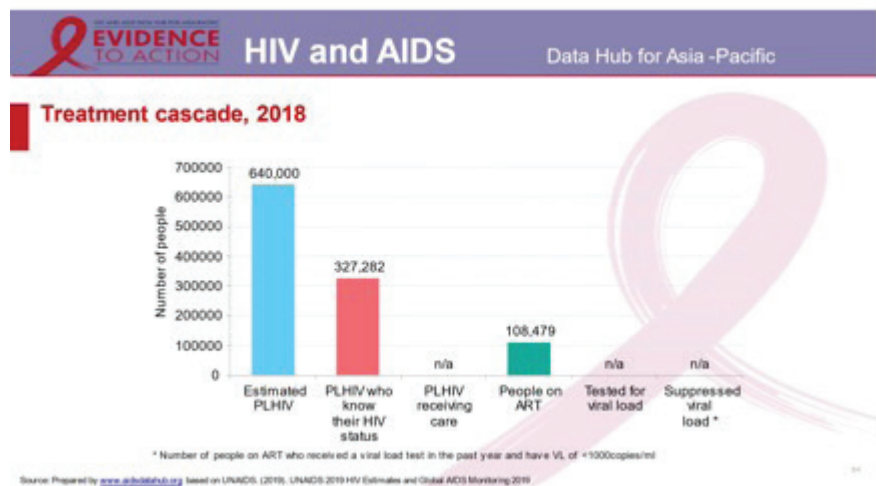
The following table provides data reported to UNAIDS for condom use, safe injecting practices, ART coverage and HIV testing and status awareness for key populations in 2019¹¹.



Population	Condom Use	Safe Injecting	ART Coverage	HIV status awareness
Men who have sex with Men	69.6%		37.9% (2019)	55.5% (2019)
Transgender people	68.9% (2019)		34.4%	65% (2019)
Sex workers	66.8% (2016)		22.4%	38.6%
People who inject drugs	34.1% (2017)	89.8% (2017)	Data not reported	57.2%

Program Coverage

In 2018 just over 50% of PLHIV were aware of their HIV status. Less than 20% of PLHIV were on anti-retroviral treatment (ART).¹² From 2018 Indonesia intended to introduce ART for all people with HIV. However largely as a result of many PLHIV being unaware of their HIV status, targeted coverage was still only 33% of PLHIV.



HIV cascade data among key populations in Indonesia show very poor rates of retention in treatment and viral suppression. In a 2016 study conducted across clinical sites in Bandung, Jakarta, Bali and Yogyakarta 24% of those who commenced ART were lost to follow up after 6 months.¹³

Data from service providers in Indonesia indicate that the percentage of key populations reached with prevention services ranges from 32% of FSWs to 58% of “reachable” MSM.

Indonesia has an estimated number of MSM in Indonesia between 648,000 – 866,000 with point estimate 754,310. However, it is claimed that most of MSM are hidden and that the number of reachable MSM is around 28% of all MSM (approximately 211 thousand).

Key Population Size Estimates				
Population Groups	FSW ¹⁴	MSM ¹⁵	Waria ¹⁶	PWID ¹⁷
Percentage of Key Populations reached with prevention programs- defined package of services	32%	58%	48%	57%
Percentage of the key population that have received an HIV test during the reporting period and who know their results	19%	22%	23%	26%



National Strategy Funding

In the 2015-2019 National Strategy and Action Plan for Combating HIV and AIDS in Indonesia, funding needs related to HIV / AIDS in 2019 were US\$ 184.71 million. However, the available budget was only US\$ 75.59 million, so there was a shortfall of U \$ 109.12 million.¹⁸

Government of Indonesia (GOI) funding is directed primarily to care, support and treatment (CST), with relatively few resources allocated for primary prevention for HIV Key Affected Populations (KAPs), and no funding allocated to support civil society groups.¹⁹

The intent of the GOI going forward is to fully finance the national TB and HIV programs, including NGO/civil society participation. No clear timeline has been set. This is to be accomplished via a combination of increased central and subnational funding, increased private sector participation, and gains in efficiency.²⁰

Policy Environment in relation to HIV, SOGI and Sexual Behaviour

At the national level, there is no criminalization of sex workers or clients of sex workers. However, at select sub-national locations, some local laws exist.²¹

Homosexuality is not illegal.

Drug use is criminalised, and the death penalty can be used for drug trafficking.

The policy environment is not supportive of implementation of programs targeted at key populations. In response to conservative social and political elements, the Ministry of Social Affairs has declared a nationwide crackdown and closure of sex trade zones (lokalisasi). The appearance of an anti-Lesbian, Gay, Bisexual, Transgender (LGBT) movement in 2016 has already impaired the implementation of some interventions (mobile HIV Testing and Counselling (HTC) services and edutainment. The government has announced plans to ban programs on mass media featuring LGBT talent or promoting sexual minority groups, and some media channels of interest to LGBT having been blocked. An assertive drug campaign continues against PWID, with reports that authorities have conducted group arrests in private homes.²²

Reduced tolerance for religious minorities and alternative lifestyles has contributed to stigma and discrimination.²³



Meaningful involvement of the Community

The MoH Layanan Komprehensif Berkesinambungan (LKB - Continuum of Care model) was implemented in order to (among other things) increase the collaboration between health facilities and civil society organizations operating at the community level. While there are some examples of effective partnership under the LKB model, meaningful community participation has proven elusive on a wider basis. Community groups report not being consulted on major decisions and planning concerning health services and service delivery and perceive that their feedback on service provision is not taken seriously.²⁴

With the revocation of the Presidential Decree for the National AIDS Commission (NAC) in 2018, the current NAC is being absorbed into the Coordinating Ministry for Human Development and Cultural Affairs (PMK). There is no clarity as to how GOI funding would be accessible to CSOs. There are no statutory regulations that limit or restrict civil society from playing an oversight role in the HIV/AIDS response and there are no clear regulations that mandate or encourage the government to involve CSOs in conducting oversight. Most participants see the practice of monitoring HIV programs by CSOs as not yet systematic.²⁵

1. Indonesian policy documents generally use transgender and waria interchangeably indicating that reference is to transgender women.
2. CCM Indonesia. FUNDING REQUEST APPLICATION FORM Full Review for period 1 January 2018 to 31 December 2020 p39
3. Puskesmas is classified as an "integrated care provision unit for family health"
4. CCM Indonesia. FUNDING REQUEST APPLICATION FORM Full Review for period 1 January 2018 to 31 December 2020 p39
5. CCM Indonesia. FUNDING REQUEST APPLICATION FORM Full Review for period 1 January 2018 to 31 December 2020 p5
6. CCM Indonesia. FUNDING REQUEST APPLICATION FORM Full Review for period 1 January 2018 to 31 December 2020 p29
7. Indonesian policy documents generally use transgender and waria interchangeably indicating that reference is to transgender women.
8. <https://www.aidsdatahub.org/country-profiles/Cambodia> (accessed July 2021)
9. <https://www.aidsdatahub.org/country-profiles/Indonesia> (accessed July 2021)
10. Januraga PP et al. The cascade of care among key populations in Indonesia: a prospective cohort study. *The Lancet HIV*, early online publication, August 2018. [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30148-6/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30148-6/fulltext) accessed July 2021
11. UNAIDS' AIDSinfo' <https://kpatlas.unaids.org/dashboard> (accessed July 2021)
12. <https://www.aidsdatahub.org/country-profiles/Indonesia> (accessed July 2021)
13. Januraga PP et al. The cascade of care among key populations in Indonesia: a prospective cohort study. *The Lancet HIV*, early online publication, August 2018. [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(18\)30148-6/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30148-6/fulltext) accessed July 2021
14. IBBS 2015 showed 43% of FSW respondent ever received prevention and services information from outreach worker in the past 3 months. IBBS 2015 show 75% and 60% of direct and indirect FSW respondent ever received HIV test and result in the past year
15. IBBS 2015 showed 61% of MSM respondent ever received prevention and services information from outreach worker in the past 3 months. IBBS 2015 show 63% of MSM respondent ever received HIV test and result in the past year.
16. IBBS 2015 showed 74% of Waria respondent ever received prevention and services information from outreach worker in the past 3 months. IBBS 2015 show 89% of Waria respondent ever received HIV test and result in the past year
17. IBBS 2015 showed 68% of PWID respondent ever received prevention and services information from outreach worker in the past 3 months. IBBS 2015 show 72% of PWID respondent ever received HIV test and result in the past year
18. PEPFAR. 2019 Sustainability Index and Dashboard Summary: Indonesia
19. CCM Indonesia. FUNDING REQUEST APPLICATION FORM Full Review for period 1 January 2018 to 31 December 2020 p13
20. CCM Indonesia. FUNDING REQUEST APPLICATION FORM Full Review for period 1 January 2018 to 31 December 2020. P69
21. PEPFAR. 2019 Sustainability Index and Dashboard Summary: Indonesia
22. CCM Indonesia. FUNDING REQUEST APPLICATION FORM Full Review for period 1 January 2018 to 31 December 2020. P12
23. Ibid. p12
24. Ibid p15
25. PEPFAR. 2019 Sustainability Index and Dashboard Summary: Indonesia