

IAS Educational Fund meeting Workshop for Indonesia 9-10 November 2022

Going beyond: Advancing HIV prevention, testing and treatment in Indonesia through science and community involvement

Meeting report

This report was developed in collaboration with The HIV AIDS Research Centre at Atma Jaya Catholic University of Indonesia (ARC AJCUI) and Indonesia AIDS Coalition (IAC). The views expressed in the report do not necessarily reflect the views of IAS – the International AIDS Society.

IAS – the International AIDS Society – organized an IAS Educational Fund workshop in partnership with Indonesia AIDS Coalition (IAC) and The HIV AIDS Research Centre at Atma Jaya Catholic University of Indonesia (ARC AJCUI) in Jakarta, Indonesia, and virtually on 9-10 November 2022. The workshop, with the theme, *Going beyond: Advancing HIV prevention, testing and treatment in Indonesia through science and community involvement*, was divided into four main sessions:

Session 1 – The path forward towards innovative HIV prevention strategies in Indonesia

Session 2 – Leveraging the latest HIV testing strategies to leave no one behind

Session 3 – Improving HIV treatment and responding to co-infections to increase retention in care

Session 4 – The role of social enablers in increasing access to HIV prevention, testing and treatment to improve quality of life

The full programme can be found [here](#) and the meeting material and recordings [here](#).

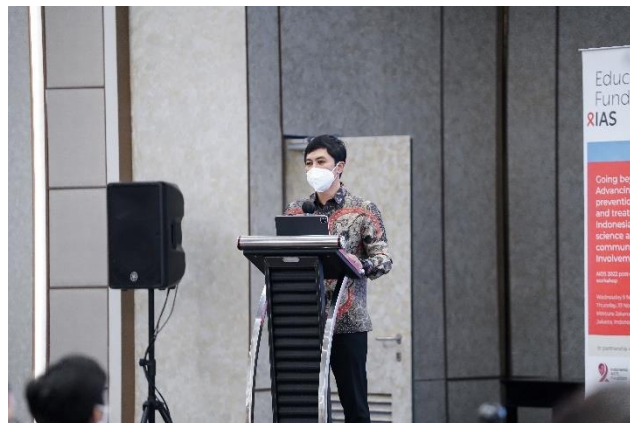


- A fifth person was recently cured of HIV after a stem cell transplant, giving researchers new confidence that there is hope and taking them one step closer in the quest to find an HIV cure.
- Since the start of the pandemic in 2020, the focus of vaccine development shifted to COVID-19 vaccines. Interestingly, prior research on the HIV vaccine has, to some extent, advanced research on the COVID-19 vaccine. New approaches to developing the HIV vaccine include vectors, mRNA, virus-like particles and stabilized envelope trimmers.
- While studies on HIV vaccine and cure are significant, the primary spotlight right now is still on prevention and treatment as there is still a lot of work to do following the stagnation caused by the COVID-19 pandemic. HIV-related mortality is still high, mainly because of the late presentation of symptoms. This was evident in 2021 when approximately 650,000 people died due to advanced HIV-related diseases.
- The most common causes of death are tuberculosis (TB) and cryptococcal meningitis. At AIDS 2022, revised World Health Organization (WHO) guidelines on the treatment of cryptococcal disease were launched. The revision incorporated the use of a single-high dose (10mg/kg) of liposomal amphotericin B, 14 days use of flucytosine (100mg/kg) per day that is divided into four doses per day, 14 days of fluconazole (1,200mg/daily for adults or 12mg/kg for children and adolescent), as well as monitoring. This new regimen may reduce hospital costs and time. A study also showed that liposomal amphotericin B has fewer side effects and is more effective, although it costs more money.
- Another critical HIV-related disease is Hepatitis B. A study compared two people living with HIV with hepatitis B using two different medication options: one person used Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide) and one person used DTG+FTC/TDF. The study found that the two regimens were similarly effective in suppressing HIV. However, Biktarvy showed more effectiveness in suppressing the hepatitis B virus.
- Due to people being more concerned with HIV that is transmitted sexually, a study was conducted to learn about the use of doxycycline for the post-exposure measure. Apparently, the incidence of sexually transmitted infections (STIs), decreased by 66% in participants not living with HIV and by 62% in participants living with HIV after the consumption of doxycycline.
- PrEP has been around for 10 years and, recently, WHO launched a technical brief on simplified and differentiated PrEP to adapt to the client's needs and preferences. Brazil has succeeded in training its nurses to prescribe PrEP, helping with the distribution to certain vulnerable populations. Meanwhile, Thailand involves its key populations in PrEP services, which is efficient and satisfying for the clients. In conclusion, a population-centred approach works well and is better than the conventional services provided by clinics.

- A new option for long-lasting PrEP that can be taken every two months is also interesting since daily PrEP is not feasible for everyone. However, long-lasting PrEP costs more and is not available in all countries, including Indonesia.
- The awareness of U=U (undetectable = untransmissible) should be increased to reduce the fear and stigma that people living with HIV still face.
- The HIV pandemic continuously shows the fault lines of inequity, which is present in Asia, especially related to gender and social matters. Criminalization of sex workers, minors and drug users also worsens the situation. The community needs to be put at the heart of services. There must be awareness of the importance of gender equity, human rights, community leadership, integration and investment, particularly in terms of HIV prevention and treatment. Although there may have been some signs of progress and success, there are still massive gaps where countries tend to miss their own key targets.
- The global AIDS strategy has repeatedly emphasized how communities should be at the centre of the AIDS response. To end HIV-related inequalities, political courage is required. In that case, legal reform is needed, and it is happening—albeit slowly. The existence of stigma and discrimination still hinders the way from moving forward. What needs to be done is to keep pushing for HIV prevention and access to treatment, support, and community-led responses. With all the tools and resources that exist, undoubtedly, Indonesia can achieve that. The next process is to implement them well.

KEYNOTE ADDRESS: Recent progress in the HIV response in Indonesia and overview of the current state of the epidemic – 9 November 2022

Dante Saksono Harbuwono, Deputy Health Minister of Indonesia



- The Ministry of Health (MoH) focuses on three main areas: **(1) HIV prevention for the most vulnerable (such as the child of a woman living with HIV); (2) surveillance; and (3) case treatment.** Promotion and education are equally important. It is also important to involve public and religious figures in the community in the promotion of HIV prevention to reach out to more people from various ages using different methods, for example, social media and other digital platforms.
- As part of prevention strategies, one thing that can be done is the distribution of condoms, lubricants, sterile needles and PrEP. These items could be dispersed to medical and non-medical individuals.
- For surveillance strategies, the MoH has gathered data showing that approximately 470,000 people are living with HIV in Indonesia. This surveillance can be bolstered by incorporating everyone in the community, increasing the test rate and optimizing the distribution of HIV reagents to every province in Indonesia. Another important aspect of surveillance is partner notification.

- Regarding treatment, the MoH has done its best to expand HIV work areas in more public health facilities, particularly when it comes to testing and counselling services. However, the availability of medicinal support treatment is not adequate yet.
- Co-infection with TB and HIV remains a problem in Indonesia. People living with HIV have weaker immune systems than those who are not living with HIV and are therefore more prone to acquiring TB. To prevent acquisitions, it would be ideal to screen clients receiving HIV treatment for TB. A collaboration for a therapeutic approach should also be considered.
- Collaborating on TB and HIV can be achieved through four strategies:
 - Reviewing the technical guidelines for TB-HIV treatment, specifically on ARV treatment and TB prevention
 - Valuating activities related to TB-HIV (aiming at validating monitoring and evaluation data, upgrading data on TB-HIV treatment availability, and evaluating the current effort to prevent TB in the Java Islands)
 - Strengthening TB prevention therapy for people living with HIV through: (1) revising the treatment guideline; (2) socializing TB-HIV in all 34 provinces; and (3) intensifying TB-HIV treatment within vertical services by including communities
 - Establishing a one-stop service for TB-HIV

Key recommendations:

- Refocusing on HIV prevention and treatment after the stagnancy caused by COVID-19 is important as mortality of HIV-related diseases is still high.
- Follow the new [WHO guidelines on the treatment of cryptococcal disease](#).
- Adopt simplified and differentiated PrEP for a client's needs and preferences. Work with key populations to assist with PrEP services in a population-centred setting.
- Increase awareness of U=U to reduce fear and stigma affecting people living with HIV.
- Reduce inequities and discrimination and put communities at the heart of HIV services. Increase awareness of the importance of gender equity, human rights, community leadership, integration and investment, particularly in terms of HIV prevention and treatment.
- Push for community-led responses to HIV.

Session 1 - The path forward towards innovative HIV prevention strategies in Indonesia - 9 November 2022

Scientific updates on prevention (latest research updates)

Iskandar Azwa - Associate Professor of Infectious Diseases, University of Malaya, Kuala Lumpur, and Honorary Secretary of the Malaysian AIDS Council

Key recommendations:

- Continue including PrEP in universal health coverage and involving key population providers in delivery of PrEP.
- Shift from risk-based identification to offering PrEP to all sexually active adults and adolescents and anyone asking for PrEP.
- Event-driven PrEP is newly recommended for all cisgender men, trans women not taking GAH, and non-binary persons assigned male at birth not taking GAH. For everybody else, the seven-day rule for daily oral PrEP applies.
- Ensure accessibility, availability, acceptability and quality for the update of PrEP.
- Offer CAB-LA as an additional prevention choice.



Examples of best prevention practices from the region: The Philippines and Malaysia
Anita Suleiman – Ministry of Health, Malaysia

Key points:

- In Malaysia, healthcare is mostly provided by the government, through the MoH, but private partners assist. Primary care is the main thrust of the nation's healthcare system. There are more than 1,000 primary care clinics that provide integrated prevention of vertical transmission.
- Prevention of vertical transmission in Malaysia covers screening, confirmation, testing and treatment for both diagnosed mothers and children. In addition, it entails provision of safer modes of delivery and free formula feeding up to 24 months, but mothers have the option of breastfeeding if their viral load allows this.
- Syphilis testing has been part of antenatal screening for 30 years; HIV was added in 1988. This approach has been successful: no mother has opted out of HIV screening or rejected treatment. HIV treatments continue even after delivery and throughout life. Mothers who tested positive for syphilis can immediately receive a penicillin shot. The policy states that all babies exposed to HIV will be tested centrally in the national central lab.
- In 2016, Malaysia effectively achieved elimination of vertical transmission of HIV as it reached less than 2%.
- The annual HIV vertical transmission rate has been maintained under 2%. The same can be said for syphilis; however, there was a slight spike in 2017, which needs further investigation.
- Key progress made in line with the 2018 validation includes the Malaysia Stigma Evaluation Survey (MySES), a pilot reduction of HIV-related stigma and discrimination through the QI approach in public healthcare facilities, updating the HOPE module to include responding to stigma and discrimination among healthcare workers, and qualitative assessment on sexual and reproductive health and rights (SRHR) and health service access among women living with HIV, as facilitated by UNAIDS.

Examples of best prevention practices from the region: HIV prevention practices in the Philippines

Danvic Rosadiño, LoveYourself, The Philippines

Key points:

- The Philippines is experiencing a "fast and furious" HIV epidemic. Even though rates of incidence are generally low, there are 42 new diagnoses every day, which is one of the fastest-growing rates worldwide. Prevention strategies are urgently needed.
- All HIV services have to address practical needs, health needs, treatments and also personal needs, such as psychosocial needs, enabling people to manage their own care. In the Philippines, there was a focus on the ABCDE socialization. LoveYourself has revised this to the "Triangle of Self-Care": safe and satisfying sex, timely testing and treatment, and correct and consistent use of condoms to achieve a secured sense of self.
- LoveYourself has adopted a status-neutral approach. This means that whether you are living with HIV or not, you would be eligible to access care.
- Self-testing via self-care was established through self-test kits and telemedicine. Drugs can be delivered to clients directly.
- LoveYourself adopted differentiated testing approaches, which are adjusted according to clients' lifestyles.
- The one-stop-shop approach at LoveYourself Hub offers all services needed in one location. Communities can access services in a safe space.
- Provision of PrEP is administered online and on site.
- The U=U concept is integrated into prevention messaging.
- Sex-positive messages and campaigns are promoted.
- [Safe Spaces PH](#) includes distribution of self-care kits, condoms and lubricants. In the future, more establishments will offer prevention strategies (HIV testing, PrEP).
- LoveYourself established trans health-competent facilities and community-based mental health services, and realized the "[4th 95](#)".

- To access HIV-related services, client-centred and differentiated services for every client have been implemented.
- Understanding affected communities is central to developing a differentiated strategy. Understanding who they are based on their lifestyle helps customize a plan.
- Involve communities: "we know the market because we are the market".

Update on where Indonesia stands on prevention, including PrEP

Rudi Wisaksana, Padjadjaran University

Key points:

- In Indonesia, many people were tested but did not receive treatment. Many interventions need improvement and more distribution.
- Many clients stopped treatment (ARVs) due to COVID-19, and many testing supplies were used for COVID-19.
- Prevention is always better. Primary prevention includes condoms and education. Secondary prevention includes PrEP and self-testing. These are free of charge, provided by the government.
- There are 2,400 clients using PrEP in Indonesia, mostly in Java, but the number is growing in Batam, Kalimantan.
- PrEP progress from August 2022 shows that clients are mostly getting PrEP from private clinics and Puskesmas. This indicates that distribution of PrEP should focus on community clinics rather than hospitals.
- Average users of PrEP are 28 years old; this could be explained due to PrEP being unavailable to people under 18 years old. Most PrEP users are men, and most use daily doses.
- Information about PrEP is mostly received from social media and the internet.
- Demand creation is built within the public through campaigns and events that serve to push HIV testing and treatment to people.

Panel discussion 1 - How to improve adherence of prevention among key populations in Indonesia

Moderator: Oktavery Kamil, ARC AJCUI

Panellists:

1. Lanny Luhukay: HIV Team Work, Ministry of Health
 2. Community effort and advocacy for the availability of condoms: Rina Purwaningsih (Yayasan Kalandara)
 3. HIV prevention for adolescents and young people: Vincentius Azvian (Inti Muda)
 4. Accelerating comprehensive sexual education to promote HIV prevention in young people: Sandeep Nanwani (United Nations Population Fund, UNFPA)
 5. Provider perspective: Nuniek Susiasih (Puskesmas Kecamatan Kebayoran)
 6. Intergovernmental organization perspective: Bagus Rahmat, UNAIDS
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Key points:

- The condom usage among female sex workers remains low because they depend on the client's choice.
- There are efforts to make "condom-only areas", to educate clients and female sex workers on the benefits on condoms beyond of STIs and HIV.
- Prevention efforts are financed by Global Fund which causes limitations in the supplies effort.
- As HIV prevalence among young key populations increases, priority should be given to access to services. Education is essential to know the services exist and how to access them. Engagement is needed to ensure adherence to prevention strategies.
- According to the Indonesia Demographic and Health Survey only 13% of young people have accurate information and knowledge about HIV. The education sector is responsible

for misinformation on HIV, which leads to stigma and discrimination. An effort that can be made is to organize interventions in schools, starting with curricula and other educational programmes (modules, workshops and school clubs).

- Indonesia could adopt more differentiated approaches that can be carried out to accommodate key populations, such as what has been done in Surabaya for female sex workers. Telehealth can be adopted to support PrEP packages, as well as the information about it.

Experience of PrEP programme in Jakarta area. 238 clients are accessing PrEP at the clinic. Clinics actively inform the clients about the HIV prevention packages available. The strategic location of the clinic also supports this effort. Counselling, testing, pre-testing and informing about PrEP administration are all carried out by the HIV clinic personnel. Condoms are still a main prevention strategy, so both PrEP and condoms are given as a more effective package. Improvements can be made in the waiting time so that clients can access PrEP even before test results come out. Socialization on PrEP should also be pushed harder as many key populations are still not informed about its availability.



Session 2 - Leveraging the latest HIV testing strategies to leave no one behind – 9 November 2022

HIV testing: the latest science and technology

Susanto Kosasih, Dharmais Cancer Hospital

Key points:

- Indonesia has a population of 27 million people. It has 3,000 hospitals and 10,000 primary care facilities (Pusat Kesehatan Masyarakat or Puskesmas/Community Health Centre), not including private clinics, but there is infrastructure inequality between the eastern and western parts of Indonesia.
- Regarding testing, Indonesia follows the WHO Guidelines on Standard Testing Strategy for HIV-1 Diagnosis on People >18 months of age. Regarding early infant diagnosis, Indonesia starts testing infants from the age of 4-6 weeks.
- In high-income countries, fifth generation of HIV testing using antigen and antibody is available, but in Indonesia, only the third generation of HIV testing is available.



- HIVST can be useful in closing the testing gap caused by testing barriers in Indonesia, such as stigma, high cost, discrimination, unsupportive values, lack of confidentiality and inconvenient clinic hours.
- Further development of HIV testing in Indonesia requires an algorithm update to enhance HIV diagnosis sensitivity, considering that analysis of tests should be performed to allow unbiased assessment of commercially available tests.

Increasing HIV testing: Best practices from Vietnam

Bao Vu Ngoc, Senior Technical Director, HIV/TB/Hepatitis, PATH, Vietnam

- The HIV epidemic in Vietnam is prevalent in key populations, notably female sex workers, men who have sex with men and trans women, but in the last decade, HIV prevalence among men who have sex with men has increased.
- To achieve the target of 95% of people living with HIV knowing their HIV status, Vietnam employs differentiated service options, including facility-based testing, community-based testing and self-testing to increase choice.
- Before 2015, HIV testing was offered only at health facilities by health staff, but soon after WHO recommended lay provider testing and HIVST, Vietnam followed the recommendations. In 2018, the first national guidelines on community HIV testing were approved.
- An evaluation of HIV lay testing in four provinces found that key populations prefer community-based testing, which can reach undiagnosed people who are first-time testers.
- Meanwhile, HIVST is an entry point to confirmatory testing, treatment and prevention services, but it requires linkage support, such as active referral and follow up.
- During the COVID-19 lockdowns in Vietnam, online ordering and home delivery ensured continued access to HIVST and PrEP.
- To expand the reach of HIVST, there should be supporting policies in place, intensive demand generation efforts and differentiated service delivery models.

Increasing HIV testing: Best practices from Indonesia

Pande Putu Januraga, Udayana University, Indonesia

- The Indonesian trend for HIV testing is increasing, and there is a new, more progressive Ministry of Health regulation on HIV in 2022.
- Community-based HIV self-screening found that HIV self-testing is highly acceptable to key populations, but linking to confirmatory tests remains a challenge.
- Female sex workers prefer receiving test kits through outreach workers and being assisted when carrying out community screening.
- From the support for partner notification demonstration site, the challenge lies in increasing the percentage of test index to successfully contacted. Mainstreaming assisted referrals and adoption of telemedicine can help in partner notification.
- Programmes must be developed to close existing gaps in the delivery of prevention of vertical transmission for private providers and rural areas because most antenatal care happens in private providers' or gynaecologists' facilities, not in primary healthcare facilities.
- In the future, an opt-out model for HIV testing can be considered for pregnant mothers, TB and STI clients, partners and children of people living with HIV, and partners of vulnerable groups to normalize and expand universal HIV screening.

Panel discussion 2 - How to promote HIV testing and better reach key and vulnerable populations while fighting stigma and discrimination

Moderator: Aulia Human, EpiC Indonesia, FHI 360

Panellists:

1. Clinician/healthcare worker representative: Samsuridjal Djauzi, PDPAI
2. Government representative to discuss national programmes – test and treat: Juni Astaty (Jakarta Provincial Health Office)

3. CBS/HIVST: Daniel Marguari (Spiritia Foundation)

4. Partner notification: Nita Juniarsih (Jaringan Indonesia Positif)

5. Intergovernmental organization on virtual outreach: Asti Setiawati Widihastuti (UNFPA)

Key points:

- Public health facilities face multiple problems hence they might not prioritize HIV testing. Therefore, community-based testing and lay testing are useful. The link between self-testing or community-based testing and confirmatory tests remains a challenge. Navigators may be needed to reduce the number of people who get tested but do not get confirmatory tests and consequently do not get ARVs.
- The government of Jakarta has implemented innovations and strategies to manage the HIV epidemic. The government tried to adopt global and national guidelines, such as test and start, partner notification, home-based ARV service delivery, PrEP and HIV self-testing.
- The challenges for HIVST consist of lack of information about these programmes and quality of the intervention, explanation, socialization and counselling should be improved. HIV self-screening should become a national programme and policy with its own regulation, included in the MoH's strategic plan and budget to widen coverage and normalize HIV testing in all populations, not only key populations.
- The partner notification system is working well to empower communities. The greatest challenge for outreach workers is that clients are afraid to disclose their status to their partners for fear of being abandoned or abused. Sometimes the partner becomes a lost contact because they are not prepared to undergo a lifelong treatment.
- Healthcare workers often overlook domestic violence screening. Many people, mainly women, are vulnerable to experiencing domestic violence if they disclose their status to their partners.
- Jaringan Indonesia Positif is piloting a project with the intimate partner transmission model with UNFPA and IAC. The results show that it is important to socialize sex workers on the importance of HIV self-screening and partner notification.
- Virtual outreach is implementable as a complementary approach. Offline outreach is still needed as it plays various roles: education, assistance, simple case management and domestic violence screening. The challenges with virtual outreach are the digital literacy gap among female sex workers and outreach workers, data privacy and data security concerns. Despite the challenges, virtual outreach can be implemented further while considering the context of female sex workers. They can also be referred to HIV screening that is provided online.



Session 3 - Improving HIV treatment and responding to co-infections to increase retention in care - 10 November 2022

Latest scientific updates on HIV treatment

Speaker: Evy Yuniastuti, Vice President, Indonesian Association of Physicians in AIDS Care (PDPAI)

Key points:

- Each country has a different report on their same-day or early ART usage. In many cases, loss to follow up (LTF) rates are higher. However, this could be tackled by prescribing ART following a client's positive HIV test.
- The data from Jakarta shows that the same-day ART rate in public health clinics is higher than at public hospitals. This is because most cases that hospitals are handling cannot be treated with ARVs immediately. Meanwhile, public health clinics do the test and directly prescribe medicines.
- The Ministry of Health Regulation 23/2022 advised a delay in ART if there is a possibility of an opportunistic infection. In that case, ART should be postponed until the infection has passed. Meanwhile, those who do not display any opportunistic infections should be given same-day ART, including pregnant women.



Latest scientific updates on HIV and TB co-infections, including TPT

Speaker: Darma Imran

Key points:

- Data show that from 2006 until 2019, there was a 67% decline in tuberculosis deaths among people living with HIV. However, the Global Tuberculosis Report (2021) reported an increase, amounting to 5,000 TB deaths from 2019 to 2020.
- When talking about healthcare engagement for TB, the main barrier is delays. Delays may happen from the client's side, as well as from the health system's side. Data shows that 50% of TB clients encountered a one-month delay when seeking treatment, starting from when the first symptom appeared. This delay often occurs due to the unspecific nature of TB symptoms that can get dismissed or mistaken for other diseases. Therefore, clients tend to neglect the symptoms until they finally inconvenience them. Moreover, the health system has multiple layers to go through before a TB client can finally get an official diagnosis and obtain proper treatment.
- The deadliest form of TB is tuberculosis meningitis (TBM), and delays in treatment also occur for this condition. A study conducted in RSHS (Bandung) and RSCM (Jakarta) presented a median total of 66 days' delay from the onset of first symptoms to TBM diagnosis. Some clients were diagnosed two years after they first showed symptoms.
- There is urgency to reform the screening system for TB. As of now, WHO has issued a four-symptom screening process, noting the presence of cough, fever, night sweats and weight loss. However, this screening is not very specific since confirmatory testing is required before TB preventive therapy can begin.
- With the low specificity of the WHO four-symptom screening, C-reactive protein (CRP) screening can be done. Although its sensitivity is not higher than the four-symptom screening, the specificity is higher, amounting to 74%. This means that CRP is better to use.
- TB preventive therapy (TPT) is an option to reduce TB mortality. People living with HIV with latent TB infection are 20 times more likely to acquire active TB. ART may not be able to prevent the reactivation of latent TB. A randomized controlled trial found that six-month TPT may reduce TB mortality by 39%. The preferred TPT lasts for three months, as opposed to the six-month programme.

- The treatment for TB and HIV is also different for pulmonary TB and TB meningitis since the latter causes more death than the former. ART should be started within two weeks regardless of CD4 cell count following the initiation of pulmonary TB treatment. Meanwhile, ART should be delayed for at least four weeks after TB meningitis treatment is initiated. In addition, there is a concern about RIF dosing. There is evidence that clinicians tend to underdose RIF in many people with TB. However, higher Rifampicin (RIF) doses are safer and can be well tolerated.
- In conclusion, TB deaths among people living with HIV have become alarming and call for urgent action. Delays in the detection and treatment of TB exacerbate the problem even more. TPT with shorter regimens sees the most completion of treatment. And higher RIF doses are safe and can be tolerated for treatment purposes.

HIV and other STIs

Speaker: MH Wresti Indriatmi, Indonesian PrEP Program Development

Key points:

- HIV and STIs are transmitted through condomless sex, vertical transmission and blood. However, HIV is now seldom transmitted through blood.
- The presence of STIs will make it easier for HIV to be transmitted, and vice versa. Each client's clinical response may differ.
- Since the acquisition route is the same, co-infections may happen, and when STIs happen alongside HIV, the client may develop AIDS faster and their ARV treatment may become less effective. Thus, certain medications may need to be altered for co-infections, especially with gonorrhoea, herpes and syphilis.

Panel discussion 3 - How to improve retention in care through improving HIV and co-infection treatment

Panellists:

1. Government representative sharing HIV and co-infection strategies and results, and how they are going forward to same-day initiation: Lanny Luhukay, HIV Team Work, Ministry of Health
2. Motivational interviewing (counselling) to improve adherence: Evi Sukmaningrum PhD (ARC AJCUI)
3. Mental health perspective: Irwanto (ARC AJCUI)
4. Civil society initiatives on micro-elimination of HIV, hepatitis B and C: Claudius N Mone Iye (Peduli Hati Bangsa)
5. Maulana Setyawan (Senior Technical Officer, CBS, EpiC Indonesia, FHI 360 Indonesia)

Key points:

- A pilot study on the impact of motivational interviewing (MI) conducted by PPH Atma Jaya (ARC AJCUI) found that MI has positive impacts on adherence and retention. However, the sample for this study may not be representative of the whole population because it gathered information from only two public health clinics and one clinic - with only 50 participants.
- Customized and general psychosocial support (such as support groups) should be made available to people living with HIV referred to ART. Mental health support should be provided to both clients and caregivers. This service should be a part of the design of the intervention or programme.
- The MoH should make an effort to integrate prevention measures for hepatitis B, C and HIV due to the similarity of their transmission, the testing for the three infections can be done simultaneously to reduce time and costs.



Session 4 - Improving HIV treatment and responding to co-infections to increase retention in care - 10 November 2022

Breaking Barriers in Indonesia

Speaker: Hyeyoung Lim, Human Rights Specialist, The Global Fund

Key points:

- The Breaking Down Barriers initiative was launched in 2017, with Indonesia as a partner country. The initiative focuses on implementing human rights programmes.
- Providers not only provide service, but also work with related parties (paralegals and community organizations, among others) to help end this stigma and provide legal services. A multi-sectoral approach is necessary to strengthen the integration of the human rights response in HIV. This initiative is crucial to end stigma and discrimination.
- Collaborations with IAC, Spiritia, MoH and the direct community contribute to investment in human rights.
- Mid-term assessments of Indonesia show that there is a need to expand human rights programmes and improve their quality.
- Prevention programmes must be integrated with community empowerment programmes, as well as social protection interventions and mental health services.
- The Global Fund is focusing on scaling up the quality of mental health programmes in the HIV response.
- Indonesia has come very far in the HIV response. Some initiatives can scale up programmes that combat human rights-related barriers to HIV services.

Community-led Monitoring: a tool to increase community participation to improve access to prevention, testing, and treatment

Speaker: Nita Juniarsih, Jaringan Indonesia Positif

Key points:

- Jaringan Indonesia Positif advocates for the rights of people living with HIV through community involvement.
- Community-led monitoring (CLM) concerns the active and valuable involvement of key populations. Some core values of this approach are: involvement, empowerment, person-centred and inclusive.
- One of its primary projects, Project Advocate4Health, strives to gather data, execute research and develop policy briefs to further support the improvement of HIV services.
- CLM goals are to expand the surveillance of community-led HIV services, produce recommendations for policy makers and strengthen advocacy through the effective use of data.
- It found that in Jakarta, Banten and West Java, aspects of the HIV response, such as accessibility and quality (comfort) of health services, can be improved to meet the same results as other more effective areas, such as availability, logistics and client support (following up with clients when they miss sessions).

- CLM shows great potential for expansion into other regions.
- It recommends that communities looking into CLM concentrate on mapping, capacity, networking, data and sustainability.

Presentation on children living with HIV

Speaker: Riama Siringo, Lentera Anak Pelangi

Key points:

- Programmes in Lentera Anak Pelangi (LAP) uphold five pillars: home visits and care support (monitoring), nutrition support, medical and hospital support (accessing ARV, among others), psychosocial and educational support (counselling, peer support for caregivers, and others.), and capacity building and advocacy (increasing awareness in communities, schools, and others). Long-term impacts that these programmes hope to achieve include prevention of child neglect and abuse, improvement of quality of life, reduction of morbidity and mortality, and reduction of horizontal and vertical transmission.
- There are 208 children under LAP's care, most of whom are being cared for by a female primary caregiver (single mother or grandmother); 95% of them are living in poverty and 60% are suffering from chronic illnesses. The majority of these children are orphans and vulnerable children.
- Monitoring and evaluating adherence to ART is done routinely. There are specific evaluations to be made with children suffering from chronic illnesses. Longitudinal data analysis enables LAP to monitor and provide intervention recommendations.
- Psychosocial programmes, such as support groups, aid significantly with the mental and emotional conditions of the children since they often feel isolated at home.
- Most children living with HIV and adolescents living with HIV are orphans and vulnerable children, which means they require additional means of care and support.
- LAP needs the cooperation of families and/or caregivers, government bodies, international organizations and local HIV stakeholders to build comprehensive care programmes for children living with HIV in Indonesia.
- Since most caregivers are women, these women face a double burden. Thus, there should be efforts to alleviate this burden to ensure caregivers' quality of life.

Panel Discussion 4- Social enablers in improving access to quality health and livelihood

Panellists:

1. People-centred approach to increase treatment adherence: Fran Daut Ranto, Globalindo Clinic
 2. How GBV affects the quality of life of women living with HIV: Ayu Oktariani, National Coordinator, Network of Women Living With HIV/Ikatan Perempuan Positif Indonesia/IPPI
 3. Community paralegal roles and responsibility to increase sense of safety and security for key populations in seeking health services: Rito Hermawan, National Coordinator, OPSI
 4. Access to Social Protection to Promote Improvement in Universal Health Coverage: Early Dewi Nuriana, ILO Project Officer
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Key points:

- People-centred approaches are effective, as Globalindo has had 1,200 clients in three years with 92% retention. Globalindo is always keeping track of clients who do not continue treatment.
- Double discrimination occurs from being a person with HIV and a victim of GBV, and this is very difficult to alleviate. HIV services should be integrated with GBV initiatives, so providers know how to handle victims of GBV living with HIV.
- Key populations are still afraid of people finding out about their status and this hinders them from seeking treatment. Treatment should be integrated with psychosocial

support, without these patients are not equipped with the mental strength to continue treatment. Clients need safe spaces for peer discussion to share their journey.

- Indonesia's social protection schemes are erroneous and scattered. Research has shown that most people living with HIV and key populations have Social Insurance Administration Organization (BPJS), however, there are still parts of the population that are not equipped, namely trans women and female sex workers.



¹ The IAS Educational Fund is supported by independent educational grants from ViiV Healthcare and Gilead Sciences. The funders were not involved in the development of content or selection of faculties, presenters and participants for this programme



Annex 1

Going beyond: Advancing HIV prevention, testing and treatment in Indonesia through science and community involvement

RECOMMENDATIONS FROM GROUP WORK ACTIVITIES

9-10 November 2022

Mercure Jakarta Batavia Hotel, Jakarta, Indonesia

In partnership with the Indonesia AIDS Coalition (IAC) and HIV AIDS Research Center at Atma Jaya Catholic University of Indonesia (ARC AJCU)



Initial key question	N°	Recommendations	Timeline
<p>How can we improve HIV prevention services and move beyond key populations?</p>	1	<p>Encouraging various health professional association (PDPI, PDAI, PDPAI) to carry out community service activities for comprehensive HIV education in educational settings at various levels</p> <p>Led by: MoH with HIV expert panel</p> <p>Partners:</p> <ul style="list-style-type: none"> - Ministry of Education - Professional associations (PDPAI, PDPI, PDAI) <p>First steps :</p> <ul style="list-style-type: none"> - Carry out consultations (Q2 2023) 	Incidental, immediately
	2	<p>HIV NGOs must resume their role as community education providers for HIV prevention education with various forms of activities. Ensure that these roles are accommodated by the allocation of funding support for HIV prevention programs by donors, particularly the Global Fund.</p> <p>Led by: PLHIV and KP National networks</p> <p>Partners:</p> <ul style="list-style-type: none"> - Global Fund PRs - HIV Technical Working Group (TWG) <p>First steps:</p> <ul style="list-style-type: none"> - Initiate discussions between national networks and Global Fund PRs 	Incidental, immediately
	3	<p>The Ministry of Health, together with the Ministry of Education and Culture and the Ministry of Religion, jointly conducting a review of the currently available models for strengthening literacy in sexual and reproductive health education, particularly in general and religious education, to see gaps in the provision of comprehensive literacy related to HIV prevention. The results of this review will form the basis for developing an HIV prevention curriculum to improve literacy models.</p> <p>Led by: UNFPA</p> <p>Partners:</p> <ul style="list-style-type: none"> - MoH, Ministry of Educational and Culture, Ministry of Religion - PPH Atma Jaya - IntiMuda - Ministry of Human Development and Culture (PMK) - Ministry of Youth and Sports <p>First steps:</p> <ul style="list-style-type: none"> - Consultations between lead and partners to launch the review 	Starting from 2nd quarter of 2023

	4	<p>Provincial/City Forums conduct joint hearings between NGOs, professional associations, and other related partners to obtain government commitment at various levels (provincial, district/city) on HIV prevention responses.</p> <p>Led by: Provincial/City Forums Partners:</p> <ul style="list-style-type: none"> - NGOs - Professional Associations - Development partners (such as EpiC) - District Taskforce (in 23 districts) 	Incidental, immediately
	5	The Ministry of Health together with the Ministry of Home Affairs needs to revitalize the concept of National AIDS Commission as a facilitator for cross-sector coordination and programs for HIV prevention efforts at various levels (national and regional).	Starting from 2nd quarter of 2023
<p>How to improve the awareness of HIV co-infections, and to emphasize the importance of HIV Advanced Disease (AGD) management for people living with HIV, including CD4 testing?</p>	1	Ministry of Health lead the stakeholder to create and implement national campaign on U=U (Undetectable = Untransmissible)	2023
	2	Ministry of Health integrate mental health and substitute screening in the HIV treatment	2023
	3	Community and development partners establish mental health and substitutes service providers network	2023
	4	Development partners scale up motivational interviewing capacity to peer support to improve treatment adherence	2023
<p>What need to be done to better integrate a Human Rights and Gender Sensitive approach in HIV programs in</p>	1	Create parameters in measuring stigma and discrimination against PLHIV and Key Populations (quantitative and qualitative surveys)	June 2023 – June 2024
	2	Vulnerable Groups Coalition pushes for comprehensive anti-discrimination legislation for PLHIV and key affected population	2023-2024

Indonesia to reduce stigma, discrimination and gender-based violence among key population and people living with HIV?	3	Sensitization/dissemination of information about HIV to create a better social construction and reduce the stigma against PLHIV and Key Populations	2023-2024
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Initial key question	N°	Recommendations	Timeline
What are your recommendations to effectively incorporate ICT utilization in outreach activities and maximize the virtual outreach?	1	Adjustment of printed & virtual IEC content so that it is easy for key population to understand with information which is routinely updated and according to local needs (use of local diction/language).	Starting 2023
	2	Need to diversify the form of printed IEC. Examples of calendars, bookmarks; short videos & infographics [without violating the Indonesian IT Law].	Starting 2023
	3	Initiated by the community with the active involvement of stakeholders, especially the government	Starting 2023
What are your recommendations in improving CSE to promote HIV prevention (including encouraging the use of condoms for dual protection)?	1	The Ministry of Education and Culture implemented a sexual education module that explicitly targets condom use	2023-2024
	2	The Ministry of Education and Culture is building the capacity of teaching staff and school infrastructure to implement comprehensive sexual education through teacher partnerships	2023-2024
	3	The Ministry of Education and Culture to issue a policy (Ministry of Education Regulation) that encourages education units to implement comprehensive sexual education	1 st quarter of 2023
	4	The Ministry of Education and Culture conducts periodic monitoring and evaluation regarding the implementation of a comprehensive sexual education module	Periodically

Initial key question	N°	Recommendations	Timeline
<p>What should be the best approach to maximize HIV prevention for young people and pregnant women?</p>	1	<p>Comprehensive and teenage friendly information that applies across sectors. With distribution of responsibilities of each sector:</p> <ul style="list-style-type: none"> ○ Collection of evidence as advocacy material from Education Office/Ministry, Children and Women Protection Service, Youth and Sports Agency, Social Agency, Health Office, regional planning agency, AIDS Commission, Youth Care Health Services. ○ Hearing and follow-up meetings to ensure commitment of the Head of the Region (Province) ○ Pilot project initiation in Kupang, Bandung, Semarang and Jogja with reference to implementation in Jakarta and Denpasar and Badung. 	<p>Within 2 years, it is divided into 3 stages:</p> <ol style="list-style-type: none"> 1. 3-6 months from November 2022: Collection of evidence as advocacy material from Education Office/Ministry, Children and Women Protection Service, Youth and Sports Agency, Social Agency, Health Office, regional planning agency, AIDS Commission, Youth Care Health Services. 2. The following 6 months: Hearing and follow-up meetings to ensure commitment of the Head of the Region (Province) 3. The following 6 months after the second stage: Pilot project initiation in Kupang, Bandung, Semarang and Jogja with reference to implementation in Jakarta and Denpasar and Badung.
	2	<p>Collaboration with cross-sectors at the sub-district level to reach out to pregnant women and newly married couples and planning to have children at the sub-district level to obtain PMTCT information (Door 2 door, Posyandu/integrated service post) and Family Welfare Movement Officer), involving cadres, community, PKK officers and health services.</p>	<ul style="list-style-type: none"> ○ 3 months of socialization and cross-stakeholder MOU for commitment to program implementation. ○ 3 months for strengthening of cadres and midwives (for PMTCT information, Mapping pregnant women and newly married couples). ○ 6 months socialization of community programs. ○ 9 months of providing information and inviting to the service to check, (by involving cadres and the health office)

			<ul style="list-style-type: none"> o Last 3 months evaluation in Bali, Kupang, Semarang, Bandung and DKI.
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Initial key question	Nº	Recommendations	Timeline
<p>How can we enhance the implementation of HIV self-testing towards stronger collaborations between communities and health facilities? How can we better involve private parties for e-commerce platforms in the delivery of HIV self-testing? (HaloDoc, Tokopedia, etc)</p>	1	<p>The Ministry of Health, Ministry of Communication and Information Technology and related government agencies to ensure regulations that facilitate the availability of logistics, budgets and regulations that administer HIV self-tests, so that they can reach all general populations, key populations and other hidden populations, with the aim of facilitating collaboration between communities and services Health.</p> <p><i>Note: HIV self-testing should ideally be provided free of charge to the general population in need, not just key populations, with the logistical means that allow it.</i></p> <p>Led by: MoH First steps:</p> <ul style="list-style-type: none"> - Ministry of Health should prepare ad-hoc meeting with key stakeholders who can support these actions - Facilitate a meeting with the e-commerce platforms 	Preparation January – November 2023.
	2	<p>Comprehensive massive education, in the form of outreach and promotion provided through various media, including written media, social media, the world of entertainment, and other related platforms. Information can be in the form of HIV self-testing and follow-up services, as well as other needs that are included in the issue of intersectionality, with the involvement of all stakeholders.</p> <p>a. Can be implemented in stages, for the general population January – December 2023, using examples from existing key population campaigns (Tanya Marlo, UpdateStatusJKT, TestJKT, and others) b. Targeting special populations other than key populations for 2024, replicating the existing ones</p> <p>Led by: Global Fund PR and technical partners (Spiritia, IAC, National HIV and KP network) First steps:</p> <ul style="list-style-type: none"> - Develop the key messages and information package related to self-testing, strategic design (Q1-Q2 2023) - Meeting with e-commerce platforms 	2023-2024
	3	<p>Integration and collaboration of screening, education, and services with other private and non-government platforms, such as e-commerce, telemedicine, and others</p> <p>a. This can appear in the form of hotlines, integrated applications/websites, to online orders through trusted service providers and testing tools.</p>	September 2023 – December 2024

		<p>b. Collaboration between the Ministry of Health of the Republic of Indonesia and private institutions (E-commerce, telemedicine) to be able to provide independent HIV test kits that can be accessed by all levels of society, free of charge.</p> <p>Led by: MoH and private sector (e-commerce)</p> <p>First steps:</p> <ul style="list-style-type: none"> - Consultations - Launching collaboration 	
Initial key question	N°	Recommendations	Timeline
<p>What are your recommendations on addressing the needs of children living HIV, in treatment and in their social environment?</p>	1	<p><u>Treatment:</u></p> <ul style="list-style-type: none"> o NGOs to push the Ministry of Health to disaggregate the data divided by age, location and type of regimen, to become an indicator for routine SIHA HIV AIDS information system) reporting. o Improving the medical record system for children with HIV in health services must be made comprehensive according to the child's growth and development and monitoring of treatment so that the treatment and evaluation provided by pediatricians is in accordance with the needs of children with HIV in order to monitor the success of treatment. (Target group: Ministry of Health, IDI, Health Office, IDAI (Indonesia Pediatrician Association) and part of health service accreditation) o 	2023
	2	<p><u>Social:</u></p> <ul style="list-style-type: none"> o Guidelines or technical guidelines for management of disclosure for children to adhere with treatment and preparation for transition into adulthood. These guidelines can be used by caregivers, parents and children with HIV themselves. (Target groups: NGO, IDAI (Indonesian Pediatrician Association), child psychologist, or Professional Organization led by IDAI, Ministry of Health, Parents/Caregivers) o Strengthening the capacity of service workers related to child psychology and caregivers to monitor the growth and development of children with HIV. (Target group: Ministry of Health and service providers) 	2023
<p>How can PrEP implementation be accelerated at the national and the district level?</p>	1	<p>The Ministry of Health in 2023-2024 to strengthen the integration of PrEP and demand creation in health services that are already connected with other services, such as: STI services, antenatal care, partner notification, HIV testing</p> <p>Led by: MoH</p> <p>Partners:</p> <ul style="list-style-type: none"> - Provincial & District Health offices, PrEP Health facilities <p>First steps:</p> <ul style="list-style-type: none"> - MoH to issue a circular letter to DHO and health facilities mentioned about this approach - Then, MoH socialize the circular letter in a coordination forum meeting that invite Provincial & District Health office, and PrEP health facilities 	2023-2024
	2	<p>Until 2024, the government will expand PrEP services based on a client center approach (at least 1 in every city that currently provides PrEP)</p> <p>Led by: MoH</p>	2024

		Partners: Provincial & District Health offices, PrEP health facilities First steps: As above	
	3	The Ministry of Health to issue a policy or circular letter that regulates Differentiated Service Delivery for PrEP (considering the needs and social capabilities of clients), and ensures the availability of drug logistics, tests, and extra time incentives for health workers. Led by: MoH Partners: Provincial & District Health offices, PrEP health facilities First steps: As above	2024

Initial key question	N°	Recommendations	Timeline
Nevirapine Phasing Out and TLD transition: How can we ensure the phasing out of Nevirapine in the next 6-12 months among key populations and people living with HIV who are currently using it? How can we improve the TLD transition among people living with HIV and service providers?		<ul style="list-style-type: none"> Education to care, support and treatment services based on research results "Results of surveillance results of ARV resistance in patients who are not on ART and on ART" source Tropical disease institute UNAIR - Surabaya Published the SE of the Ministry of Health for the transition of Nevirapine to DTG/TLD Update community treatment literacy materials Optimization of HIV Information System 2.1 to ensure smooth transition of phasing out of Nevirapine to TLD or DTG based regimen. 	<ul style="list-style-type: none"> December 2022 - February 2023 January 2023 December 2022 - February 2023 January 2023
How can we expand social protection for people living with HIV and key population group?		NGOs to provide education to increase awareness of ownership of a residential identity (KTP) and organize assistance in applying for a KTP because the current regulations are actually quite supportive.	Immediately
How can BPJS (National insurance agency) ensure that HIV services are covered by insurance system including supporting lab fees for PLWH?		<ul style="list-style-type: none"> Prepare a policy brief/policy paper to highlight the importance of including supporting laboratory services of HIV into National Health Insurance in January 2023 Key population network together with the other community conducts advocacy at the national level (Presidential Officer, National Planning Agency, National Health Insurance administrator, Ministry of Health, Ministry of Social Affairs, pharmaceutical industry) to encourage domestic production of test kits/reagents for labs so that costs can be reduced by January 2023 	January 2023

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Initial key question	N°	Recommendations	Timeline
<p>How could health service providers, peer supporters, outreach workers of people living with HIV and key populations improve partner notification to improve HIV prevention and testing?</p>	1	<p>In 2024, the Ministry of Health together with the Ministry of Home Affairs and the Ministry of Religion have obtained the results of an evaluation of the prospective marriage registration requirement (calon pengantin) Program.</p> <p>Led by: MoH, Ministry of Home Affairs, Ministry of Religion Partners: Provincial and district health offices First steps:</p> <ul style="list-style-type: none"> - Evaluate the local regulations of prospective marriage registrations across regions - Best practice of regulations - Draft national regulations 	2023-2024
	2	<p>In 2024, the Ministry of Health together with the National Population and Family Planning Agency to make regulations that require PMTCT (HIV testing for pregnant women) in all services including privately owned services, independent practicing doctors, and independent practicing midwives.</p> <p>Led by: MoH, National Population and Family Planning Agency Partners: Donors with programmes on PMTCT (USAID); UNICEF; IPPi; Midwives associations; Physicians associations First steps:</p> <ul style="list-style-type: none"> - National Consultative meeting to start drafting recommendations 	2023-2024
	3	<p>In 2024, the Ministry of Health will expand EID services and provide adequate EID logistics</p> <p>Led by: MoH Partners: Donors who can support EID First steps:</p> <ul style="list-style-type: none"> - Evaluate the existing EID services (MoH) and use evaluation results to expand the services 	2023-2024
	4	<p>By the end of 2023, as many as 50% of cities/districts in Indonesia already have task forces responding to cases of violence.</p> <p>Led by: Development partners (UNFPA, UNWOMEN, USAID Project) Partners: Ministry of Women and Children, P2TP2A First steps:</p> <ul style="list-style-type: none"> - National stakeholders meeting to response violence, stigma and discrimination among PLWHA and KPs - Establish national task force for responding violence, stigma and discrimination - Support provinces and districts to develop local task force for responding violence cases 	2023-2024

	5	<p>Partner Notification Data Synchronization between the Community and Services, including the Health Service is carried out quarterly at the District/City level.</p> <p>Led by: MoH Partners: Development partners (USAID project – EpiC), GF implementers</p> <p>First steps</p> <ul style="list-style-type: none"> - Data synchronization discussed in the district quarterly meeting, among CSOs and health providers 	2023-2024
<p>ARV delivery innovations: How can we better expand ART DSD models for the Indonesian context? How could we apply any good practices to our context</p>		<ul style="list-style-type: none"> o In 2023, the District/City Health Office will form health facilities that provide innovative telemedicine hotline services with internal resources, which include registration and delivery of ARVs to patients' homes via available transportation services. o In 2023 - 2024, as many as 50% of health facilities in 514 districts/cities in Indonesia will be able to carry out MMD implementation management through guidance from the District/City Health Office. o In 2023, CSOs working on HIV issues will be able to provide reinforcement to the network of outreach workers/assistant regarding ARV delivery innovations (telemedicine/ ARV inter/ MMD/ etc.) to be forwarded to the assisted persons. <p>Led by: Ministry of Health (national level policy); Provincial and District health offices (policy at district level) Partners: Health facilities, CSOs</p> <p>First steps:</p> <ul style="list-style-type: none"> - MoH issues a policy or a circular letter that consists of planning & policy related ARV innovation, monitoring system, what provincial & district health office tasks regarding this policy, also health facilities and CSOs collaboration. The regular coordination meeting must be conducted in the district levels 	2023-2024
<p>How could we scale up TB-HIV integrated services?</p>	1	Development of an integrated TB and HIV reporting system based on health facilities & areas that is mutually integrated between TB and HIV	2023
	2	Form collaborative forums & activities from planning to evaluation of Ministry of Health, CSO, & related stake holders	2023
	3	Refresher training and Capacity Building for TB-HIV program synergy	2023