JAKARTA, INDONESIA

UNAIDS

FAST TRACK CITIES

CITIES BUILD AND ACCELERATE RESPONSES TO LOCAL HEALTH NEEDS

Indonesia is the world's fourth most populous country, with 261,890,000 people, spread over 13,000 islands. The capital, Jakarta, has an estimated population of 10,370,000 (2017)[1]. One of the world's mega-cities, the mayor signed on to the 2014 Paris Declaration, Fast-track Cities: Ending the AIDS Epidemic (Cities Achieving 90-90-90 Targets by 2020). The city registered 4,200 new HIV infections in 2017, 73% of which were in key populations[2].

DKI Jakarta is considered to be at the heart of the country's AIDS epidemic. While it has 4% of the country's total population, it accounts for almost 17% of all Indonesian people living with HIV. The Jakarta epidemic is concentrated in several key populations – Female sex workers (7.6% HIV positive), gay and other MSM (32%), PWID (43.6%) and *Waria*, (transgender women), 34%. HIV rates in these populations are thus between 10 to 50 times higher than in the adult population. The Health Ministry estimates that there are over 107,000 people living with HIV in Jakarta as of 2017; 51,981

[1]https://www.bappenas.go.id/files/5413/9148/4109/Proyeksi_Penduduk_Indonesia_2010-2035.pdf

[2]Estimates and Projection of HIV AIDS in Jakarta, Indonesia, 2015-2020

(48%), or less than one in two–were aware of their status[3].

With the government's Strategic Use of ART (SUFA) becoming the 'Test & Treat' policy in 2017, a pioneering strategy to make ART available immediately to anyone diagnosed with HIV, increasing numbers of PLWH have been started on treatment. Jakarta was the first city in Indonesia to introduce ARV provision at the PHC clinic level. The decentralization of HIV services to sub-district level health centers ("*Pukesmas*") has been a boost to increasing treatment access. 70 clinics and health centers in Jakarta currently provide ART and additionally, there are 30 ART satellite clinics[4].

Community friendly clinic services have also been introduced in Jakarta, that includes community outreach, counsellor and peer support services; and also extension of service opening hours. In Jakarta, these notably included the Ruang Carlo hospital and *Pukesmas* Pasar Rebo, a sub-district level primary health care facility. With the support of the private sector and CSOs, these community friendly services has resulted in higher rates of reach, treatment initiation and adherence, particularly among population of MSM, gay and *waria* in the city,.

In 2017, the average number of MSM testing for HIV increased by 45%, from 900 in January to 1266 in December. The number of MSM who were reported HIV Positive in DKI Jakarta doubled from 2014 to 2015, and over 2100 MSM were diagnosed as HIV Positive in 2017 alone[5]. Then number of those on treatment increased over ten fold, from 84 to 963. MSM and TG were consulted and identified the different types of services to be offered, and their preferences about the different models of service delivery. They were also involved directly in program development. MOH plans to utilize this homegrown approach as it expands involving now other communities of key populations in designing its services.

Indonesia's 2009 Narcotics Law has introduced a policy of referring drug

[3]Quarterly report, MOH, December 2017
[4]Op. cit.
[5]Op. cit.

users into treatment. A huge breakthrough occurred in March 2014 with final endorsement of a joint regulation amongst the CJS, NNB (National Narcotics Board), Ministry of Health and Ministry of Social Affairs. NNB facilitated developing the regulation which involved a consensus amongst the seven signatories. It determined that an assessment committee can decide upon the best course of action for drug cases. This advice provides judges with a basis to refer drug offenders to the most appropriate treatment services. In the past PWID had to be incarcerated or sent to compulsory treatment in government-run clinics, now they can attend community-based services run by NGOs that are more likely to meet their needs and be able to provide effective aftercare – an essential aspect of the recovery process.

However the level of staff, number of services and quality of rehab services remain a challenge. Despite the diversion policy, incarceration of drug users continues to be the norm. Furthermore, there is a growing concern among HIV and human rights activists about recent threats to the enabling environment in Indonesia that may undermine HIV service delivery. These includes the continued war against drugs, closure of brothels, crack-down of key population hotspots and backlash against LGBT communities, culminated by the discussion on Indonesia's criminal code at the parliament that may also restrict promotion of contraceptives only to married couple and to be conducted only by authorized personnel.

Since half of people living with HIV in Jakarta are unaware of their status, it is imperative that more people know how and where to access HIV testing. With the continued challenge of enabling environment for HIV service delivery, Ministry of Health has relied on its mobile HIV testing or locally known as Dokter Keliling (DOKLING) as the strategy, collaborating with community outreach workers to get HIV test closer to the communities. However, there were many problems with Dokling in the past. These were often scheduled ad-hoc with no systematic documentation and often cancellations were given on the same day or on short notice, leading to frustration on all sides. .

These scheduling problems were preventing people from knowing their HIV status, the main gateway into the 90-90-90 cascade of care (90% of PLHIV know their status, 90% are started on ART, and 90% of those on ART are virally suppressed). To quickly address this emerging challenge, in April 2017

the provincial and district health offices (PHO/DHO), USAID, and PEPFAR supported LINKAGES project, to introduce an electronic HIV testing scheduler and tracking platform for DOKLING. Through a mobile phone or web browser, KP civil society organizations (CSOs) can directly request DOKLING or mobile testing visits from health facilities and receive immediate confirmation.

Health facilities can plan for amplified testing coverage and dedicate appropriate resources for scale up purposes. When counseling resources are limited, facilities can use the electronic system to request counselors directly from CSOs. Mobile testing visit schedules can be shared with KP clients in advance – and across projects to facilitate uptake. CSO, facility, district and key subpopulations can review DOKLING generated encrypted testing data to assess testing coverage and case finding performance. The electronic system for DOKLING has been widely accepted by both key populations and health facilities. Mobile testing among key populations increased by 204% between April and September and now makes up more than 60% of VCT conducted in Jakarta.

The response from stakeholders has been enthusiastic. Eti Supriati of the DHO in West Jakarta described implementing the system right away. She explains, *"I instructed all health facility officers in West Jakarta that beginning April first, don't make any more mobile VCT requests manually. We will only use this [DOKLING] application system for mobile VCT activities."* Fauzi Doni, of the CSO Gema Indonesia, agrees. *"Before, once I got the schedule from the brothel I needed to go in person to the Puskesmas to request the date. If it was a holiday or weekend, I had to wait another day before I could go. Now, I can log in and request the schedule anywhere, anytime — a really huge advantage, especially in a high-traffic city like Jakarta."*