



# INDONESIA

## CAN ELIMINATE HEPATITIS NATIONAL HEPATITIS ELIMINATION PROFILE

UPDATED FEBRUARY 3 2023



### ABOUT THE N-HEP

These [National Hepatitis Elimination Profiles \(N-HEP\)](#) bring together data on each country's epidemiological burden, status of program delivery, and policy environment. Working with local partners, the profiles break down the essential components of effective public health initiatives and highlight achievements, challenges, and innovations for the 30 countries included. The N-HEPs serve as advocacy tools for catalyzing policy development and resource mobilization in pursuit of the 2030 hepatitis elimination goals.

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### AT A GLANCE:

	HBV	HCV
National Plan	YES	YES
Elimination Goal	2030	2030
HepB Birth Dose Coverage	84.2%	
Number of needles/syringes per PWID per year	2	
BURDEN OF DISEASE		
Prevalence of HBsAg	3.89%	Prevalence of chronic HCV
		1.39%
Deaths per 100,000	8.72	Deaths per 100,000
		12.7
OVERVIEW OF POLICY ENVIRONMENT		
<ul style="list-style-type: none"><li>A national viral hepatitis action plan was developed for 2020-2024</li><li>A national HCV diagnosis and treatment web-based monitoring dashboard has been established</li></ul>		
NOTABLE ACHIEVEMENT:		
<ul style="list-style-type: none"><li>In 2021, over 2.9 M pregnant women were screened for HBsAg</li><li>In 2021, the national HCV treatment program was expanded to 19 provinces, involving 41 public sector hospitals</li></ul>		
CHALLENGES:		
<ul style="list-style-type: none"><li>Access to point-of-care and PCR testing varies across the country</li><li>Hepatitis funding remains limited</li></ul>		
KEY NEXT STEPS:		
<ul style="list-style-type: none"><li>Expand access to screening and treatment</li><li>Ensure access to antiviral prophylaxis for pregnant persons living with HBV</li></ul>		



# OVERVIEW

## HBV ACTION PLAN

**YES:** Indonesia published their national policy on Viral Hepatitis in 2020

[View their action plan online ↗](#)

## HCV ACTION PLAN

**YES:** Indonesia published their national policy on Viral Hepatitis in 2020

[View their action plan online ↗](#)

HBV Elimination Goal <sup>18</sup>	Yes
HBV Elimination of Maternal to Child Transmission Goal <sup>18</sup>	Yes
HCV Elimination Goal <sup>18</sup>	Yes





# THE HEALTH BURDEN OF VIRAL HEPATITIS



Prevalence

7.1%

Prevalence of chronic HBV, 2013 <sup>3</sup>

*Based on national survey in 33 provinces in 2013*

3.89%

(3.43 - 4.36)%

Prevalence of chronic HBV, 2019 <sup>1</sup>

*Modelled estimate*

1%

Prevalence of chronic HCV, 2013 <sup>3</sup>

*Based on national survey in 33 provinces in 2013*

1.39%

(1.12 - 1.70)%

Prevalence of chronic HCV, 2019 <sup>1</sup>

*Modelled estimate*



Incidence

NO DATA

New HBV infections per 100,000, 2018

0.05-3.37

New HCV infections per 100,000, 2018 <sup>2</sup>



Mortality

22,614

(18,419 - 27,519)

HBV-related deaths, 2019 <sup>1</sup>

*Modelled*

8.72 (7.10 - 10.60)

Deaths per 100,000, 2019 <sup>1</sup>

32,869

(26,846 - 39,132)

HCV-related deaths, 2019 <sup>1</sup>

*Modelled*

12.7 (10.30 - 15.10)

Deaths per 100,000, 2019 <sup>1</sup>



# PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

## PREVENTION OF NEW INFECTIONS AND MORTALITY

*\*calculated from IHME data from CGHE dashboard*

HBV

Percentage change in new infections

NO DATA

WHO 2020 Target -30%

HBV

Percentage change in deaths, 2015-2019 <sup>1</sup>

8%

↑

WHO 2020 Target -10%

HCV

Percentage change in new infections

NO DATA

WHO 2020 Target -30%

HCV

Percentage change in deaths, 2015-2019 <sup>1</sup>

6%

↑

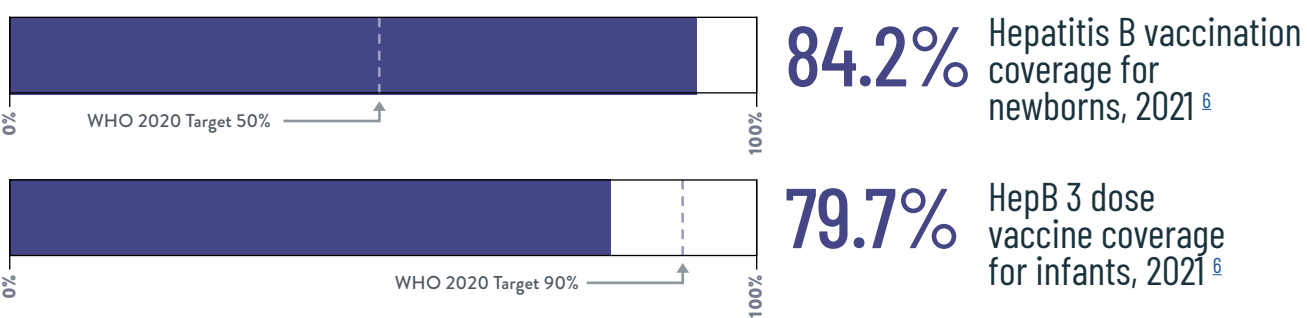
WHO 2020 Target -10%

Prevalence of HBsAg in children < 5 years (%) <sup>3</sup>

4.2%

SDG 2020 Target 1%

## ACCESS TO RECOMMENDED VACCINATION



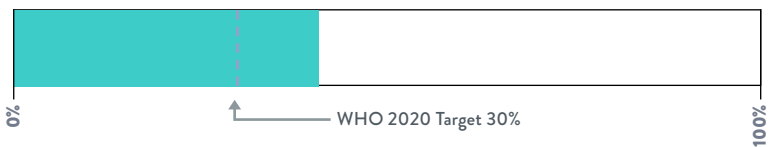


ACCESS TO RECOMMENDED TESTING



**NO DATA** Proportion of persons living with **HBV** diagnosed, 2021

An estimated 21.7% of persons in key groups (pregnant women, blood donors, health care workers) have been screened to date <sup>16</sup>



**42.2%** Proportion of persons living with **HCV** diagnosed, 2021 <sup>22</sup>

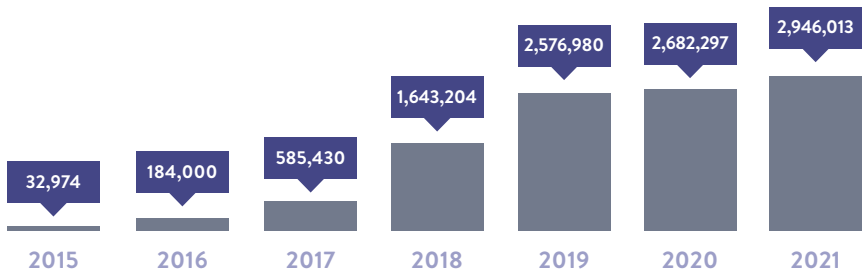
**2 (1-2)**

For persons who inject drugs (PWID), number of sterile needles per year, 2014-2021 <sup>12,13</sup>

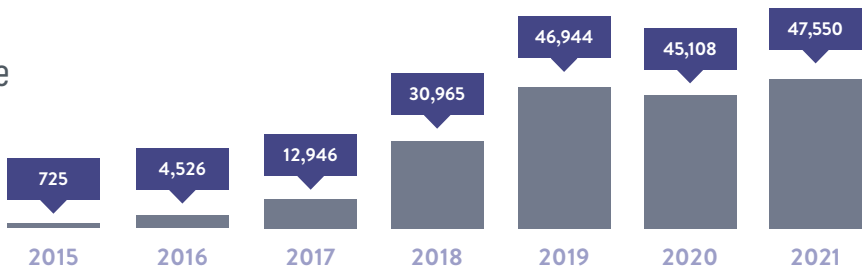
WHO 2020 Target 200



Number of pregnant women tested for HBsAg, 2015-2021 <sup>6</sup>



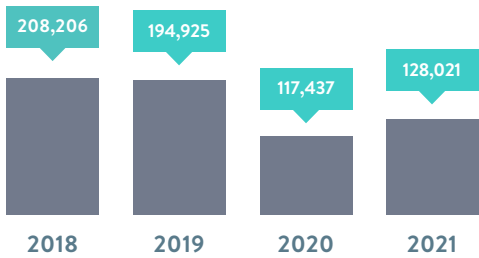
Number of pregnant women testing positive for HBsAg, 2015-2021 <sup>6</sup>



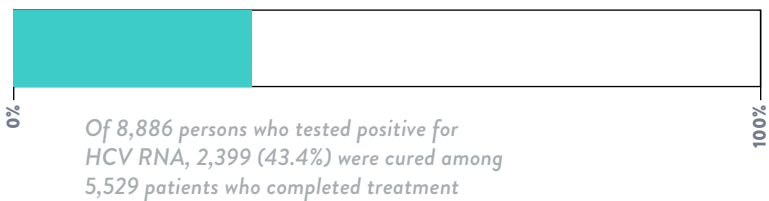


### ACCESS TO RECOMMENDED TESTING

Number of people tested for **HCV**, 2018-2021 <sup>22</sup>

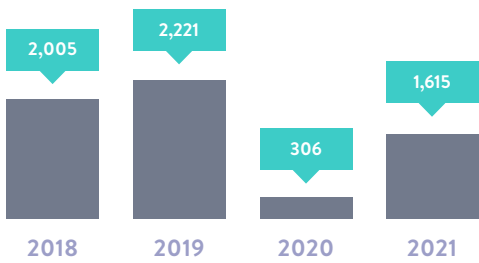


### ACCESS TO RECOMMENDED TREATMENT



**32%** Proportion of persons diagnosed with **HCV** who have initiated **HCV** treatment and have been cured, 2017-2021 <sup>22</sup>

Number of persons treated for **HCV**, 2018-2021 <sup>22</sup>



**5%**

**HBV**

Proportion of diagnosed HBV persons receiving appropriate treatment, 2019 <sup>1</sup>

*The estimated number of eligible people for treatment is difficult to define especially for young HBV carriers who are healthy.*



# POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS

STRATEGIC INFORMATION	Status	Notes
Routine official reports to monitor HBV and HCV <sup>8</sup>		
Mortality	Partially Adopted	Nationwide Hospital Information System (SIRS) collects information on cause of death but this data has not been published and are not available publicly.
Incidence	Not Adopted	
Prevalence	Partially Adopted	National Basic Health Survey conducted in 2013 <sup>3</sup>
Estimates of HBV and/or HCV economic burden <sup>10</sup>	Partially Adopted	Only for HepC
Monitoring of HBV and HCV diagnosis and treatment	Partially Adopted	Data for HepC is available from the Sistem Informasi for Hepatitis C ( <a href="http://sihepi.kemkes.go.id/hepc/">http://sihepi.kemkes.go.id/hepc/</a> ) while HBV testing and treatment data is collected via the SIRS. HBV testing data among pregnant women is tracked here: <a href="http://sihepi.kemkes.go.id/dashboard_hepb">http://sihepi.kemkes.go.id/dashboard_hepb</a> .



# PREVENTION OF MOTHER TO CHILDREN TRANSMISSION

Status

Notes

Policy for hepatitis B vaccination of newborns [26](#)

Adopted

Introduced in 2016

## Recommendations for:

**HBV** testing of pregnant women [7](#)

Adopted

**HCV** testing of pregnant women [12](#)

Not Adopted





ACCESS AND REGISTRATION OF MEDICINES AND TESTS	Status	Notes
Registration of originator DAAs <sup>17</sup>	Adopted	
Eligible for generic DAAs <sup>10</sup>	Eligible	
Registration of generic DAAs <sup>14</sup>	Adopted	
Licensed point-of-care PCR testing to detect HBV and HCV <sup>15</sup>	Partially Adopted	For HCV, the Cepheid Xpert® HCV Viral Load tests are available in some locations

LEARN MORE ABOUT INDONESIA'S WORK IN ACCESS AND REGISTRATION OF MEDICINES AND TESTS:



ROADBLOCKS

Access to PCR testing varies across the country

Limited access to HBV and HCV diagnostic testing and treatment has resulted in a significant drop off in the care cascade between the number of persons screened and number of persons receiving treatment.



TESTING TO DIAGNOSE  
HBV AND HCV INFECTION

Status

Notes

Testing recommendations for:

**HBV:** Risk-based <sup>18</sup>

Partially Adopted

Routine screening for pregnant women, blood donors, health workers, and medical students

**HBV:** Universal <sup>18</sup>

Partially Adopted

Universal screening conducted by many employers

**HCV:** Risk-based <sup>18</sup>

Partially Adopted

Routine screening for key populations, blood donors, hemodialysis patients, PWID, PLHIV, and prisoners

**HCV:** Universal

Not Adopted

No patient co-pays for HBsAg and anti-HCV testing <sup>16</sup>

Partially Adopted

The program only covers priority populations, e.g. pregnant women, key populations, and PLHIV

ACCESS TO HBV AND  
HCV TREATMENT

Status

Notes

**HBV:** National treatment guidelines <sup>18</sup>

Developed

**HBV:** *Simplified care:*  
No patient co-pays for treatment <sup>8</sup>

Adopted

**HCV:** National treatment guidelines <sup>18</sup>

Developed



<b>HCV:</b> Simplified care algorithm: Less than 2 clinic visits during treatment <sup>24</sup>	Not Adopted	Patients are monitored monthly
<b>HCV:</b> Simplified care algorithm: Non-specialists can prescribe treatment <sup>8</sup>	Not Adopted	
<b>HCV:</b> <i>Simplified care:</i> No patient co-pays for treatment <sup>8</sup>	Partially Adopted	DAA's not covered under National Health Insurance
No fibrosis restrictions <sup>8</sup>	Not Adopted	
No sobriety restrictions	Adopted	
No genotyping <sup>16</sup>	Adopted	

LEARN MORE ABOUT INDONESIA’S WORK IN ACCESS TO HBV AND HCV TREATMENT:



**ACHIEVEMENTS**

*In 2021, the national HCV treatment program was expanded to 19 provinces, involving 41 public sector hospitals*



# HEALTH EQUITY AND ADDRESSING DISPARITIES

Status

Notes

National strategy addresses populations most affected <sup>18</sup>

Adopted

National anti-discrimination laws against persons living with hepatitis B and/or C <sup>18,25</sup>

Partially Adopted

Indonesia’s Action Plan emphasizes providing quality hepatitis services without stigma and discrimination; Companies/ agencies are not recommended to perform HBsAg test as part of worker selection

National policy for adult hepatitis B vaccination <sup>18</sup>

Adopted

Vaccination policy exists for high-risk and vulnerable populations (health workers, health students, families or people who live in the same house as people with HBV)

National policy for:

Harm reduction for persons who inject drugs (PWID) <sup>11</sup>

Developed

Syringe exchange in federal prisons <sup>11</sup>

Not Adopted

Number of needles/syringes per PWID per year, 2014-2021 <sup>12,13</sup>

2 (1 - 2)

WHO 2020 Target 200

Coverage of opioid substitution therapy, 2021 <sup>13</sup>

1.6%

Decriminalization of possession of syringes & paraphernalia <sup>11</sup>

Not Adopted

Decriminalization of drug use <sup>12</sup>

Not Adopted

Decriminalization of hepatitis infection <sup>21</sup>

Adopted



LEARN MORE ABOUT INDONESIA’S WORK IN HEALTH EQUITY AND ADDRESSING DISPARITIES:



INNOVATIONS

*In 2019, a program was launched to eliminate HCV in Jakarta prisons*









ACHIEVEMENTS

*In 2022, the hepatitis and HIV national programs were integrated to become one team working under the Ministry of Health Directorate of preventing and controlling infectious diseases. Moreover, hepatitis C care is being integrated into all HIV treatment facilities, so moving forward all persons living with HIV should be tested for hepatitis C*

FINANCING	Status	Notes
Public budget line for HBV and HCV testing and treatment <sup>8</sup>	Partially Adopted	National Health Insurance scheme reduces financial barriers for hepatitis services and covers treatments under the essential medicines list; however, diagnosis service costs and DAA costs are not fully covered by the government
Funds from the Global Fund for TB, AIDS, and Malaria used for co-infected patients, when relevant <sup>21</sup>	Not Adopted	

# INDONESIA'S NEXT STEPS TOWARD ELIMINATION

-  Increase public awareness on hepatitis prevention from an early age
-  Improve availability of strategic data and information
-  Increase availability of vaccines, drugs, and diagnostic tools through decentralization of services
-  Include DAA drugs for HCV in the National Health Insurance
-  Ensure access to antiviral prophylaxis for pregnant persons living with HBV
-  Implement HBV vaccination for healthcare workers

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# WORKING TOGETHER, WE WILL **ACHIEVE ELIMINATION.**

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