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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7 POLICY ENVIRONMENT FOR THE ELIMINATION OF HEPATITIS
14 NEXT STEPS TOWARD ELIMINATION

AT A GLANCE:

<table>
<thead>
<tr>
<th></th>
<th>HBV</th>
<th>HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Plan</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Elimination Goal</td>
<td>2030</td>
<td>2030</td>
</tr>
<tr>
<td>HepB Birth Dose Coverage</td>
<td>84.2%</td>
<td></td>
</tr>
<tr>
<td>Number of needles/syringes per PWID per year</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BURDEN OF DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of HBsAg</td>
</tr>
<tr>
<td>Prevalence of chronic HCV</td>
</tr>
<tr>
<td>Deaths per 100,000</td>
</tr>
<tr>
<td>Deaths per 100,000</td>
</tr>
</tbody>
</table>

OVERVIEW OF POLICY ENVIRONMENT

- A national viral hepatitis action plan was developed for 2020-2024
- A national HCV diagnosis and treatment web-based monitoring dashboard has been established

NOTABLE ACHIEVEMENT:

- In 2021, over 2.9 M pregnant women were screened for HBsAg
- In 2021, the national HCV treatment program was expanded to 19 provinces, involving 41 public sector hospitals

CHALLENGES:

- Access to point-of-care and PCR testing varies across the country
- Hepatitis funding remains limited

KEY NEXT STEPS:

- Expand access to screening and treatment
- Ensure access to antiviral prophylaxis for pregnant persons living with HBV

THIS PDF IS INTERACTIVE!
Many elements in this report, like links and buttons, are clickable. Give it a try!
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

Yes

HBV Elimination of Maternal to Child Transmission Goal

Yes

HCV Elimination Goal

Yes
THE HEALTH BURDEN
OF VIRAL HEPATITIS

**Prevalence**

- **7.1%**
  
  Prevalence of chronic HBV, 2013
  
  Based on national survey in 33 provinces in 2013

- **3.89%**
  
  Prevalence of chronic HBV, 2019
  
  Modelled estimate

- **1%**
  
  Prevalence of chronic HCV, 2013
  
  Based on national survey in 33 provinces in 2013

- **1.39%**
  
  Prevalence of chronic HCV, 2019
  
  Modelled estimate

**Incidence**

- **NO DATA**
  
  New HBV infections per 100,000, 2018

- **0.05-3.37**
  
  New HCV infections per 100,000, 2018

**Mortality**

- **22,614**
  
  HBV-related deaths, 2019
  
  Modelled

- **8.72 (7.10 - 10.60)**
  
  Deaths per 100,000, 2019

- **32,869**
  
  HCV-related deaths, 2019
  
  Modelled

- **12.7 (10.30 - 15.10)**
  
  Deaths per 100,000, 2019
## PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS

### PREVENTION OF NEW INFECTIONS AND MORTALITY

*calculated from IHME data from CGHE dashboard*

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage change in new infections</th>
<th>WHO 2020 Target</th>
<th>Percentage change in deaths, 2015-2019 (1)</th>
<th>WHO 2020 Target</th>
<th>Prevalence of HBsAg in children &lt; 5 years (%) (3)</th>
<th>SDG 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV</td>
<td>NO DATA</td>
<td>-30%</td>
<td>8%</td>
<td>-10%</td>
<td>4.2%</td>
<td>1%</td>
</tr>
<tr>
<td>HCV</td>
<td>NO DATA</td>
<td>-30%</td>
<td>6%</td>
<td>-10%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ACCESS TO RECOMMENDED VACCINATION

- Hepatitis B vaccination coverage for newborns, 2021: **84.2%**
- HepB 3 dose vaccine coverage for infants, 2021: **79.7%**
OVERVIEW

HEALTH BURDEN

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NEXT STEPS

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

42.2%

Proportion of persons living with HCV diagnosed, 2021

2 (1-2)

For persons who inject drugs (PWID), number of sterile needles per year, 2014-2021

WHO 2020 Target 200

Number of pregnant women tested for HBsAg, 2015-2021

32,974

184,000

585,430

1,643,204

2,576,980

2,682,297

2,946,013

2015

2016

2017

2018

2019

2020

2021

Number of pregnant women testing positive for HBsAg, 2015-2021

725

4,526

12,946

30,965

46,944

45,108

47,550

2015

2016

2017

2018

2019

2020

2021
### ACCESS TO RECOMMENDED TESTING

Number of people tested for **HCV**, 2018-2021

- 2018: 208,206
- 2019: 194,925
- 2020: 117,437
- 2021: 128,021

### ACCESS TO RECOMMENDED TREATMENT

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

Number of persons treated for **HCV**, 2018-2021

- 2018: 2,005
- 2019: 2,221
- 2020: 306
- 2021: 1,615

**5%** proportion of diagnosed **HBV** persons receiving appropriate treatment, 2019

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

<table>
<thead>
<tr>
<th></th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine official reports to monitor HBV and HCV</td>
<td>Partially Adopted</td>
<td>Nationwide Hospital Information System (SIRS) collects information on cause of death but this data has not been published and are not available publicly.</td>
</tr>
<tr>
<td>Mortality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incidence</td>
<td>Not Adopted</td>
<td>National Basic Health Survey conducted in 2013.</td>
</tr>
<tr>
<td>Prevalence</td>
<td>Partially Adopted</td>
<td></td>
</tr>
<tr>
<td>Estimates of HBV and/or HCV economic burden</td>
<td>Partially Adopted</td>
<td>Only for HepC</td>
</tr>
<tr>
<td>Monitoring of HBV and HCV diagnosis and treatment</td>
<td>Partially Adopted</td>
<td>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>.</td>
</tr>
</tbody>
</table>
### Prevention of Mother to Children Transmission

<table>
<thead>
<tr>
<th>Policy for hepatitis B vaccination of newborns</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adopted</td>
<td>Introduced in 2016</td>
</tr>
</tbody>
</table>

**Recommendations for:**

- **HBV** testing of pregnant women
  - Status: Adopted

- **HCV** testing of pregnant women
  - Status: Not Adopted
### ACCESS AND REGISTRATION OF MEDICINES AND TESTS

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Registration of originator DAAs</strong>[^12]</td>
<td>Adopted</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eligible for generic DAAs</strong>[^10]</td>
<td>Eligible</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Registration of generic DAAs</strong>[^14]</td>
<td>Adopted</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Licensed point-of-care PCR testing to detect HBV and HCV</strong>[^15]</td>
<td>Partially Adopted. For HCV, the Cepheid Xpert® HCV Viral Load tests are available in some locations</td>
</tr>
</tbody>
</table>

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**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

<table>
<thead>
<tr>
<th></th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing recommendations for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HBV</strong>: Risk-based</td>
<td>Partially Adopted</td>
<td>Routine screening for pregnant women, blood donors, health workers, and medical students</td>
</tr>
<tr>
<td><strong>HBV</strong>: Universal</td>
<td>Partially Adopted</td>
<td>Universal screening conducted by many employers</td>
</tr>
<tr>
<td><strong>HCV</strong>: Risk-based</td>
<td>Partially Adopted</td>
<td>Routine screening for key populations, blood donors, hemodialysis patients, PWID, PLHIV, and prisoners</td>
</tr>
<tr>
<td><strong>HCV</strong>: Universal</td>
<td>Not Adopted</td>
<td></td>
</tr>
<tr>
<td>No patient co-pays for HBsAg and anti-HCV testing</td>
<td>Partially Adopted</td>
<td>The program only covers priority populations, e.g. pregnant women, key populations, and PLHIV</td>
</tr>
</tbody>
</table>

## Access to HBV and HCV Treatment

<table>
<thead>
<tr>
<th></th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HBV</strong>: National treatment guidelines</td>
<td>Developed</td>
<td></td>
</tr>
<tr>
<td><strong>HBV</strong>: Simplified care: No patient co-pays for treatment</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td><strong>HCV</strong>: National treatment guidelines</td>
<td>Developed</td>
<td></td>
</tr>
</tbody>
</table>
### OVERVIEW

#### HEALTH BURDEN

#### PROGRESS

#### POLICY ENVIRONMENT

#### NEXT STEPS

| **HCV**: Simplified care algorithm: Less than 2 clinic visits during treatment | Not Adopted | Patients are monitored monthly |
| **HCV**: Simplified care algorithm: Non-specialists can prescribe treatment | Not Adopted |
| **HCV**: Simplified care: No patient co-pays for treatment | Partially Adopted | DAAs not covered under National Health Insurance |
| No fibrosis restrictions | Not Adopted |
| No sobriety restrictions | Adopted |
| No genotyping | Adopted |

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**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

<table>
<thead>
<tr>
<th>National strategy addresses populations most affected</th>
<th>Adopted</th>
</tr>
</thead>
<tbody>
<tr>
<td>National anti-discrimination laws against persons living with hepatitis B and/or C</td>
<td>Partially Adopted</td>
</tr>
<tr>
<td>National policy for adult hepatitis B vaccination</td>
<td>Adopted</td>
</tr>
<tr>
<td>National policy for:</td>
<td></td>
</tr>
<tr>
<td>Harm reduction for persons who inject drugs (PWID)</td>
<td>Developed</td>
</tr>
<tr>
<td>Syringe exchange in federal prisons</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Number of needles/syringes per PWID per year, 2014-2021</td>
<td>2 (1 - 2)</td>
</tr>
<tr>
<td>WHO 2020 Target 200</td>
<td></td>
</tr>
<tr>
<td>Coverage of opioid substitution therapy, 2021</td>
<td>1.6%</td>
</tr>
<tr>
<td>Decriminalization of possession of syringes &amp; paraphernalia</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Decriminalization of drug use</td>
<td>Not Adopted</td>
</tr>
<tr>
<td>Decriminalization of hepatitis infection</td>
<td>Adopted</td>
</tr>
</tbody>
</table>

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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.

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).
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

<table>
<thead>
<tr>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public budget line for HBV and HCV testing and treatment ²</td>
<td>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</td>
</tr>
<tr>
<td>Funds from the Global Fund for TB, AIDS, and Malaria used for co-infected patients, when relevant ²¹</td>
<td>Not Adopted</td>
</tr>
</tbody>
</table>

Notes:

² Partially Adopted
²¹ 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
INDONESIA • HEPATITIS ELIMINATION PROFILE

COALITION FOR GLOBAL HEPATITIS ELIMINATION

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NEXT STEPS

SOURCES


5. Indonesia EPI Program (2022). Data shared by Dr. Fatcha Nurilayah from the Indonesia Ministry of Health.


24. The Indonesian Health Minister Decree No HK.01.07/MENTEKES/681/2019 concerning National Guidelines for Hepatitis C Clinical Management https://yankes.kemkes.go.id/view_unduhan/15/kmk-no-hk0107mentekes6812019


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