

Indonesia

The Association of Viral Hepatitis Controllers in Indonesia

Medical society
Central Jakarta, Indonesia

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Indonesia reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **96.0%** of items.

Survey points marked "accurate":
1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 3.3, 3.4,
3.5, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7,
4.8, 4.10, 5.1, 5.2, 5.3, 5.4 and 5.5.

✗ The government information was thought to not be accurate for **4.0%** of items.

Survey points marked "not accurate":
4.9.

Survey comments from the Association of Viral Hepatitis Controllers in Indonesia:

Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

1.1 There is a written national strategy or plan that focuses exclusively on the prevention and control of viral hepatitis. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, and treatment and care.

Civil society respondent comments (2014)

As far as we have observed, the Indonesian government, especially the Ministry of Health has been striving to increase the awareness of hepatitis virus (in particular Hepatitis B) starting from boosting the theme of hepatitis in the World Health Assembly, then supporting the World Hepatitis Day campaign every July 28 since the year 2010. The prevention programme towards hepatitis B has been implemented since the year of 1986, which was the pilot project in Lombok; and then integrated to the programme of basic immunisation in 1997 and in 2003, a vaccination to the newborn babies, afterwards in 2004 HB was integrated with the combination of DPT/HB and in 2014, it was integrated with vaccine HIB (Haemophylus influenzae B).

Hepatitis surveillance has been executed but it was still clinically based (not in a laboratory way) so it has not been broken up into its kind (A, B, or C). Prevention for drug abuse has been done together with the prevention programme for HIV. The pilot project for screening the pregnant women are being done currently, and it has been planned that HBIG will be given to babies. Regarding the treatment, it has been sought to give the lamivudine with low cost, and it has been proposed to be put into BPJS (social security programme).

Indonesia

The Association of Viral Hepatitis Controllers in Indonesia continued

✓ *To our knowledge, this information is accurate.*

Information reported by government (2012–2013)

1.2 There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. There are 12 full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

1.3 The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific population: health-care workers, including health-care waste handlers.

2.1 The government held events for World Hepatitis Day 2012. It has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

Civil society respondent comments (2014)

Based on our observations, it is true that at this time in the Department of Health there is no specific department for hepatitis but it is combined with diarrhoea, gastrointestinal infection and hepatitis. Also in October 2010 recently, actually at least 20 personnel are needed to prevention and treatment programmes. Details on this case are being prepared. We cooperate with professional organisations (The Indonesian Association for the study of the Liver) and Working Group of Viral Hepatitis in the Department of Health to help preparing the guideline of hepatitis B treatment and guideline for screening the pregnant mother.

For prevention and control, the prevention activity is performed by immunisation at the earliest age possible by giving HB-O immediately after the baby born and after given vitamin K. Immunisation can only be given to the babies born at the hospital/maternity clinic or other health facilities. As it is known there is still quite a big number of babies who were born outside the health facilities so that it was still tolerable if immunisation was given to the babies whose age were less than seven days for the areas which were difficult to reach. For health-workers, the immunisation are carried out independently by some hospitals, whilst in general for health-care and waste handlers it was done by the Environmental Health Directorate in PHBS programme (Clean and healthy behaviour programme).

For the event of World Hepatitis Day 2012, the government prepared fund to increase public awareness, and this campaign has started since January 2011. Because this is the new activity then it requires a bureaucratic time.

✓ To our knowledge, this information is accurate.

Information reported by government (2012–2013)

2.2 Information was not provided on whether the government collaborates with in country civil society groups to develop and implement its viral hepatitis prevention and control programme.

3.1 There is no routine surveillance for viral hepatitis.

3.2 There are standard case definitions for hepatitis. Deaths, including from hepatitis, are reported to a central registry. Information was not provided on the percentage of hepatitis cases reported as “undifferentiated” or “unknown” hepatitis.

3.3 Liver cancer cases are registered nationally, but it is not known whether cases with HIV/hepatitis coinfection are. The government publishes hepatitis disease reports monthly and annually.

3.4 Hepatitis outbreaks are reported to the government and are further investigated. There is adequate laboratory capacity nationally to support investigation of outbreaks and other surveillance activities.

Civil society respondent comments (2014)

The government collaborates with the professional organisations such as PPHI-The Indonesian Association for the Study of the Liver, IDAI -Indonesian Pediatric Association, IDI-Indonesian Doctors Association , IBI-The Indonesian Midwives bonds, PPNI-Indonesian national nurses union and also with several other organisations among others the Working Group of Viral Hepatitis in the Department of Health/ Pokja Hepatitis, Indonesian AIDS Society, PKNI (Perkumpulan Korban NAFZA Indonesia), Ikatan Perempuan Positif HIV – woman bond positive HIV, Perhimpunan Obstetri dan Ginekologi Indonesia- Indonesian Society of Obstetrics and Gynecology, Perhimpunan Patologi Klinik-society of clinical pathology.

Hepatitis surveillance has been done since a long time ago but it is still in the shape of clinical hepatitis reports; especially in the Health Centre community, the reagent is not available for hepatitis type checking. Need to be Improved.

Indonesia has had a guideline prepared by the government and experts using the reference of World Health Organization guidelines. The report in the main office is received by the sub-directorate of surveillance disease control and environmental health, but it has not been socialised properly and not yet fully understood the definition of establishing the diagnosis and the treatment procedure. Need to be improved.

Liver cancer has been reported nationally for the coinfection with HIV but it is still in the shape of sporadic reports based on the study result.

There is always an investigation for the outbreak condition. Blood sample is taken and then sent to Badan Lit Bang Kes (Agency for Healthcare Research and Development) to identify the hepatitis type. The readiness of this Agency is sufficient in the term of reagent supply and the examination elisa/PCR.

Indonesia

The Association of Viral Hepatitis Controllers in Indonesia continued

✓ To our knowledge, this information is accurate.

Information reported by government (2012–2013)

3.5 There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

4.1 There is no national policy on hepatitis A vaccination.

4.2 The government has not established the goal of eliminating hepatitis B.

4.3 Information was not provided on the percentage of newborn infants nationally in a given recent year who received the first dose of hepatitis B vaccine within 24 hours of birth. Nationally, 94% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

Civil society respondent comments (2014)

National research agenda for viral hepatitis has been carried out by Badan Lit Bang Kes (Agency for Healthcare Research and Development) in the form of Basic Health Research. This research is performed in every 3 years. In 2014, surveys will be carried out integratedly with HIV.

There is no national policy for the prevention of hepatitis A but the vaccine in the private sector is available at their own expense. The government policy is to improve the environmental cleanliness and individual sanitation hygiene.

Government has not established the goal of eliminating hepatitis B because they still have to arrange several matters for example, to reach the high level and evenly coverage of hepatitis B immunisation; to enhance the surveillance system that can cover the entire health care facility; to be able to have a network for the examination of the type of hepatitis; to increase the awareness towards the hepatitis disease; to improve the knowledge of the health-workers to understand/recognise the hepatitis disease; to refer the patient that should be referred; and free treatment for hepatitis disease.

The constraint that we have is we need to establish the correct magnitude of the problem. The accurate data is not yet known.

Regarding the result of the coverage yearly, it could be seen from JRF/Joint Report Form which was assessed by WHO and UNICEF, it was separated between the coverage of babies born in the health-facility and in the field who were assisted by midwives. For Booster purposes, Pentavalent was given in the age of 18 months (this is the new policy). There are still differences in the data between Western and Eastern Indonesia.

✓ To our knowledge, this information is accurate.

Information reported by government (2012–2013)

4.4 There is a national policy specifically targeting mother-to-child transmission of hepatitis B (Annex B).

4.5 There is no specific national strategy and/or policy for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are not vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

4.6 There is a national policy on injection safety in health-care settings, which recommends single-use and auto-disable syringes for therapeutic injections. Single use or auto-disable syringes, needles and cannulas are always available in all healthcare facilities.

Civil society respondent comments (2014)

Blood screening is currently being done in Jakarta towards the pregnant mothers. It is as an early initiation and approximately targeted about 5,000 pregnant women; and the next step is for those who are indicated “positive” to be followed by the examination of HBV-DNA, and their baby will be given HiG (at this time it is still in trial process).

In 2013 a screening had been carried out throughout Jakarta. In 2014 in Jakarta plus 12 new provinces, there will be an examination for 126,000 pregnant mothers and health workers. The collection of blood will be done approximately in August this year.

Up to now, there is not any government policy yet to undertake the screening and immunisation to the health-care workers, but there are several private hospitals that delivered immunisation to their employees. In the National General Hospital Cipto Mangunkusumo, it had ever been given the immunisation of hepatitis B assisted by Askes (national insurance for civil servants/ government employee).

For the prevention of hepatitis C, the education to the Health-care workers who will do the medical treatment or who are in contact with blood, such as transfusion, then the injection is given in order to follow the existing Standard Operating Procedure (SOP).

National policy for safety injection especially for conducting the immunisation, it has been used auto-disable syringe in order to prevent to be used again. The need for a syringe is sufficiently available.

Indonesia

The Association of Viral Hepatitis Controllers in Indonesia continued

✓ To our knowledge, this information is accurate.

Information reported by government (2012–2013)

5.1 Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools of health professionals (pre-service education) and on-the-job training. There are no national clinical guidelines for the management of viral hepatitis.

5.2 The government does not have national policies relating to screening and referral to care for hepatitis B or hepatitis C.

5.3 People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge. Information was not provided on whether hepatitis B or hepatitis C tests are compulsory for members of any specific group.

4.8 There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

4.10 The government has guidelines addressing how hepatitis A and hepatitis E can be prevented through food and water safety.

5.4 Government employees are eligible for publicly funded treatment for hepatitis B and hepatitis C. Information was not provided on the amount spent by the government on such treatment.

Civil society respondent comments (2014)

Recently, the Sub-directorate of diarrhoea, hepatitis Disease Control along with the professional organisations have prepared guidelines for treatment of Hepatitis B and Hepatitis C. As stated earlier since October 2010 the programme of Hepatitis viruses have been included in the Sub-Directorate Disease Control in the Directorate General of Disease Control and Environmental Health, and started to perform several programmes related to hepatitis viruses, especially hepatitis B and hepatitis C. It is initiated with the examination of lab workers within the MOH and studies of pregnant woman. If they are positive then a further treatment is carried out in Jakarta. They will perform the same action next year in the other 12 provinces throughout Indonesia.

There is not a national policy yet for screening against hepatitis B or C, it is still in the level of Pilot Project to the pregnant mothers in Jakarta.

Policy from Government to screen the blood donor for hepatitis B, hepatitis C, HIV and syphilis exists. Their names are kept confidential and screening in Red Cross Lab is free of charge. The cost will be borne by the blood users including the blood bags.

The patient with the lab result "positive" will be given a letter and afterwards, they get treatment. It is not compulsory to do a screening for those who are not a blood donor.

There is national infection control policy for blood banks. All donors are screened for hepatitis B, C, HIV and syphilis. It was initiated in 1992 and has since then been implemented.

There has been a guideline in the sub-directorate of water supply and sanitation. It explains the transmission of hepatitis A and E through food and drinks. The rapid test is needed.

The government employee who suffers from hepatitis B and C after diagnosis by the expert will get treatment. There is not any report yet as to how many people have been treated by the government subsidy (in Askes - the government employee insurance/ names of medicines used has been listed).

Information reported by government (2012–2013)

5.5 The following drugs for treating hepatitis B are on the national essential medicines list: pegylated interferon, lamivudine, adefovir dipivoxil and telbivudine. The following drugs for treating hepatitis C are on the national essential medicines list: pegylated interferon and ribavirin.

X To our knowledge, this information is not accurate.

4.9 It is not known whether there is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

Civil society respondent comments (2014)

The essential medicines which are available for Hepatitis B: (Pegylated Interferon, Lamivudin, Telbivudin); (Pegylated Interferon and Ribavirin for Hepatitis C).

There have been guidelines already for educating people who inject drugs in the form of pamphlet, brochures and flyer for user in the health centre. Guidelines for prevention of Hepatitis C already exists.

Statement from the Association of Viral Hepatitis Controllers in Indonesia regarding key hepatitis policy issues in Indonesia:

To raise the awareness and to promote partnership is a huge challenge. Lack of knowledge and awareness among the general public, health professionals and policy-makers constitute a huge barrier. It is very essential for those people to have sufficient knowledge about viral hepatitis. One of the causes of the slow response from policy makers, health professionals and the general public is the wrong opinion that viral hepatitis is not a crisis disease within a short time.

A person who is affected by chronic hepatitis will experience complaints and severe symptoms after 15 to 25 years. Whereas a person with chronic hepatitis when it is symptomatic, it means it was already too late and the healing will be difficult or even impossible; except if the patient is still able to have a surgery or transplantation in which the cost becomes very expensive and only very few people in Indonesia have access. Explaining and altering people's perception above is one of our urgencies in order to change the paradigm about the awareness of viral hepatitis disease. They should know that with early detection and vaccinations, then the chronic liver disease and liver cancer could be prevented so that the cost of the treatment and care of patients with cirrhosis could be significantly reduced. Therefore, the advanced cases which are very expensive (tertiary treatment) will be shifted to the vaccination (primary prevention) and the earlier treatment (secondary prevention).

In fact, the efforts to provide information about viral hepatitis has been widely carried out either by the Ministry of Health and professional organisations, especially professional organisations which are involved in the problem of hepatitis and also other professional organisations or civil organisations which are very concerned with liver disease, especially hepatitis. Unfortunately, these efforts run alone and have not been coordinated. They do it with their moderate way and with a very small amount of frequency; so that the above efforts do not show the real results. Hepatitis has become the attention of the government following the World Health Organization resolution in May 2010.

Hepatitis has become the government programme since October 2010, and therefore this section is incorporated in the Sub-directorate of Diarrhea and Gastrointestinal infections. Nevertheless we really expect that hepatitis has its own sub-directorate in the future.

A stronger commitment from the Ministry of Health towards the hepatitis problem in Indonesia is expected starting from all levels of high-ranking officials as well as its lower rank. To manage the problem of viral hepatitis, it should be coordinated by a team of special handling which is carried out by a number of staff in which the leader should continually focus specifically on viral hepatitis, because in fact, the "Hepatitis Problem itself" which is very huge. However, now there has been an attention towards the matters above and the good news is "Hepatitis Program" will be included in the "National Five Year Development Plan 2015–2019.

The group above should continuously provide more intensive information to the policy makers, health professionals and to the wider community. Undoubtedly the people in the Ministry of Health will be supported by various stakeholders who are very concerned with the problem of hepatitis because during this time the problem of hepatitis has become the huge public health problem which has been neglected. It is expected that the prevention and control of viral hepatitis will be running much better.

In 1997, government had launched a mass vaccination for hepatitis B in all provinces in Indonesia, but the results are not yet as expected by all parties which is the decrease in the prevalence. One of the factors which may cause is the first HB vaccination coverage that might not hit the target. And also the catch-up vaccination has not yet been programmed as well as the vaccination for high-risk groups. Another issue is the difficulty to access to the diagnostics for people living with hepatitis as well as the access to the further treatment. As we have known these costs are very high.

The majority of people in Indonesia do not have the access to treatment for Hepatitis B, let alone for Hepatitis C. Is local production for these hepatitis medicines possible?