

Indonesia

Population (in millions) (2011)	242.3
Country classification (2012)	Lower–middle-income
Gross national income per capita (PPP int \$) (2011)	\$4500
Total health expenditure as % of GDP (2010)	2.61%
Per capita total health expenditure (PPP int \$) (2010)	\$112.07
Per capita government health expenditure (PPP int \$) (2010)	\$55.01
Life expectancy at birth (in years) (2009)	68
Human Development Index (2011)	0.617
Median age (in years) (2010)	28
Total fertility rate per woman (2010)	2.1

The Government of Indonesia reports as follows.

National coordination

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.

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.

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.

Awareness-raising and partnerships

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

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.

Evidence-based policy and data for action

There is no routine surveillance for viral hepatitis.

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.

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.

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.

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

Prevention of transmission

There is no national policy on hepatitis A vaccination.

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

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.

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

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.

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 health-care facilities.

Information was not provided on official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings.

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.

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

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

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education) and on-the-job training.

There are no national clinical guidelines for the management of viral hepatitis.

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

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.

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.

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.

The Government of Indonesia welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).