

**JOINT POSITION PAPER**  
**CIVIL SOCIETY RESPONSE TO MINISTRY OF HEALTH ON CONTINUOUS**  
**CRISIS ON ARV AVAILABILITY**

We, on behalf of 73 organizations (see Annex 1), call for the Ministry of Health of Republic of Indonesia as the duty bearer of the right to health of all Indonesian citizens, including People Living with HIV (PLHIV), to immediately take necessary steps in order to secure, prevent and mitigate the Anti Retro Viral (ARV) stock-out crisis that threatens the lives of hundreds of thousand of PLHIV across different cities and provinces in Indonesia.

We acknowledge the recent commitment from the government in accelerating the HIV response. However, in order to achieve the targets of the acceleration plan and health security of all citizens, it requires efforts beyond the central government. While the government is committed to fully implement test and treat all and same-day initiation of ARV, at the same time we have received numerous reports of stock-out in several parts of Indonesia.

Since January 2020, we have received reports from Yogyakarta, Deli Serdang, NTT, Bogor, Jambi and West Sumatera (see Annex 2). This crisis and unstable availability of health commodities will certainly impact the acceleration plan of the HIV response.

Article 36 of the Health Law clearly mandates the government to be responsible in ensuring the availability, even distribution and accessibility of health commodities, particularly essential drugs.

HIV/AIDS is an epidemic that requires fast response and strong commitment from the government, in collaboration with civil society. The Joint External Review of the HIV response in Indonesia that was conducted earlier this year found that there are numbers of challenges in reaching the global target of 90-90-90. Despite all the efforts done nationally, Indonesia is still not demonstrating the results. Some of these challenges include:

1. Indonesia is not on track in reaching the global target of 90-90-90 by 2020, in accordance to the 2016 Political Declaration on ending AIDS as a public health threat by 2030. Progress in achieving the number of people who know their status, are on ARV treatment and are virally suppressed is considerably slow compared to the magnitude of issues faced by the communities.
2. The minimum package of HIV prevention as recommended by WHO is still very low among key populations: sex workers, men who have sex with other men, people who inject drugs and trans people.

As of December 2019, Indonesia has only achieved 65.5%, 19.9% and 1.4% for the triple 90 targets. And in order to accelerate the results, our government, through the Ministry of Health, has renewed their commitment in accelerating ARV treatment coverage. The Acceleration Plan commits to increase and improve:

1. Case finding of new infections: implementation of Standard Minimum Package of HIV and Partners Notification;
2. Test and treat all and same day initiation of ARV;
3. ARV treatment adherence;
4. Stronger coordination between services and the communities; and
5. Stronger facilities and infrastructure of services (increase number of treatment initiation site, improve strategic information (SIHA) and other logistics support).

Based on this situation, the coalition of 73 civil society organizations, key population networks, and other non-government organizations, call for the government to:

1. immediately provide adequate stock of ARV to each CST health service site, particularly to areas experiencing major stock-out, to ensure

- continuous and sustainable treatment and motivate PLHIV to remain on treatment;
2. conduct comprehensive monitoring and evaluation on procurement and supply-chain management of ARV, in coordination with PLHIV and key populations who are directly affected;
  3. allocate adequate funding in the national budget (APBN) to ensure availability of quality ARV treatment and to develop efficient procurement system and process that ensures availability, affordability and accessibility of ARV and that is based on the needs of each individual PLHIV in all areas. Availability of buffer stock at national level to minimize the risk of stock-out is a mandatory option;
  4. review the Circular Letter (Surat Edaran Sekjen HK 02.02/II/97/2020) on procurement of goods and services in 2020 in the Ministry of Health in order to not become the bottleneck in ARV procurement process funded by the national budget. We call for meaningful involvement of people affected by HIV in the review process;
  5. inform ARV treatment plan status for each calendar year to civil society and the communities of PLHIV and key populations, and to involve civil society in the planning and decision-making process of ARV treatment plan and budgeting; and
  6. review the Ministry of Health regulation (Permenkes No. 4/2019) on technical standards of the minimum standard package (SPM) to include ARV treatment under the HIV program under the SPM, where at this point, SPM only includes prevention (screening and education).

As partners of the Ministry of Health, we would like to discuss the key asks in this position paper to ensure the highest attainable standard of health of People Living with HIV and all Indonesian citizens.

Indonesia, 1 March 2020

## **Annex 1: List of Organizations in Support**

1. Aliansi Jurnalis Independen Bandung
2. Arjuna Pasundan Jawa Barat
3. Cleopatra Deli Serdang
4. Drug Policy Reform, Banten
5. Empowerment Justice and Action (EJA)
6. Equals\_ID
7. FKPTB Tangerang
8. Forum LSM DKI. Jakarta
9. Gaya Lentera Muda Lampung
10. Gaya Nusantara
11. Gaya Warna Lentera-Ina
12. ICODESA
13. IGAMA, Malang
14. Ikatan Perempuan Positif Indonesia
15. Indonesia AIDS Coalition
16. Inset NTB
17. Inti Muda Indonesia
18. Jakarta plus center
19. Jaringan Indonesia Positif
20. KDS Arjuna Pasundan Community
21. KDS DELI SERDANG PLUS
22. KDS Pelangi Kehidupan
23. KDS Sehati
24. KDS Titik Putih
25. KDS warna sehati depok
26. Kios Informasi Atma Jaya
27. Koalisi Obat Murah
28. Lentera Anak Pelangi
29. L-PKNM Makassar
30. LBH Bandung

31. ODHA Berhak Sehat
32. Organisasi Perubahan Sosial Indonesia
33. PBHI Jawa Barat
34. Pelita Tangsel
35. Pena
36. Persaudaraan Korban Napza Indonesia
37. Pertiwi Bali
38. Perwade
39. Perwakos
40. Puzzle Indonesia
41. Redline Kediri
42. Rumah Beta Maluku
43. Rumah Cemara
44. Spek-HAM
45. Sriwijaya Plus, Palembang
46. Swap C
47. Wahana Cita Indonesia
48. Wamarapa - Malang
49. Yayasan Bandung Wangi
50. Yayasan Batamang Plus Manado
51. Yayasan Female Plus
52. Yayasan Flobamora Kupang, NTT
53. Yayasan Gema Indonesia
54. Yayasan Generasi Bisa (Gerasa)
55. Yayasan kalandara
56. Yayasan Karisma
57. Yayasan Kartasis Sarasati Edukasi
58. Yayasan Kasih Pelangi Dewata
59. Yayasan Kesehatan Bali
60. Yayasan Kesehatan dan Kesejahteraan Indonesia
61. Yayasan Kusuma Buana
62. Yayasan Mahameru, Surabaya
63. Yayasan Medan Plus

64. yayasan mitra alam.
65. Yayasan Mutiara Maharani
66. Yayasan Orbit
67. Yayasan Peduli KDS Makassar
68. Yayasan Pesona Jakarta (YPJ)
69. Yayasan Putri Mandiri
70. Yayasan Sadar hati malang
71. Yayasan Spiritia
72. Yayasan Srikandi Sejati
73. Yayasan Tegak Tegar

**Annex 2: Update of ARV Treatment Stock-out (as of 27 February)**

| No. | District                         | Service Providers  | ARV Type  | Notes |
|-----|----------------------------------|--|---|-------|
| 1   | Depok, West<br>Java              | <ol style="list-style-type: none"> <li>1. RS Sentra Medika and RSUD Kota Depok</li> <li>2. RS Sentra Medika and RSUD Kota Depok</li> <li>3. RSUD Kota Depok</li> </ol> | <ol style="list-style-type: none"> <li>1. Truvada (<b>out of stock</b>)</li> <li>2. Evafirenz 200mg (<b>out of stock</b>)</li> <li>3. Tenofovir (<b>out of stock</b>)</li> </ol>                                  |       |
| 2   | South Jakarta,<br>DKI Jakarta    |  | <ol style="list-style-type: none"> <li>1. Tenofovir and Emtricitabin (<b>out of stock</b>)</li> <li>2. Evafirenz (<b>limited, expired date June 2020</b>)</li> </ol>  |       |
| 3   | Deli Serdang ,<br>South Sumatera |  | <ol style="list-style-type: none"> <li>1. Tenofovir (<b>out of stock</b>)</li> <li>2. Evafirenz (<b>limited, expired date Nov 2020</b>)</li> <li>3. Lamivudine (<b>limited, expired date Aug 2020</b>)</li> </ol> |       |
| 4   | Malang, East<br>Java             | 1. RS Saiful Anwar   | <ol style="list-style-type: none"> <li>1. Ritonavir/Lopinavir (<b>out of stock</b>)</li> <li>2. Evafirenz (<b>out of stock</b>)</li> </ol>  |       |
| 5   | Bogor, West<br>Java              |  | <ol style="list-style-type: none"> <li>1. Truvada (<b>out of stock</b>)</li> <li>2. Evafirenz (<b>expired June 2020</b>)</li> </ol>   |       |
| 6   | Bekasi, West                     | 1. RS dr.  | 1. Truvada ( <b>out of stock</b> ),   |       |

|    |                                |   |   |   |
|----|--------------------------------|---|---|---|
|    | Java                           | Chasbullah<br>Abdul Madjid<br>2. RS Elisabeth<br>3. RS Ananda | FDC TLE ( <b>limited, expired Jan 2021</b> )<br>2. TLE and FDC ( <b>out of stock</b> )<br>3. Tenofovir ( <b>out of stock</b> ), Duviral ( <b>limited</b> )  |   |
| 7  | South Jakarta, DKI Jakarta     |   | 1. Truvada ( <b>out of stock</b> )  |   |
| 8  | Tanjung Pinang, Kepulauan Riau |   | 1. Truvada ( <b>out of stock</b> )<br>2. Evafirenz ( <b>out of stock</b> )<br>3. Tenofovir ( <b>out of stock</b> )<br>4. Lamivudine ( <b>out of stock</b> )<br>5. Neviral ( <b>out of stock</b> )<br>6. Duviral ( <b>out of stock</b> )<br>7. FDC ( <b>out of stock</b> ) |   |
| 9  | Kupang, NTT                    |   | 1. Evafirenz ( <b>out of stock</b> )<br>2. Tenofovir ( <b>out of stock</b> )  | Stock-out since December 2019 in Manggarai district. Patients are receiving Nevirapine or other combination as alternative. Many patients are reporting side effects. |
| 10 | Yogyakarta                     |   | 1. Truvada ( <b>out of stock</b> )  |   |
| 11 | Central Jakarta, DKI Jakarta   |   | 1. Truvada ( <b>out of stock</b> )  |   |
| 12 | Surabaya, East Java            | 1. RSUP Sutomo  | 1. Truvada ( <b>out of stock</b> )  |   |



|    |                          |  |  |  |
|----|--------------------------|--|--|--|
| 13 | Sorong, West<br>Papua    |  | 1. Tenofovir ( <b>limited</b> )  |  |
| 14 | Padang, West<br>Sumatera |  | 1. Tenofovir ( <b>out of stock</b> )<br>2. Atripla ( <b>out of stock</b> ) | There was a delay in ARV distribution in January 2020. ARV regimen was changed to AZT+3tC+EFV or AZT+3tC+NVP |