



Barriers to implementing HIV, syphilis, and hepatitis B rapid testing in the antenatal care settings in Indonesia.

Wulandari LPL, Lubis DSM, Kurniati DPY, Sumintang K, Ardrini DAM, Mariani P, Januraga PP, Camellia A, Laksmi NMDP, Ong JJ, Causer LM, Liverani M, Guy R, Wiseman V

PoC23 Conference, Sydney 2023

Background

WHO Western Pacific region reported that in 2017, Indonesia ranked first in the Asia region in the percentage of syphilis positive results among antenatal care attendees and in HIV prevalence among pregnant women, i.e. at 3.2% and 0.7 % respectively




REGIONAL FRAMEWORK FOR

The Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific, 2018–2030



Background

The Indonesian government has declared its commitment to eliminating these three diseases



MENTERI KESEHATAN
REPUBLIK INDONESIA

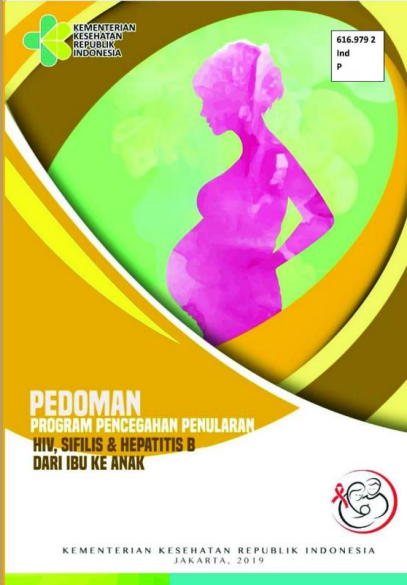
PERATURAN MENTERI KESEHATAN REPUBLIK INDONESIA
NOMOR 52 TAHUN 2017
TENTANG
ELIMINASI PENULARAN *HUMAN IMMUNODEFICIENCY VIRUS*, SIFILIS, DAN
HEPATITIS B DARI IBU KE ANAK

DENGAN RAHMAT TUHAN YANG MAHA ESA

MENTERI KESEHATAN REPUBLIK INDONESIA,

Menimbang : a. bahwa penularan *Human Immunodeficiency Virus*, Sifilis, dan Hepatitis B pada anak dari ibu yang terinfeksi berdampak pada kesakitan, kecacatan, dan kematian dan memerlukan pelayanan kesehatan jangka panjang dengan beban biaya yang besar;

b. bahwa dalam rangka upaya eliminasi penularan *Human Immunodeficiency Virus*, Sifilis, dan Hepatitis B dari ibu ke anak, perlu dilakukan penanggulangan yang terintegrasi, komprehensif berkesinambungan, efektif, dan efisien;



KEMENTERIAN
KESEHATAN
REPUBLIK
INDONESIA

636.979 2
Ind
P

PEDOMAN
PROGRAM PENCEGAHAN PENULARAN
HIV, SIFILIS & HEPATITIS B
DARI IBU KE ANAK

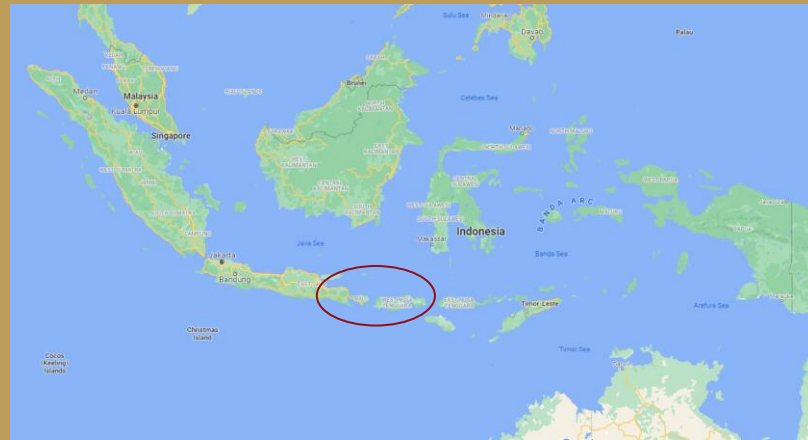
KEMENTERIAN KESEHATAN REPUBLIK INDONESIA
JAKARTA, 2019

Background

- Stakeholders' views on how the program is currently implemented is critical to identify gaps and opportunities for program implementation.
- To date, however, there is limited published data on systematic evaluation of this program in the country.

Background

A qualitative study was conducted in Bali and West Nusa Tenggara



Methods

Focus group discussions (FGD) and interviews were conducted with various stakeholders in Bali and West Nusa Tenggara Provinces between October 2019 and February 2020.

The FGD and the interview guides covered questions about the implementation and operational aspects of the program, including the challenges faced by the stakeholders



Results

In total, 18 stakeholders participated in the FGD and interviews including District Health Office staff, puskesmas staff, village midwives, and midwives from private clinics from five districts in Bali and two in West Nusa Tenggara Province.

Results

Rapid test kit stock-outs, lack of skills in supply chain management, lack of staff training, high staff turnover, the complexity of information and reporting mechanisms, stigma and discrimination, and challenges to involve the private sector were among the challenges experienced by the stakeholders in conducting this rapid test screening at ANC setting

Results

Rapid test kit stock-outs

“We once experienced a stockout for the test kit, because of the lack of the funding. We experienced it around early 2019. We could not run the program because of that” (dhokrs).

Results

High staff turnover

“Then the second problem is the staff turnover.... They [staff] are often moved [to other division], so the new staff doesn’t know how to do it.” (pmkkplt)

Results

The complexity of information and reporting mechanisms

“The obstacle we face is time. We don’t have much time to record and then report to the health office, because there are too many [data]. We record everything, we enter it into the [paper based] registration, then we enter it into the computer, online; then we send it to the district health office.” (pmkkplt)

Results

Stigma and discrimination

“That's it; she's not going to tell us about her HIV status..... We discussed this issue frequently in the midwife coordinator group, there were positive pregnant mothers in T [the other district] who did not return to the clinic. They were unable to be followed up in there and came to our clinic without informing us of their HIV status.” (dhogia)

Conclusion

Interventions to address the above issues are recommended:

- Provision of continuous training for staff
- Improving the mechanism and monitoring of the supply chain to prevent kits stock out
- Simplifying the reporting system

This study is funded by The Kirby Institute Emerging Investigator award granted to the first author of this presentation (LPLW).

We acknowledge the Indonesian Provincial Health Office, District Health Offices, and private-sector midwives in Bali and West Nusa Tenggara who participated in this study

Author's Affiliation:

LPL Wulandari,^{1,2*} Dinar S Lubis,² DPY Kurniati,² K Sumintang,² DM Ardrini,² P Mariani,³ PP Januraga,^{2,4} A Camellia,⁵ MDP Laksmi,⁶ JJ Ong,^{7,8,9,10} LM Causer,¹ M Liverani,^{11,12,13} R Guy,¹ V Wiseman^{1,11}

1. The Kirby Institute, University of New South Wales, Australia.
2. Department of Public Health and Preventive Medicine, Faculty of Medicine, Udayana University, Indonesia.
3. Bali Provincial Health Office, Indonesia.
4. Center for Public Health Innovation, Faculty of Medicine, Udayana University, Denpasar, Indonesia
5. UNICEF Indonesia.
6. The Indonesia Ministry of Health.
7. Melbourne Sexual Health Centre, Alfred Health, Melbourne, Australia.
8. Central Clinical School, Monash University, Melbourne, Australia.
9. China-Australia Joint Research Center for Infectious Diseases, School of Public Health, Xi'an Jiaotong University Health Science Center, Xi'an, China.
10. Department of Clinical Research, London School of Hygiene & Tropical Medicine, London, United Kingdom.
11. Department of Global Health and Development, London School of Hygiene & Tropical Medicine, London, United Kingdom.
12. Faculty of Public Health, Mahidol University, Bangkok, Thailand.
13. School of Tropical Medicine and Global Health, Nagasaki University, Nagasaki, Japan.

Thank you