



KEMENTERIAN
KESEHATAN
REPUBLIK
INDONESIA

Country Profile on Elimination of Mother- to-Child Transmission (EMTCT) of HIV, syphilis & hepatitis B

Indonesia



Current Situation in Indonesia

HIV, Syphilis, and Hepatitis B

HIV 2024

- Prevalence (15-49 years old) : 0.36%
- Incidence : 0.10%
- Estimated of PLHIV : 568,000
- Estimated of new infection : 28,344

HEPATITIS (2023)

- Prevalence : 2.4%
- Prevalence (male) : 2.7%
- Prevalence (female) : 2.0%
- Estimated people living with HBV : 6.6 million

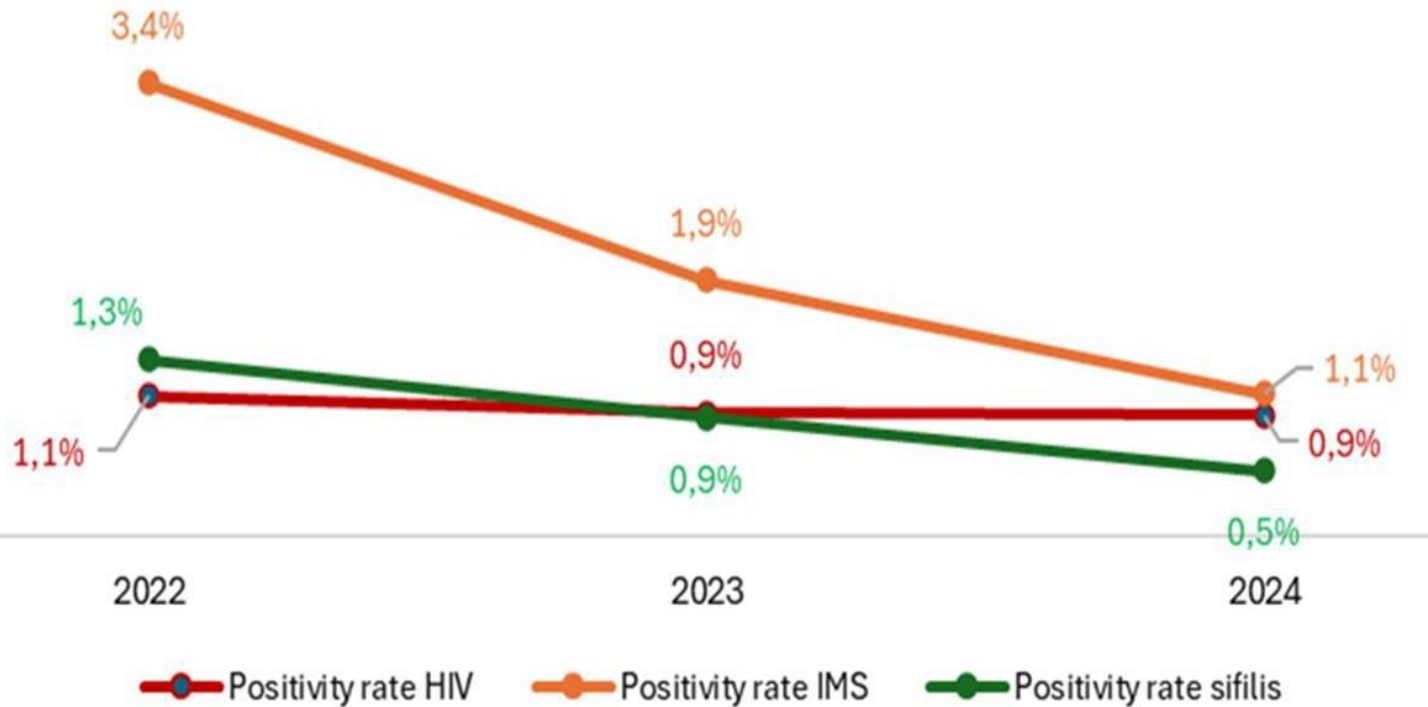
SIFILIS 2020

- Prevalence (female) : 0.5%
- Prevalence (male) : 0.74%
- Incidence (female) : 33,136
- Incidence (male) : 43,787



In the last 3 years, the HIV positivity rate **has tended to stagnate**, while STIs have shown a significant decline

Tren Positivity Rate HIV dan STI 2022-2024

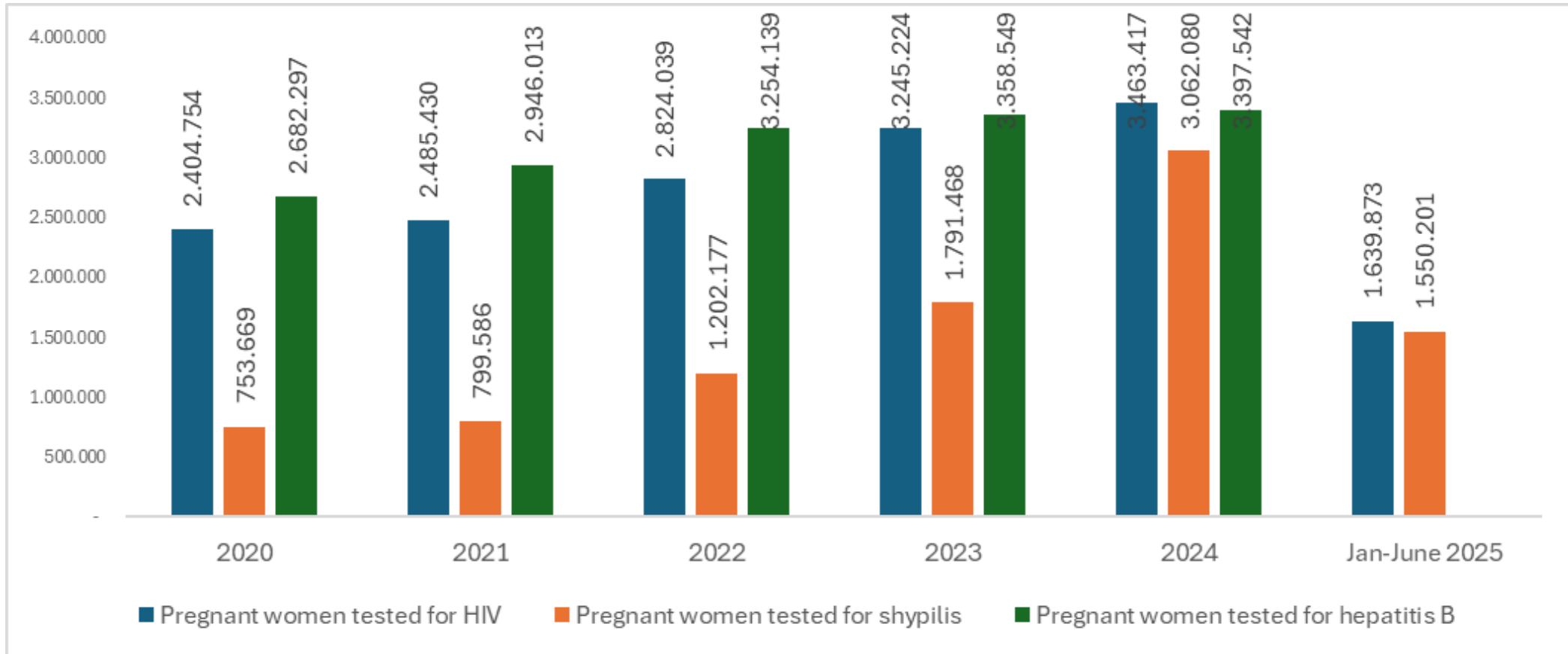


	2022	2023	2024
Number of PLHIV	52.955	57.299	63.707
Number of positive of STIs	60.928	61.065	52.830
Number of positive of syphilis	20.783	26.779	24.347

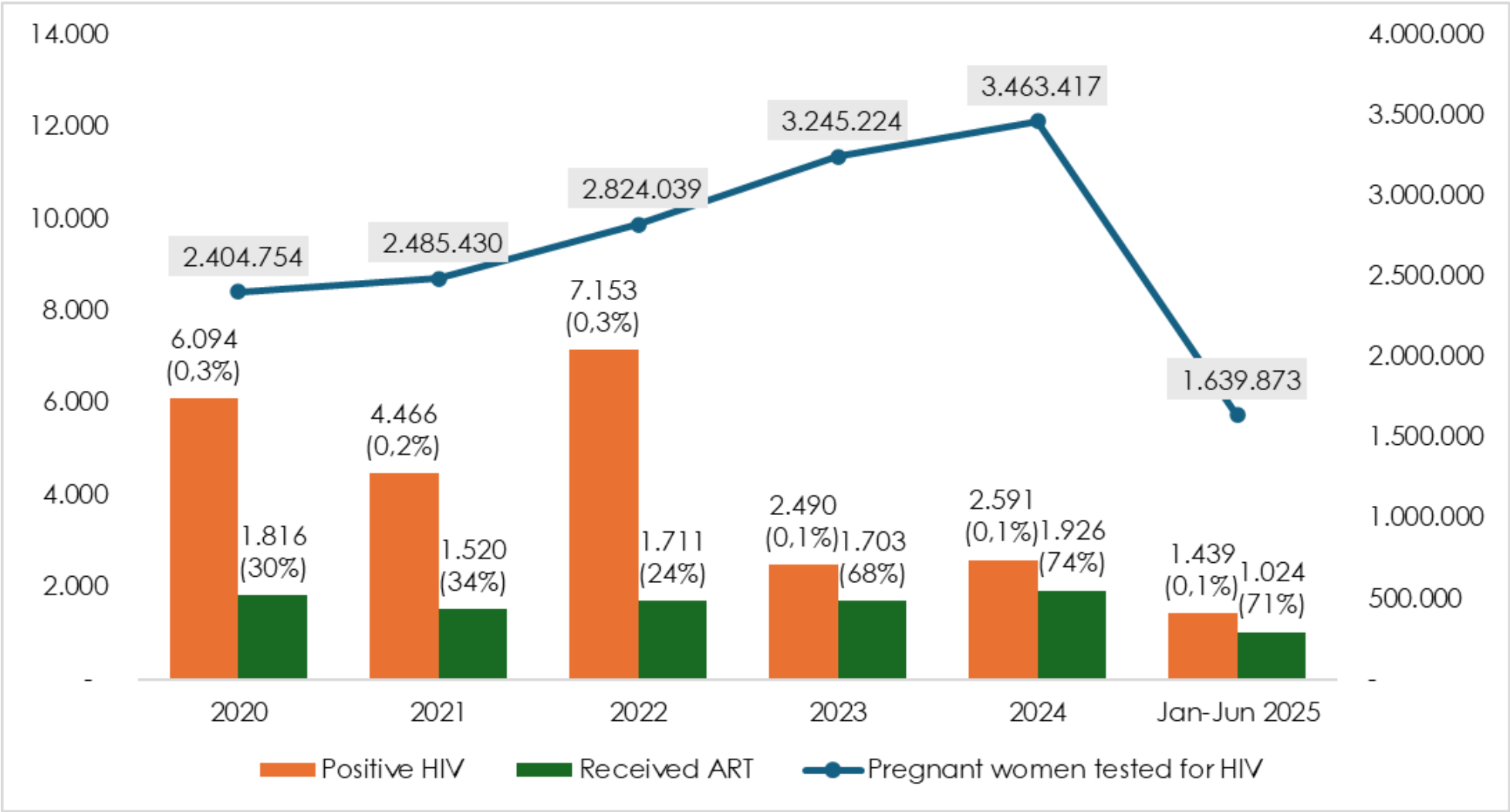
estimates are that over 6.6 million people are living with hepatitis B (2.4% of the population)

Coverage Trends of HIV, Syphilis, Hepatitis B Screening among Pregnant Women (2020-Jun 2025)

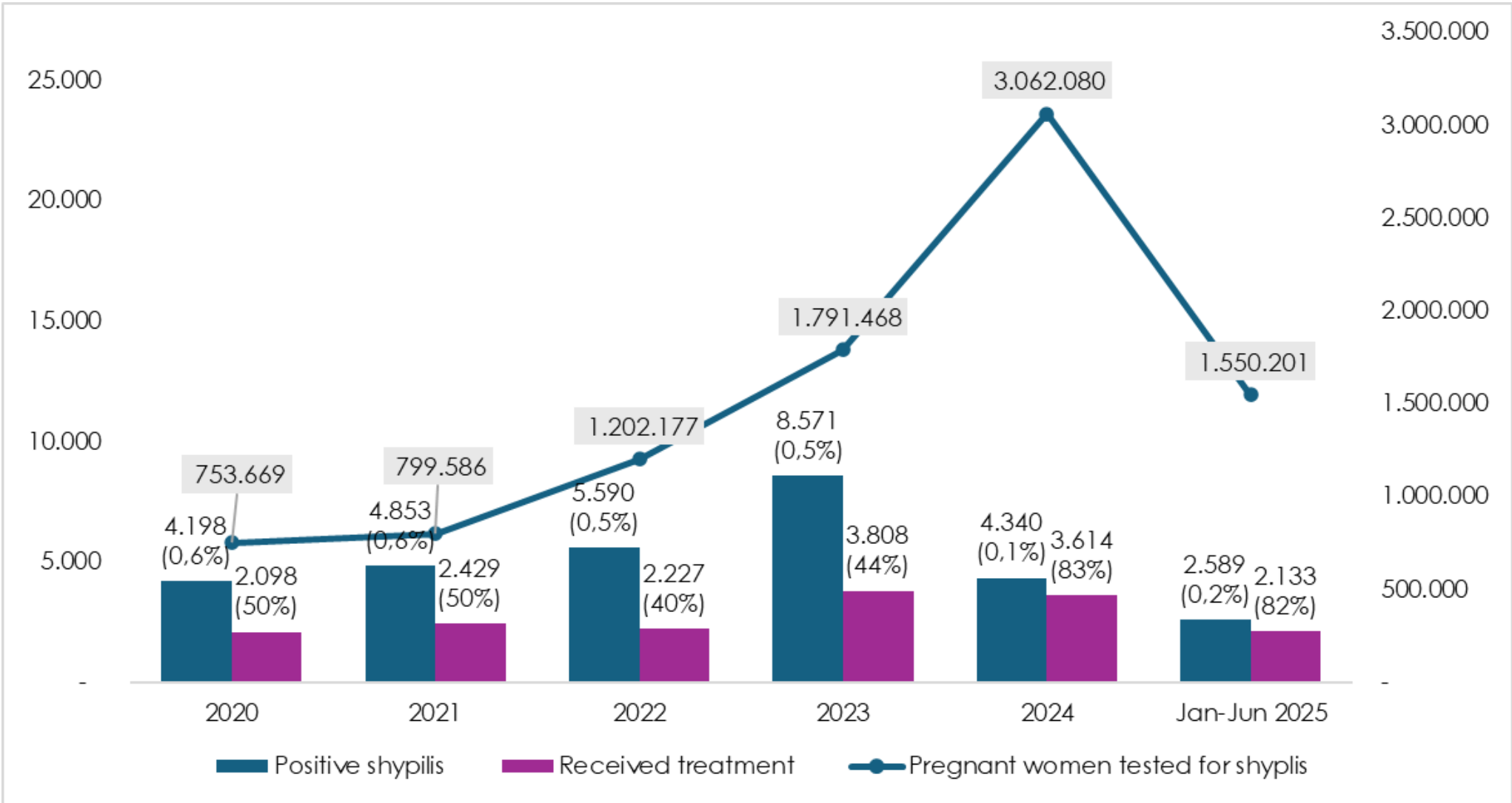
- Steady annual increase in testing for HIV, syphilis, and hepatitis B among pregnant women over the past five years
- Significant rise in syphilis testing in 2024
- Ongoing efforts to reduce testing gaps between diseases through the introduction of rapid dual HIV–syphilis tests



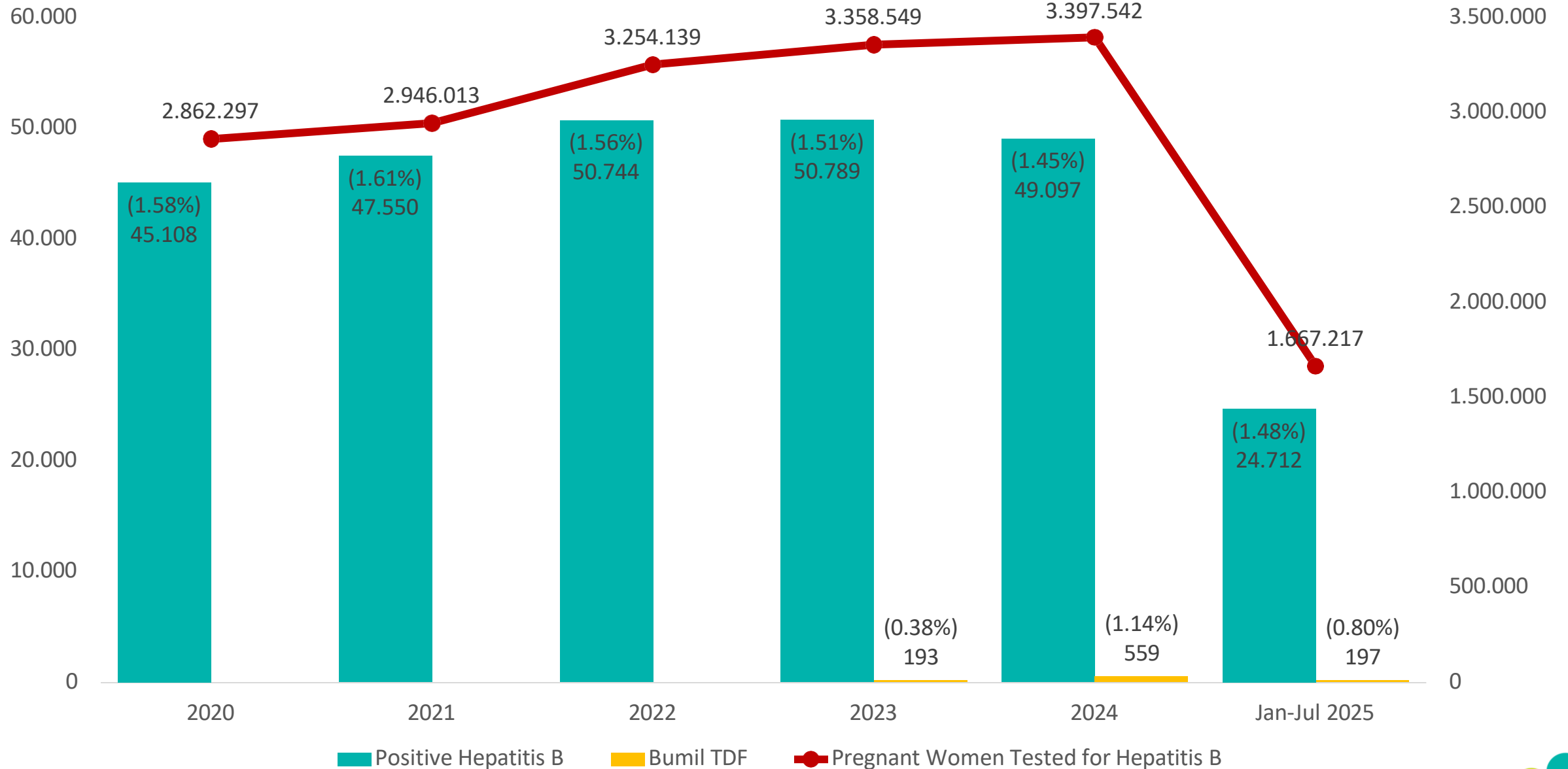
Achievement Trends of HIV Screening in Pregnant Women, 2020 to June 2025



Achievement Trends of Syphilis Screening in Pregnant Women, 2020 - June 2024



Achievement Trends of Hepatitis B Screening in Pregnant Women Period 2020-2024



Indonesia EMTCT Goals

Specific Activities to Achieve Goals

1. **Screen all pregnant women** for HIV, syphilis, and hepatitis B through ANC
2. **Provide standard treatment** for pregnant women testing positive for HIV, syphilis, or hepatitis B
3. **Screen infants born** to positive mothers according to guidelines
4. **Provide standard treatment for positive infants**
5. **Integrate EMTCT** services into maternal and child health programs
6. **Ensure uninterrupted logistics supply** in all public and private health facilities year-round
7. **Strengthen monitoring and evaluation** through accurate recording and data management

General Objective

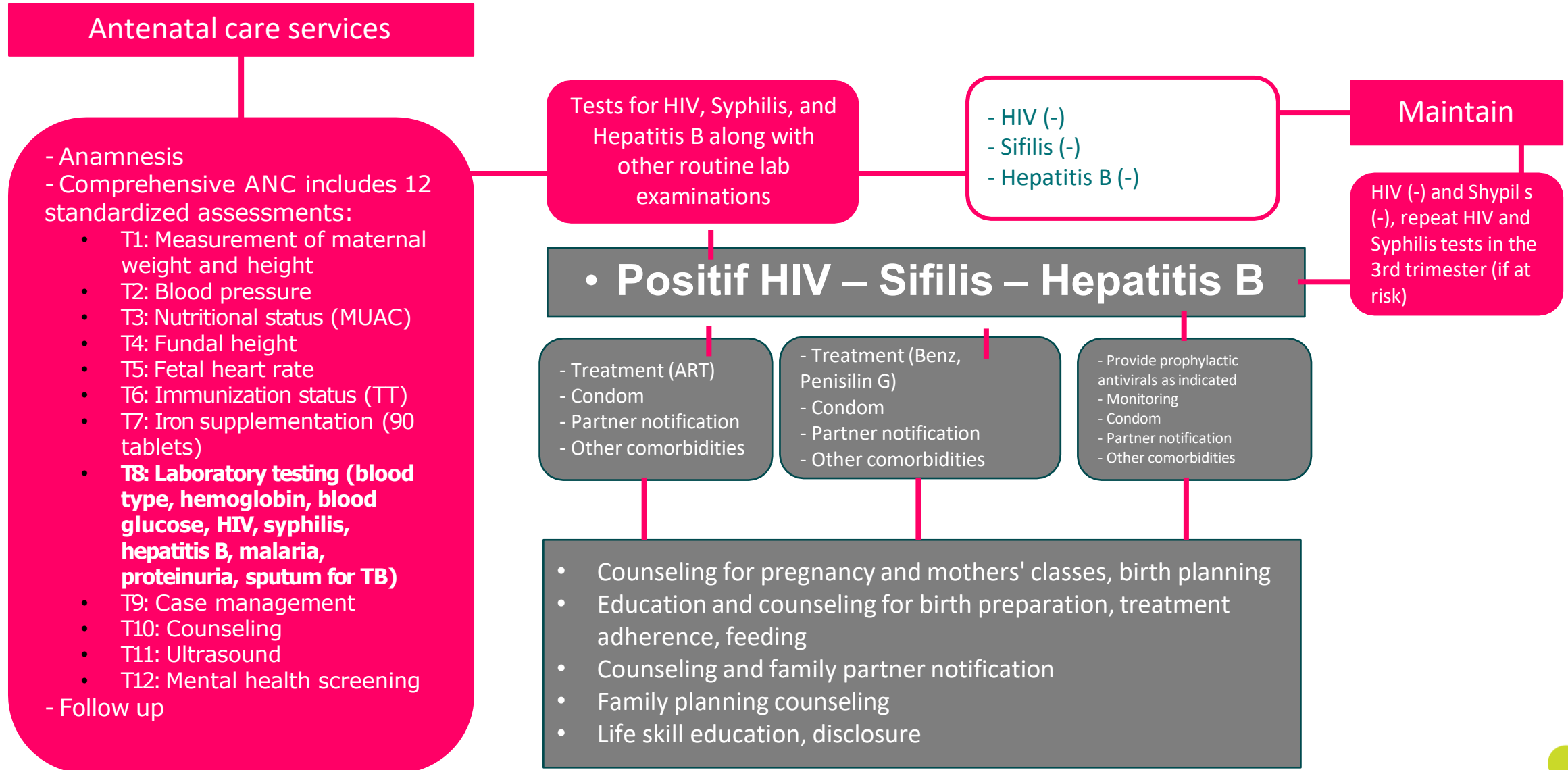
Achieve EMTCT by **2030**, with the following targets:

- HIV & Syphilis: <50 cases per 100,000 live births
- Hepatitis B: <2% prevalence of HBsAg among infants

Integration of Triple Elimination and Antenatal Care

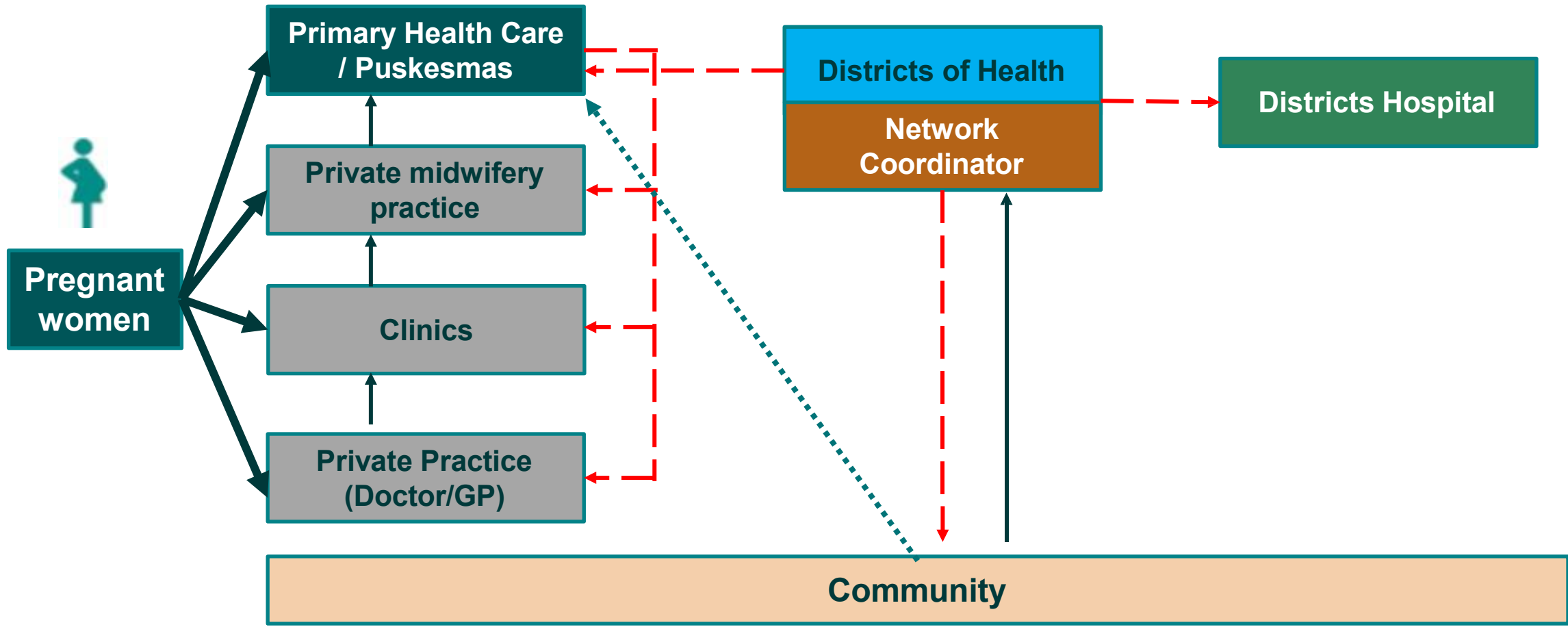
Aligned with the latest WHO recommendations:

- Conduct Early Infant Diagnosis (EID) within 48 hours of birth for newborns at risk
- Integrate EMTCT with newborn and child health services, including immunization and growth monitoring





strengthening the triple elimination service network through KIA services



- Coaching
- required to report activities/services
- ... Coordination



Triple Elimination Efforts



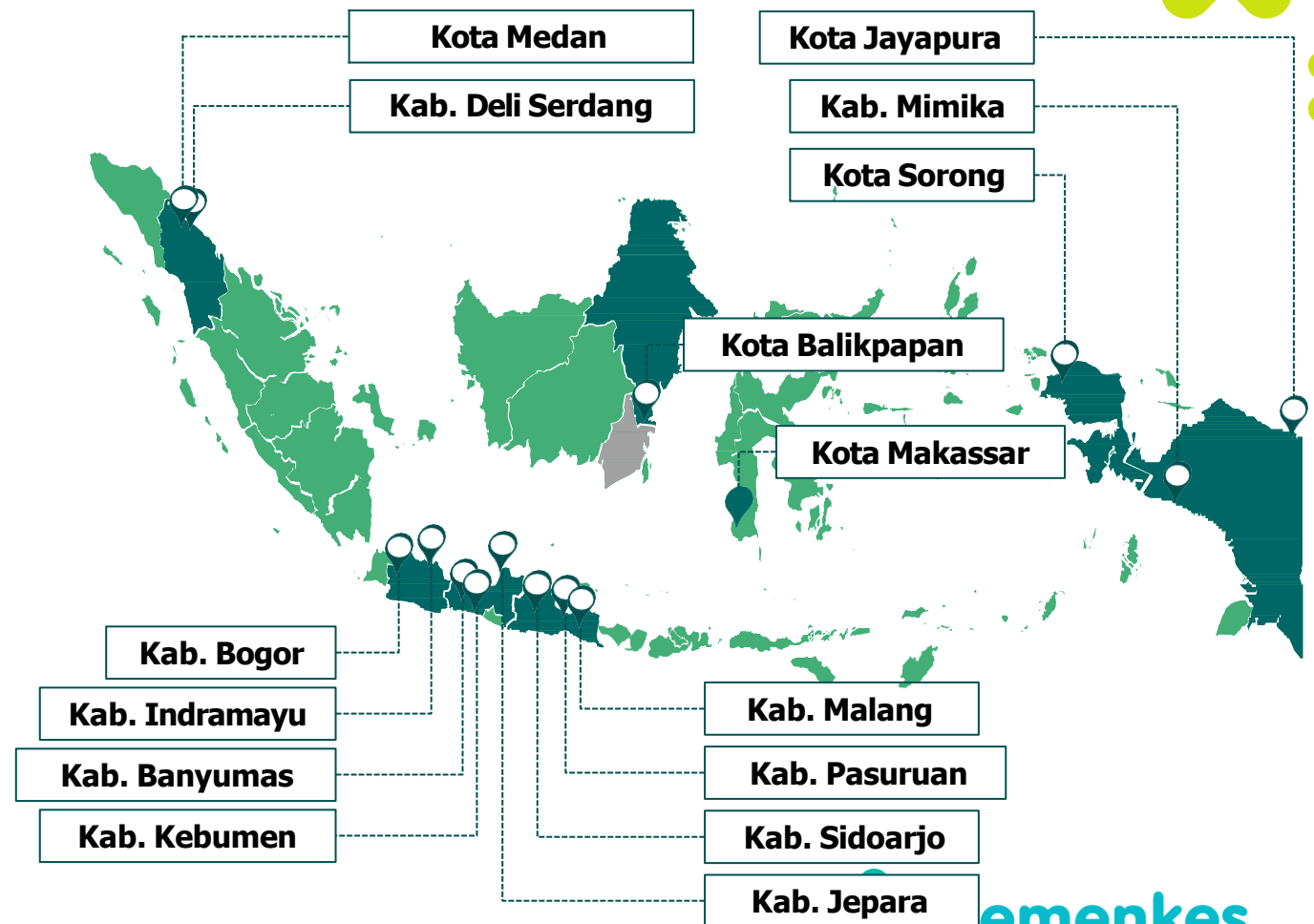
Efforts in accelerating towards elimination by 2030:

- 1 Development of Triple E RAN (Roadmap 2024 – 2030 and elimination/PTE certification)
- 2 Update Triple Elimination guidelines
- 3 Triple Elimination Demosite

Background for selection of Demosite Districts/Cities:

- 1 Global Fund Assisted Location
- 2 Technical Assistant Mentoring Location
- 3 Point of Care Machine development location
- 4 Leveraging location of TDF (*Tenofovir disoproxil fumarate*) prophylaxis

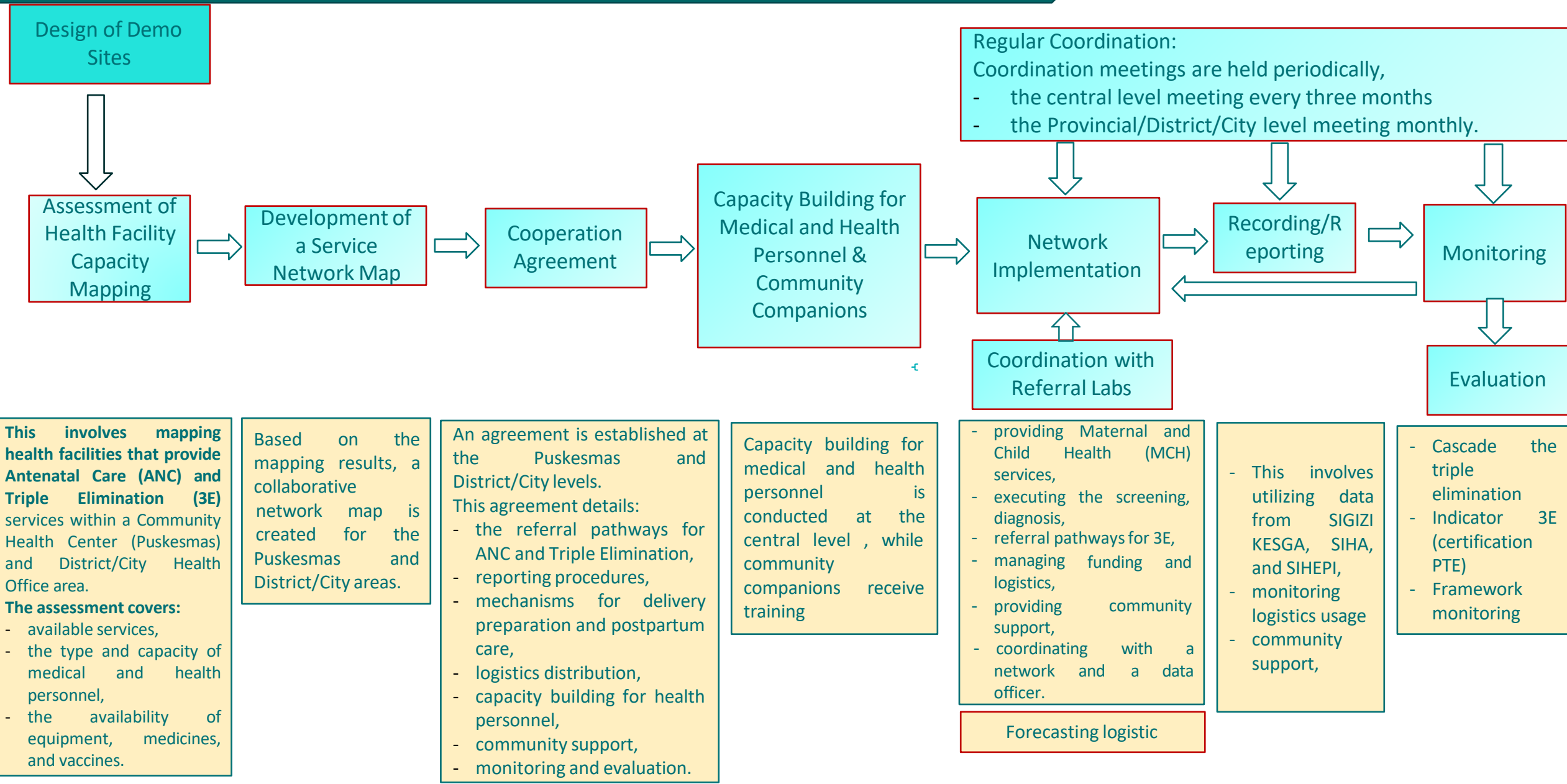
Triple Elimination Demosite Location 2024 - 2026



Triple Elimination Demosite: strengthening the role of private health facilities in integrated ANC and the role of community companions for positive pregnant women to prevent lost to follow-up in the management of positive pregnant women and their babies.



Demo site Implementation Stages for the Triple Elimination Network



This involves mapping health facilities that provide Antenatal Care (ANC) and Triple Elimination (3E) services within a Community Health Center (Puskesmas) and District/City Health Office area.

The assessment covers:

- available services,
- the type and capacity of medical and health personnel,
- the availability of equipment, medicines, and vaccines.

Based on the mapping results, a collaborative network map is created for the Puskesmas and District/City areas.

An agreement is established at the Puskesmas and District/City levels. This agreement details:

- the referral pathways for ANC and Triple Elimination,
- reporting procedures,
- mechanisms for delivery preparation and postpartum care,
- logistics distribution,
- capacity building for health personnel,
- community support,
- monitoring and evaluation.

Capacity building for medical and health personnel is conducted at the central level, while community companions receive training

- providing Maternal and Child Health (MCH) services,
- executing the screening, diagnosis,
- referral pathways for 3E,
- managing funding and logistics,
- providing community support,
- coordinating with a network and a data officer.

Forecasting logistic

- This involves utilizing data from SIGIZI KESGA, SIHA, and SIHEPI,
- monitoring logistics usage
- community support,

- Cascade the triple elimination
- Indicator 3E (certification PTE)
- Framework monitoring

Baseline

Endline / Lesson learned

Recording and Reporting of Triple Elimination Program

Current State of Reporting

- **Multiple Systems:** Recording is done on separate applications:
 - **e-kohort/SIGIZI KESGA:** for Maternal and Child Health (MCH)
 - **SIHA 2.1:** for HIV and Syphilis
 - **SIHEPI:** for Hepatitis B
- **Manual Entry:** All data, including ANC and infant health details, is first manually recorded in the MCH book before being entered into the digital applications.
- **Tiered Reporting:** Data is reported from health facilities up to the provincial and national levels.

Future Plan: Satu Sehat

- A new, integrated "Satu Sehat" platform is currently being developed.
- This will combine all current applications into a single system to streamline the recording and reporting process.

CHALLENGES

Optimizing logistics

Limited Health Worker Capacity

The coverage of Triple Elimination services is not yet optimal

In terms of service quality, improvements are still necessary.

Integrated Service Management is Not Yet Strong

Inadequate Regional Funding

Low Community Participation

Future Direction

- ❑ Integrating the recording and reporting system into 'Satu Sehat' platform
- ❑ Expanding the EID testing labs from 4 regional reference labs to 50 TCM services
- ❑ Expanding the provision of antiviral prophylaxis for pregnant women with Hepatitis B
- ❑ Monitoring the implementation of Tripel Elimination demosites for future policy and program adjustment and improvement
- ❑ Developing the indicators, criteria and process for PTE (Path to Elimination) certification at subnational levels



Thanks you

