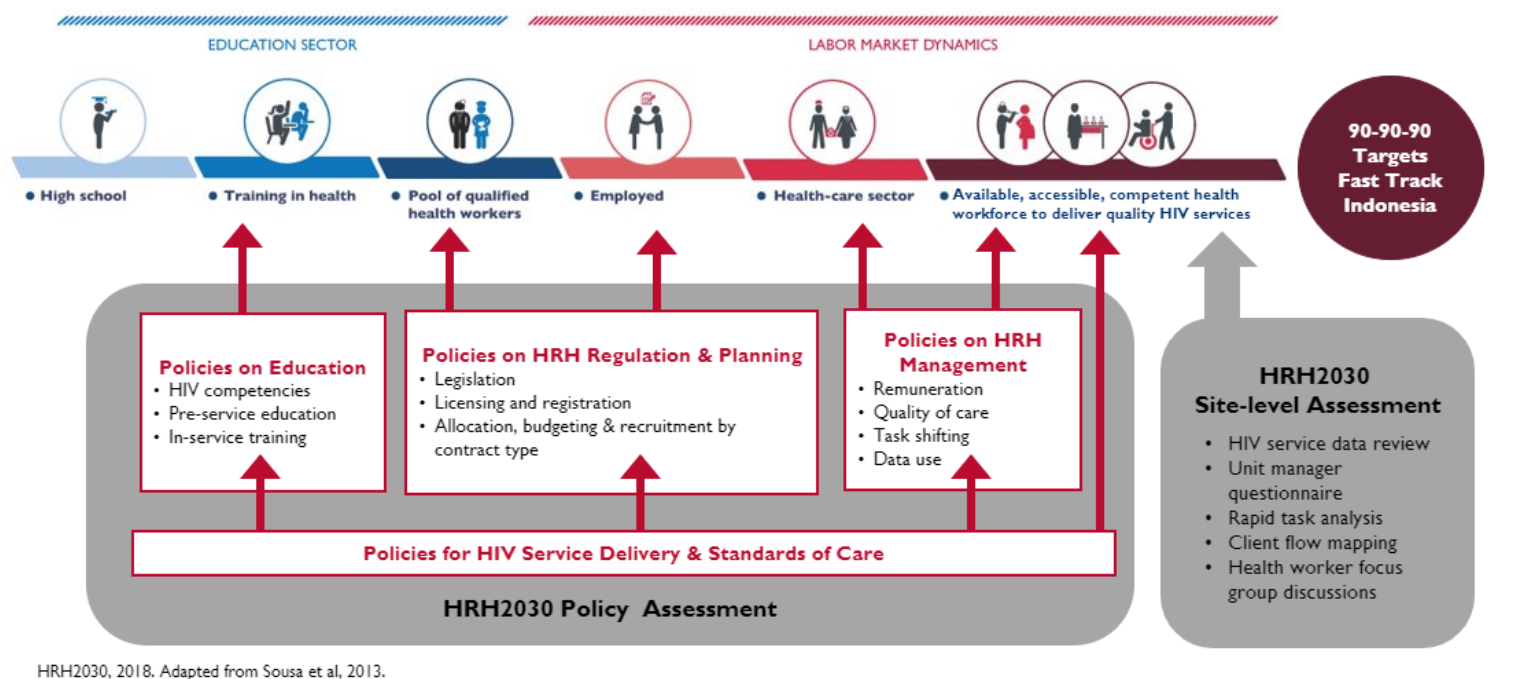


Indonesia HIV and Human Resources for Health (HRH) Assessment: Recommendations for implementing & scaling up the Test and Treat policy

Background and Context

In 2018, Indonesia's Ministry of Health estimated that 36% of people living with HIV (PLHIV) in Indonesia had been diagnosed as HIV-positive, 33% of whom were on antiretroviral therapy (ART). Strategic efforts are needed to achieve PEPFAR's "90-90-90" goals: 90% of all PLHIV know their status; of these, 90% maintain ART; and of these, 90% achieve viral suppression. In 2015, as part of the Sustainable Development Goals, Indonesia signed on as a "Fast-Track" country, with a mandate to make rapid, efficient, and innovative investments to reach critical HIV prevention and treatment targets. In 2018, the Ministry of Health launched the "Test and Treat" policy, guaranteeing that any Indonesian with a positive status can start immediately on antiretrovirals (ARVs). Optimizing the quality and distribution of Indonesia's human resources for health (HRH) could support more effective Test and Treat policy implementation and advance HIV epidemic control.

Figure: Adapted Health Labor Market Framework and HRH2030 Policy and Site-level Assessment Approach



Assessment Methods

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Adapting the [health worker lifecycle](#), the Human Resources for Health in 2030 Program (HRH2030) conducted a two-pronged HIV-HRH assessment to understand the health workforce challenges and identify opportunities for scaling up HIV services (See figure above).

At the policy level: The assessment analyzed HRH policies, protocols, scopes of practice, and task shifting practices that have hindered or supported the health workforce implementing Indonesia's 2014 "Strategic Use of Anti-Retrovirals" (SUFA) policy — and moving forward, the Test and Treat policy. The analysis consisted of a policy search and validation, inventory process, and text analysis, complemented by key informant interviews.

At the site level: The assessment focused on a sample of 10 PEPFAR-supported sites in five "Fast Track" districts in Jakarta. The facilities included eight district *Puskesmas*, one sub-district *Puskesmas*, and one large, private, key population-friendly clinic.

Results

At the policy level: The HIV policies reviewed are sufficient to support implementation of Test and Treat, though implementation guidance is required to promote success. Where SUFA had implications for increased provider workload due to many required routine examinations, Test and Treat should help streamline workflows. Specific supporting HRH policies could be improved to define HIV competency standards in pre-service education and standards of care in areas that rely on non-clinical, community-based support. Coordination of HRH policy implementation should improve to align all stakeholders responsible for health workforce development within the public sector. Despite local governments' autonomy for HRH planning and procurement, their financial capacity to hire health workers is often limited, perpetuating HRH shortages and maldistribution.

At the site level: Overall, the ten sites were staffed with a sufficient number and type of health workers. However, site-specific HRH challenges include:

- **Insufficient competencies:** The self-reported knowledge and ability to perform tasks for comprehensive HIV services is inadequate.
- **Poor task allocation:** Specifically for Fast Track Indonesia, higher skilled clinicians frequently perform lower-skilled tasks such as counseling, testing, and outreach; nurses and pharmacists do not always recognize their roles in some ART activities.
- **Inefficient processes:** Across all providers and services, managers reported that they would perform a task at times due to either a health worker shortage or high patient volume.

Conclusion

The Test and Treat policy has important implications for health workers providing HIV services across Indonesia. HRH2030's HIV-HRH assessment outlines several gaps in policy implementation and site-level management that must be addressed to control the HIV epidemic in Indonesia, notably to support the acquisition and mastery of new HIV competencies across diverse teams of health and non-health workers through locally contextualized and sustained professional development.

Recommendations

HRH2030 provides six main recommendations for building, managing, and optimizing the health workforce for HIV services in Indonesia:

1. *Integrate HRH considerations in forthcoming HIV standards of care.* The MoH and stakeholders at the provincial, district, and local levels should review the forthcoming Test and Treat standards of care from an HRH perspective to consider the education, management, and support implications. They need to define task shifting/sharing approaches to scale with service volume increases, and where health teams experience shortages and turnover.
2. *Invest in coordinated in-service training.* New HIV standards of care should be updated in HIV team pre-service curricula, especially for TB-HIV co-management skills.
3. *Generate more evidence on differentiated care options.* Stakeholders should also determine what evidence is needed to promote effective advocacy among local and national authorities, to optimize HRH through task shifting and other differentiated service delivery models.
4. *Strengthen HRH functions at the district level.* To improve HRH financing, it is critical to strengthen local governments' capability to adapt national capitation regulations and manage funding for the Puskesmas. District and local budgets can be used strategically for targeted skills building for priority HIV tasks. Building capacity to routinely apply the site-level tools at PEPFAR-supported sites is recommended to collect, manage, and effectively use resultant data.
5. *Support district and facility staff to understand and act upon site-level assessment results.* Each site-level assessment report should be disseminated and reviewed with staff to reflect on possible local solutions to the problems identified, and to advocate with relevant authorities.
6. *Build local capacity to routinize and scale up site-level assessments.* The assessment should be repeated routinely to capture any HIV-HRH changes and improvements over time at sites sampled. HRH2030 recommends applying the site-level tools to other priority contexts (such as Papua), where the HRH capacity and coverage, especially for higher skilled clinicians, differs from Jakarta.

Read the "Indonesia and Human Resources for Health (HRH) Assessment: Recommendations for implementing and scaling up the Test and Treat policy" [report](#) to learn more about HRH2030's activity in Indonesia.