

## Summary of target setting and the outcomes of the country consultation on scaling up towards universal access

December 2007

*Due for review in 2007*

<p><b>Situational analysis:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Income classification:</b> Lower middle income country (World Bank 2006)</li> <li>▪ <b>Population size:</b> 245.5 mln (Universal access country Report)</li> <li>▪ <b>Gross National Income (GNI):</b> 3460 US\$ per capita (UNAIDS 2006)</li> <li>▪ <b>Percentage of people with less than 2 US\$ a day:</b> 52.4 % (UNAIDS 2006)</li> <li>▪ <b>Prevalence:</b> 0.1% (UNAIDS 2006)</li> <li>▪ <b>Funding availability :</b> <ul style="list-style-type: none"> <li>- Domestic: 13 mln (UNAIDS 2006)</li> <li>- Global Fund: I: US\$ 6,9 mln (Phase 1); US\$ 7,8 mln (total)</li> </ul> </li> </ul>	
<p><b>Country consultation process:</b></p> <p><b>Date:</b> 30 March 2006</p>	
<p><b>Key obstacles :</b></p> <ol style="list-style-type: none"> <li>1. Major barriers to prevention include: stigma and discrimination, religious opposition to condom use, views that condoms promote promiscuity and a Narcotics Law that criminalizes the use of drugs</li> <li>2. Major barriers to treatment, care and support include limited availability of voluntary counseling &amp; testing; not yet stable supply chain for procurement and distribution of ARV drugs; high costs of drugs; inadequate human resources and limited number of health facilities that provide ARV treatment</li> <li>3. National response continues to have limited visibility</li> <li>4. Variable levels of local leadership (decentralization)</li> <li>5. No long term financing strategy</li> <li>6. Programme coverage of risk populations remains inadequate and efforts to scale up the response are still fragmented, in part as a result of absence of national costed AIDS plan supported by clear, measurable and achievable targets</li> <li>7. Insufficient human resources to assure provision of services and poor coordination between provincial office and hospital</li> <li>8. Key contributions of civil society not being recognized in overall policy development and planning processes</li> </ol>	<p><b>Key actions:</b></p> <ol style="list-style-type: none"> <li>1. High level advocacy is urgently needed so that barriers to outreach are removed</li> <li>2. Government should systematically develop informational material and disseminate Indonesia's Best Practices in domestic and international fora</li> <li>3. Strengthen NAC leadership and coordination of national response</li> <li>4. Donors to support implementation of Indonesian Partnership Fund for HIV/AIDS as a basket fund for long-term predictable, flexible financing and financing.</li> <li>5. Costed AIDS plan and targets produced</li> <li>6. Streamline bureaucratic obstacles</li> <li>7. Peer support groups allowed to become AIDS Commission members in their region.</li> <li>8. People living with HIV to be employed at 100 districts level at the AIDS Commission secretariat</li> </ol>

### Target setting process

**Technical support:** UNAIDS Secretariat is providing technical assistance to the National AIDS Commission to develop the NAC website, a Geographic Information System data base to track the national response and a Country Response Information System to track the acceleration program in 100 districts and cities. The Joint Data Base will be used to monitor program's achievement among the main donors. There is a need for all donors to support these harmonized systems.

**Participation:**

In process of National Action Plan development, target setting has been an integral part of it. The new NAC secretariat has shown strong commitment of setting ambitious targets for injecting drug users. On 1 September 2006, National AIDS Commission Secretary Dr. Nafsiah Mboi, SpA, MPH said that the country must be able to reach more than 80 percent injecting drug users and 60 percent of those with high risk sexual behavior for it to be able to successfully change the course of the epidemic. Civil Society very well engaged in the consultation process.

# INDONESIA

## Setting national targets for moving towards universal access

Figure 1

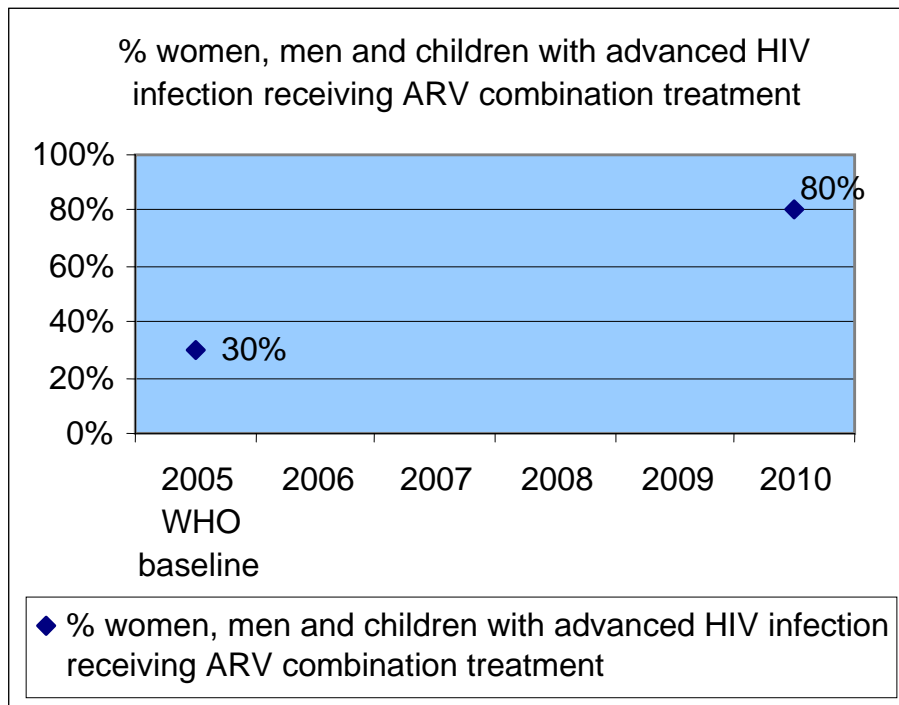
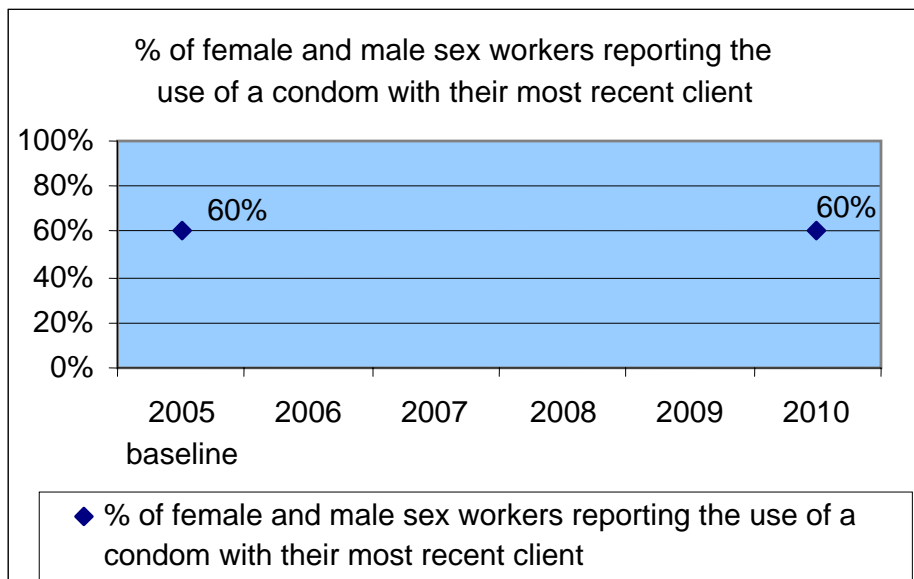


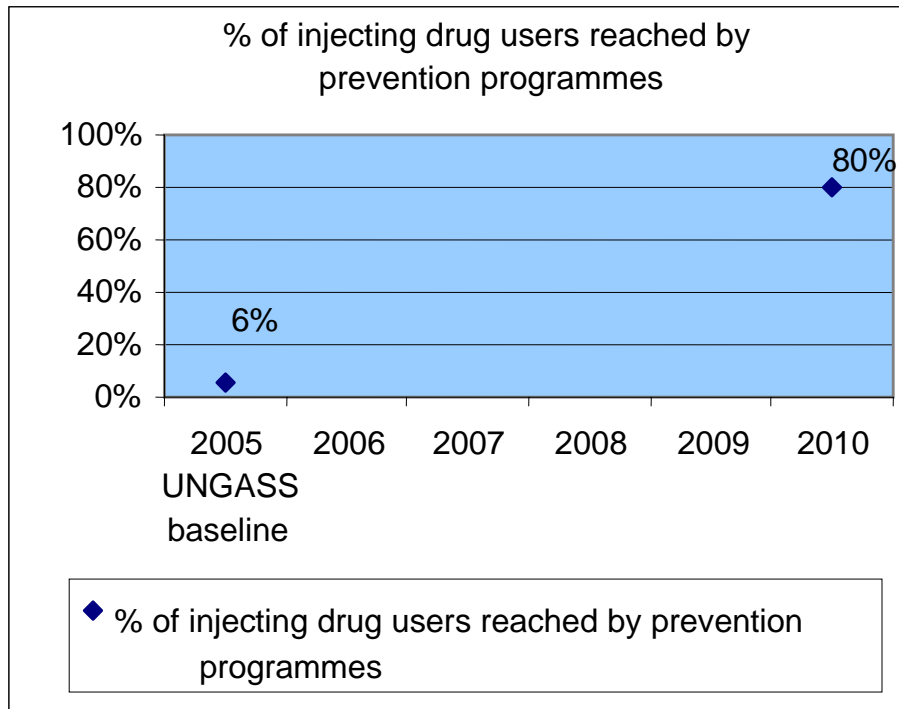
Figure 2



**INDONESIA**

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**Figure 4**



**Figure 5**

