



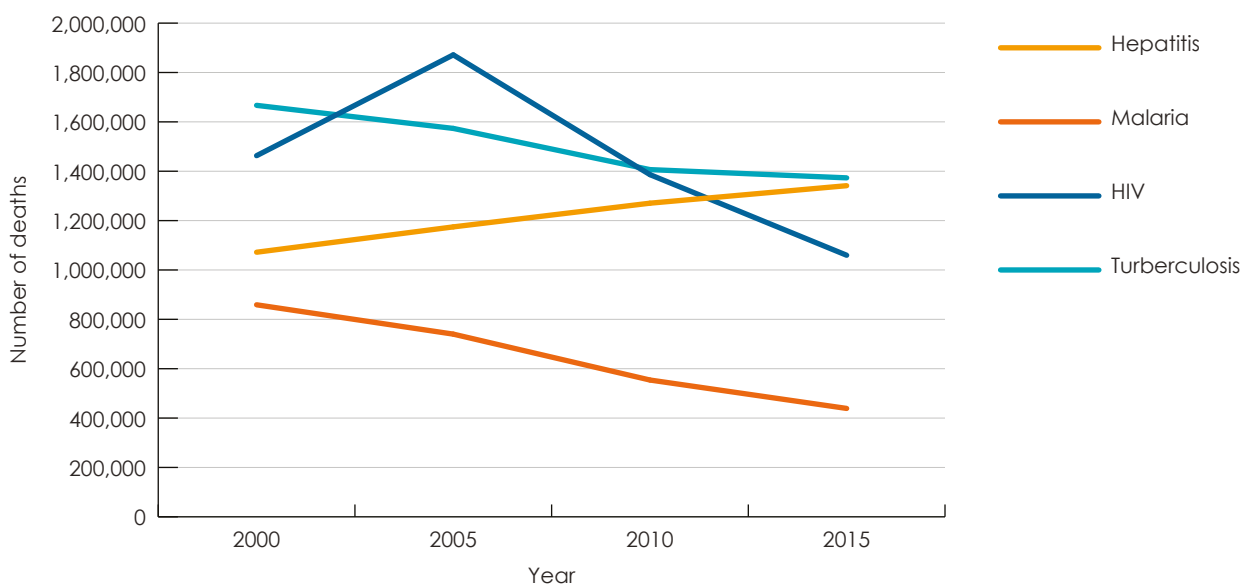
VIRAL HEPATITIS IN INDONESIA: THE JOURNEY TOWARDS ELIMINATION

CONTEXT

More than 257 million people worldwide live with chronic hepatitis B (HBV) and 71 million live with chronic hepatitis C (HCV) infection.

Unlike HIV, malaria or tuberculosis, global deaths from viral hepatitis continue to rise.¹

Figure 1. Global deaths from malaria, TB, HIV and viral hepatitis, 2000–2015²





- Recognising the immense burden on society posed by viral hepatitis, the World Health Organization (WHO) launched its *Global Health Sector Strategy on Viral Hepatitis 2016–2021* in 2016, with a global aim to eliminate viral hepatitis as a public health threat by 2030.
- Building on the WHO aims, the Coalition to Eradicate Viral Hepatitis from Asia Pacific (CEVHAP) set a goal to eradicate viral hepatitis from Asia Pacific by 2050.
- Up to 64% of global deaths due to viral hepatitis occur in Asia Pacific.¹
- Indonesia has played a major role in raising awareness of viral hepatitis in the region, and globally.
- CEVHAP conducted a situation analysis in Indonesia to identify key issues that will either assist or impede the country's ability to achieve the WHO and CEVHAP elimination goals.
- As Indonesia is the world's fourth most populous country, findings from this study may provide a useful reference for other countries.

VIRAL HEPATITIS IN INDONESIA³

19 million people living with hepatitis B

2.5 million people living with hepatitis C

Increasing deaths from both infections

High variation in infection rates compared with national average

- 2–3 times higher in some provinces
- 80 times higher in some at-risk groups



261 million people living across 17,500 islands



Unique geographic and logistic challenges in access to care



FINDINGS

National policy exists to address viral hepatitis in Indonesia, but its implementation is challenged by several factors.

Decentralisation of policy

- While viral hepatitis is a national policy concern in Indonesia, decentralisation limits the central government's ability to implement a comprehensive plan, with provincial and district governments determining their own health priorities and budgets.



Logistical challenges

- Implementing existing regulations is hampered by the logistical challenge of providing healthcare across 17,500 islands with often limited resources.
- Much of Indonesia lacks basic civil and health infrastructure. In some provinces, access to clinical specialists requires time and resources as there may be no specialists able to provide treatment or other clinical management.



Limited awareness and community engagement

- Limited public information on viral hepatitis means that people rarely understand the risks of evolving from a symptomless condition to serious liver disease.
- Stigma is a serious concern for people infected with viral hepatitis.
- Knowledge gaps among government and healthcare workers exacerbate this situation.

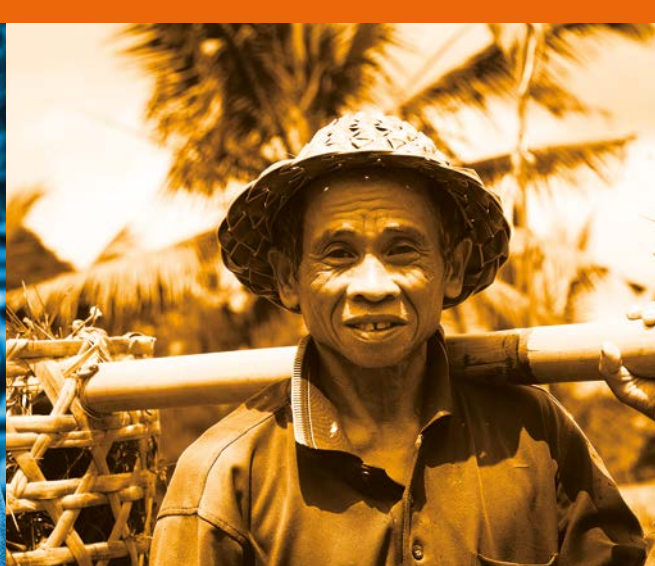


Low rates of testing, treatment and care

- Indonesia has a total of just 165 liver specialists, primarily located in the west of the country, to service its vast population.
- Testing rates in Indonesia are low, particularly for hepatitis B.
- The cost of being diagnosed is a significant barrier, as is uneven access to testing facilities across the country.
- These barriers mean that few people seek care, resulting in late diagnosis and limited treatment opportunities.

Limited prioritisation of prevention

- Recent government policy tends to focus on curative services, leaving preventive services underfunded.
- There is no national screening programme for pregnant women and no funding to reduce hepatitis B transmission to infants at risk of infection.
- Transmission of both HBV and HCV in healthcare services remains a significant concern.
- Existing harm reduction services and health promotion for people who inject drugs need to be strengthened and sustained.



WHAT IS NEEDED IN INDONESIA TO PROGRESS THE ELIMINATION OF VIRAL HEPATITIS?

1. **Information for focused action:** a clear, evidence-based national hepatitis strategy, paired with a robust strategic information system to analyse and translate up-to-date data on viral hepatitis into usable information.
2. **Interventions for impact:** an essential package of viral hepatitis interventions, services, medicines and commodities clearly defined at the national level.
3. **Delivering for equity:** comprehensive interventions aimed at high-risk groups, and existing models of service delivery adapted to meet their needs.
4. **Financing for sustainability:** a mechanism to cover the cost of diagnostic tests and treatment.
5. **Innovation for acceleration:** new innovative approaches to improve the efficiency and quality of services and maximise impact.



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For a full copy of the *Situation analysis of viral hepatitis in Indonesia* report, see: <http://www.cevhap.org/index.php/en/news-footer/56-situation-analysis-of-viral-hepatitis-in-indonesia>

References

- ¹ World Health Organization. 2017. *Global hepatitis report 2017*. Geneva: WHO
- ² World Health Organization. 2016. *Global health estimates 2015 summary tables: global deaths by cause, age and sex 2000–2015*. Geneva: WHO
- ³ World Health Organization. 2016. *Global health sector strategy on viral hepatitis 2016–2021*. Geneva: WHO