FAST-TRACK CITIES 2020

September 9-10, 2020

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Implementing Fast Track within the COVID-19 context: Experiences from Jakarta, Indonesia

Plenary Sessions: Case Study Asia-Pacific

dr. Widyastuti MKM Head of Jakarta Provincial Health Office September 10, 2020

Presentation outline

- 1. Jakarta's COVID-19 situation and HIV cascade
- 2. COVID-19-related disruptions in access to and utilization of HIV services
- 3. Policy and program innovations to support continuity and quality of HIV services
- 4. Lessons learned for implementing Fast Track within an emerging pandemic



COVID-19 in Jakarta, Indonesia National state of emergency declared on March 20, 2020 Large-scale social restrictions (PSBB) introduced in Jakarta on April 10, 2020 – restricted movement; reduced service accessibility ARV shortages/stockouts throughout the country – limited multi-month dispensing and differentiated service delivery models As of early September 2020, Jakarta has reported close to 50,000 COVID-19 positive cases and 1,330 deaths.

COVID-19 positivity testing rates currently stand at 13.2%

Jakarta shows the highest confirmed COVID-19 mortality per one million population in Indonesia

https://corona.jakarta.go.id



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*Confirmed cases are the data which have been officially announced by the Ministry of Health of The Republic of Indonesia.

COVID-19 incidence and fatality rate by age and gender

Jakarta cross-sectional, cumulative HIV cascade (June 2020)

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DINAS KESEHATAN PROVINSI DAERAH KHUSUS IBUKOTA JAKARTA

lakarta, Maret 2020

Jakarta

SURAT EDARAN Nomor: 57/51/2020

TENTANG

KEBERLANGSUNGAN LAYANAN HIV DI PROVINSI DKI JAKARTA SELAMA MASA PANDEMI COVID-19

Sehubungan dengan situasi pandemi COVID-19, pelaksanaan program HIV di fasilitas layanan kesehatan di Provinsi DKI Jakarta tetap berlangsung dengan ketentuan sebagai berikut :

1. TEMUKAN

- Pelaksanaan pemeriksaan HIV di fasilitas layanan kesehatan tetap berlangsung seperti biasa.
- b. Pelaksanaan pemeriksaan HIV melalui mobile VC7 (dokling) dihentikan sementara sampai pandemi COVID-19 dapat dikendalikan.
- c. Kegiatan penjangkauan populasi kunci oleh Lembaga Swadaya Masyarakat (LSM) Peduli AIDS dihentikan sementara sampai pandemi COVID-19 dapat dikendalikan.

2. OBATI

- a. Pemberian ARV dapat diberikan 2 (dua) bulan untuk pasien yang memenuhi kriteria Multi Month Dispensing (MMD) dengan mempertimbangkan stok ARV di fasilitas layanan kesehatan.
- b. Pemberian ARV dapat dikirimkan melalui jasa pengiriman untuk pasien yang memenuhi kriteria MMD namun terkendala dengan stok di fasilitas layanan kesehatan.

1. Continuation of static HIV testing services

2. <u>Suspension</u> of community-based HIV testing services

3. Transitioning of CSO outreach and "Lost and Link" contact tracing to <u>virtual</u> service delivery

- 4. Provision of two-month ARV dispensing, as per stock availability
- 5. Provision of home-based ARV delivery services
- 6. <u>Prioritization</u> of VL testing for pregnant women and treatment failure PLHIV

7. <u>Suspension</u> of VL specimen transport system; utilization of GeneXpert for VL testing

COVID-19-related disruptions on HIV testing and viral load monitoring

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Program innovations to support continuity and quality of HIV services

- 1. 2-month ARV dispensing and home-based ARV delivery services ("Jak Anter")
- 2. ARV optimization through transition to Tenofovir, Lamivudine, and Dolutegravir (TLD)
- 3. Going online, for programmatic interventions and capacity development/quality improvement
- 4. Providing financial support for individuals to avail health services

1. Jak Anter, Indonesia's first home-based ARV delivery system

Aggressive scale up of two-month ARV dispensing and provision of home-based ARV delivery service within severely constrained programming and ARV supply context

Home-based ARV delivery (Jak Anter)

"When we provide two-months of ARVs – or send medications through Jak-Anter – our workload decreases and we can focus on other key tasks, including COVID-19 contact tracing." - Health care provider in South Jakarta

"Having my medications delivered to my home has helped me stay on HIV treatment and lowered my risk of COVID-19. The medicine is wrapped to protect my identity and the use of Go-Jek [a ride-based app] means that my neighbors do not know the contents of the delivery." - PLHIV client

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2. Transitioning to TLD

- 4 TLD training modules (TLD optimization; TLD eligibility; management of patients on TLD; and recording and reporting TLD data)
- 500 health care providers from 110 facilities trained
- TLD roll out from July 2020

3. Going online – outreach, service promotion and clinic appointment booking

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ENTANG TES HI

TEST NOW

Fitur dalam Tanya Marlo ada apa aja, sih?

Hub Pelaporan dan Informasi Untuk Akselarasi Fast Track di Jakarta

JakTrack

Artikel, infografis, mitos-fakta, video, dan konten informatif lainnya seputar topik-topik terkait HIV/AIDS

3. Going Online - Virtual Case Management

From April – June 2020, six CSOs increased the number of active PLHIV case management clients to 2,834 persons and ensured that **99.9% were retained on ART**

3. Going Online – WA for health care worker coordination, capacity building and HRH COVID-19 tracking

Jak-Support

- Target groups for Jak-Support are key population members and their spouses, people (including children) living with HIV (PLHIV), spouses of PLHIV, and TB clients.
- The fund is designated to support client's transportation cost and health services : HIV, TB, or other laboratory tests; medical consultation or treatment for HIV or TB; initiation or refill for antiretroviral therapy (ART) or TB drugs; and treatment for opportunistic infections.
- Jak-support implemented from July to November 2020 and expects to support 80 percent of the 650 eligible clients who submit an online request.
- Up to 1st week of September, about 400 clients submitted their online request, more than half of them had been approved, and we are trying to verify about one fourth uncomplete application.

1. Institute enabling policy

Lessons learned

- 2. Take the opportunity to try new things
- 3. Utilize existing technologies to connect, coordinate and build capacity
- 4. Review data early and often to protect program gains
- 5. Prepare programming for the "new normal"

Thank you for your attention

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