

Indonesia Work Plan

FY 2023

Program Year 5

October 2022–September 2023



This report is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the responsibility of Act to End NTDs | East, led by RTI International in partnership with The Carter Center, Fred Hollows Foundation, Light for the World, Sightsavers, Results for Development, Save the Children, and WI-HER under cooperative agreement No. 7200AA18CA00040 and do not necessarily reflect the views of USAID or the United States Government.

ACT | EAST PROGRAM OVERVIEW

The U.S. Agency for International Development Act to End Neglected Tropical Diseases (NTDs) | East Program supports national NTD programs in reaching World Health Organization goals for NTD control and elimination through proven, cost-effective public health interventions. The Act to End NTDs | East (Act | East) Program provides critical support to governments to create sustainable platforms for NTD services within robust and resilient health systems. The Act | East Program is implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation (FHF); Light for the World (LFTW); Results for Development (R4D); Save the Children; Sightsavers; and WI-HER.

In Indonesia, Act | East program activities are implemented by RTI International.

ACRONYMS LIST

AAR	After-action Review
BBTKL	<i>Balai Besar Teknik Kesehatan Lingkungan</i> (National Environmental Health Laboratory)
BIS	Brugia Impact Survey
COVID-19	Coronavirus Disease 2019
DEC	Diethylcarbamazine
FTS	Filariasis Test Strips
GOI	Government of Indonesia
HC	Health Center
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MOH	Ministry of Health
NTD	Neglected Tropical Disease
PHO	Provincial Health Office
PreTAS	Pre-Transmission Assessment Survey
TAS	Transmission Assessment Survey
USAID	United States Agency for International Development
WHO	World Health Organization

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Indonesia is the fourth largest country in the world in terms of population, with over 279 million people spread throughout 13,000 islands, divided into 34 provinces and 514 districts. Administrative and health structures related to the management of the national neglected tropical disease (NTD) program include the Ministry of Health (MOH) at the national level, provincial health offices (PHOs), district health offices, and community health centers (HCs).

The NTD Work Team¹ is the lead unit within the Directorate for Communicable Disease Control for activities to combat lymphatic filariasis (LF), soil-transmitted helminths, schistosomiasis, yaws, and leprosy. The Government of Indonesia (GOI) is largely self-reliant in implementing its NTD activities. Starting in 2019, the government has fully funded all mass drug administration (MDA) for LF and the majority of pre-transmission assessment surveys (PreTAS) and transmission assessments surveys (TAS) in qualifying districts. USAID assistance continues to focus on providing technical and financial support to fill critical gaps in the MOH operational budgets.

2. PLANNED ACTIVITIES: LF

The GOI endorses the target of eliminating LF as a public health problem and current projections indicate that the national program could validate elimination of LF by 2030. Out of the 514 districts in Indonesia, 236 are endemic for LF—caused by *Wuchereria bancrofti*, *Brugia malayi*, and/or *Brugia timori*. More than 70 million people across 117 districts are no longer at risk for LF, while 33.9 million people across 93 districts live in areas that are awaiting PreTAS or TAS1 survey implementation. In October 2022, 27 districts will implement LF MDA, including 10 IDA (ivermectin, diethylcarbamazine and albendazole) MDA, and 9 of those districts are predicted to no longer require LF MDA after 2022. In FY23, the MOH will organize and fund all MDA activities using its own resources. The Ministry also will fund a majority of the required disease specific assessments (DSAs), with Act | East supporting additional surveys. The MOH will continue to be fully responsible for organizing, managing, and facilitating all meetings, workshops, and trainings funded by Act | East, with Act | East providing technical assistance and financial administration.

National LF Monitoring and Evaluation (M&E) Coordination Meeting. Act | East will assist the NTD Work Team to organize a two-day coordination meeting in Jakarta for representatives from the 10 regional BBTKLs and selected PHOs. The meeting aims to strengthen the coordination of LF survey implementation and will focus on the new BIS methodology as well as other M&E activities. Building on the implementation experiences from various organizations during the past years, this meeting will focus on the practical issues related to the coordination and implementation of surveys in FY23, including scheduling and budgeting. Participants will be prioritized based on seniority and those who have been trained previously as TAS supervisors and participated in supervising TAS in local communities.

Provincial Program Review and MDA Planning Meetings. Most of the districts in Indonesia scheduled to implement LF MDA in October 2023 (15 out of 18) are in the provinces of Papua (10 districts) or West Papua Barat (5 districts). The MOH and the PHO are prioritizing technical support of these districts to help ensure that their MDA rounds and DSAs are well planned, funded, managed, and supervised. Act | East will support the MOH to organize program review and planning meetings in these provinces. Each three-day meeting, facilitated by the MOH and the Provincial Health Services

¹ Previously known as the Sub-directorate for LF and STH, or “Subdit.” The group’s name was changed following restructuring of the Ministry of Health in early 2022.

with assistance from Act | East, will include participants from the PHO, staff from each of the DHOs implementing MDA, and staff from the other endemic districts. The MOH will prepare a comprehensive analysis of all available program data for discussion and validation, beginning with mapping data through detailed MDA coverage data for each year of implementation. Possible reasons for low performance will be identified. Considerable small-group work will facilitate the sharing of lessons learned by the districts that have already successfully completed their MDA activities, and innovative, localized strategies will be encouraged. Districts attending the meeting will be expected to provide subdistrict data which will be used to inform subsequent microplanning meetings with districts and HCs, where accessible, to ensure that strategies for increased coverage are relevant and effective. Act | East will review the WHO Microplanning Manual and related resources before these meetings and share information with meeting participants where applicable. Appropriate preliminary strategies to respond to the local situation in each DHO will be developed by participants, presented to the entire group, and carefully peer-reviewed by the other participants. Following the meeting, participants will share the preliminary strategies with DHO and HC counterparts in each district and strategies will be finalized prior to the October 2023 MDA. District officials will review funding requirements for each implementation plan and, if needed, request additional assistance from the MOH to fill any gaps. District officials will also discuss and coordinate drug supplies and logistics. In addition, the MOH will use this opportunity to discuss preparations for all scheduled DSAs, morbidity management, as well as preliminary plans for post-validation surveillance.

LF Survey Training for PHOs and DHOs. In FY23, Act | East will train program staff from the districts that are planning LF surveys in 2023, including the new BIS, together with their provincial-level counterparts in LF survey implementation, including eligibility, sampling, preparation, testing methodology, and interpreting results. The three-day training will help PHOs and DHOs improve their understanding of how to organize field surveys and how to use the appropriate diagnostic tests. The training will be conducted based on the standard WHO TAS training modules, which were officially adapted for use within the MOH with technical assistance from RTI through USAID's ENVISION project and now include additional practice time. In addition, Act | East, WHO, and the Task Force for Global Health's NTD Support Center are developing BIS-specific modules. Once WHO's IDA survey guidance is finalized, Act | East will work with the MOH and WHO Country Office to determine if support is needed for IDA survey training. Pre- and post-tests will be used to evaluate the participants' changes in knowledge after training and their ability to use and analyze the rapid diagnostic tests, as well as the proper handling of blood samples and microfilaremia (mf) slides (slide preparation is handled by trained phlebotomists who receive LF survey training through the LF Diagnostics Tools training).

LF Survey Supervisor Training for BBTKL and PHOs. Act | East will support a three-day training in Jakarta in FY23 for approximately 20 new personnel from BBTKL and selected PHOs. These personnel will also receive extensive mentoring by Act | East and will eventually become directly responsible for organizing and supervising individual LF surveys in their respective areas.

LF Diagnostic Tools Training. In FY23, experienced University of Indonesia teaching staff together with the NTD Work Team, assisted by Act | East will train staff from selected Provincial Health Services in those LF endemic areas that are scheduled to implement the new BIS methodology in the laboratory procedures required for LF testing, with an emphasis on practical laboratory skills. Act | East will organize two sessions of this three-day training at the University of Indonesia in Jakarta where qualified laboratory technicians and LF experts are available. Practical applications and considerable practice in each of the various laboratory tests will be emphasized, including night blood collection; and mf slide preparation, staining, and reading. Participants will have opportunities to practice using

the Filariasis Test Strips (FTS). Pre- and post-tests will be used to measure changes in knowledge and the practical application of the appropriate lab tests.

LF PreTAS. Based on the latest data review with the NTD Work Team, nine districts are expected to meet the criteria of achieving at least five rounds of MDA above 65% coverage following the October 2022 MDA, and therefore will qualify for PreTAS in FY23. The MOH has requested that Act | East support four surveys (4 EUs), including one re-PreTAS. All four districts have a population of <500,000. The central level and BBTKL team will supervise surveys in one sentinel and one spot-check site for each district, using mf testing.² These surveys will be implemented in collaboration with provincial- and district-level program staff and HC laboratory technicians. The surveys will not use electronic data capture, but results of the PreTAS will be entered into the Integrated NTD Database and shared with the districts. In FY21, Act | East piloted questions about previous MDA participation to collect “never treated” data. The NTD Work Team has agreed to incorporate these questions into the standard PreTAS protocol for all future surveys.

LF TAS. Act | East will support 15 TAS in FY23, including 11 TAS1 (11 EUs) utilizing the new BIS methodology and 4 TAS1 (4 EUs) utilizing the regular TAS methodology with FTS. TAS in *Brugia* and mixed areas will be implemented using the new BIS methodology. Act | East will conduct an after-action review (AAR) in early FY23 to review the operationalization and implementation of this new methodology, and the lessons captured from this AAR will be shared with the MOH and WHO. All TAS in *W. bancrofti* areas that did not introduce IDA will be school-based, using antigen testing with FTS procured by the MOH. Testing teams will sample first and second graders according to WHO guidelines using a cluster methodology. The survey administrators will use global positioning system data provided by the Ministry of Education to plan itineraries and validate locations for all selected schools. In all *Brugia spp.* areas, the BIS protocol will be used, consisting of sampling night blood among randomly selected adults 20 years old or older, using a cluster methodology. Blood samples will be collected and processed for laboratory analysis of mf. Act | East will continue to participate in discussions with local and global experts and the MOH about sampling and blood collection techniques. Survey teams will use WhatsApp to provide daily updates among team members. Electronic data capture will not be used; instead, data will be collected on paper from each site, consolidated and validated each evening by the supervisors, and compiled into a spreadsheet at the end of the survey for official reporting to the MOH and Act | East. Each TAS and BIS will be implemented by a team consisting of staff from the PHO, DHO, local HC, and cadres (village health volunteers) based on the sample size of each cluster. A national-level supervisor from the NTD Work Team or BBTKL, together with assistance from Act | East, will provide oversight to ensure compliance with WHO’s methodology.

² Given that *Brugia* and mixed areas cannot use FTS, the GOI uses a uniform protocol for all PreTAS using mf.