

Indonesia Work Plan

FY 2024

Program Year 6

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ACT | EAST PROGRAM OVERVIEW

The U.S. Agency for International Development (USAID) 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 governments critical support 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.

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ACRONYMS LIST

BBTKL	<i>Balai Besar Teknik Kesehatan Lingkungan</i> (National Environmental Health Laboratory)
BIS	Brugia Impact Survey
DHO	District Health Office
DSA	Disease-specific Assessment
EU	Evaluation Unit
FTS	Filariasis Test Strips
GOI	Government of Indonesia
HC	Health Center
IDA	IVM, diethylcarbamazine citrate, and albendazole
IIS	IDA Impact Survey
LF	Lymphatic Filariasis
MDA	Mass Drug Administration
mf	Microfilaremia
MOH	Ministry of Health
NTD	Neglected Tropical Disease
PHO	Provincial Health Office
Pre-TAS	Pre-Transmission Assessment Survey
SCH	Schistosomiasis
STH	Soil-Transmitted Helminths
TA	Technical Assistance
TAS	Transmission Assessment Survey
WHO	World Health Organization

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Administrative Structure

Indonesia is the fourth most populous country in the world, with over 271 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 (DHOs), and community health centers (HCs).

The NTD Work Team is the lead unit within the Directorate for Communicable Disease Prevention and Control for activities to combat lymphatic filariasis (LF), soil-transmitted helminths (STH), schistosomiasis (SCH), 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 LF MDA and the majority of pre-transmission assessment surveys (pre-TAS) and transmission assessment surveys (TAS). USAID's assistance continues to focus on providing technical assistance (TA), training, and mentoring on survey implementation and financial support to fill critical gaps in the MOH operational budgets for these surveys.

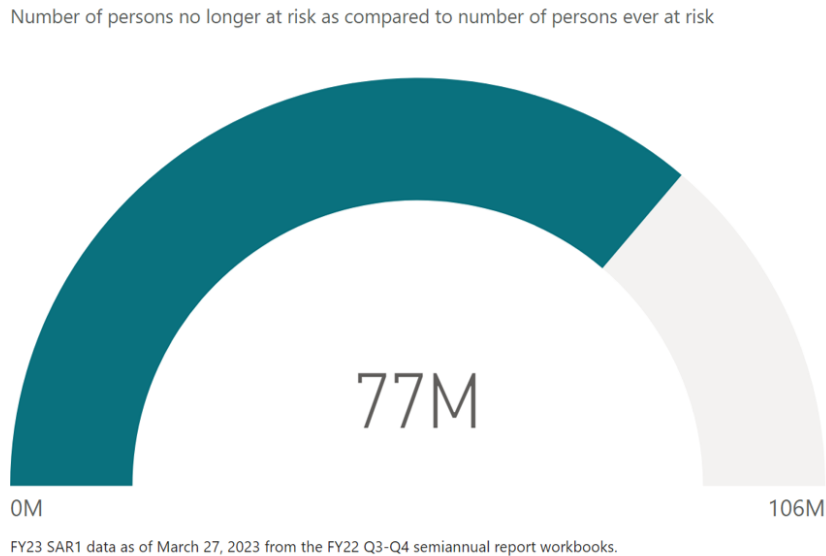
2. PLANNED ACTIVITIES: LF

Program Context

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 2034. Figure 1 demonstrates Indonesia's progress toward LF elimination, with 77 million people no longer at risk.

Out of the 514 districts in Indonesia, 236 are endemic for LF—caused by *Wuchereria bancrofti*, *Brugia malayi*, and/or *Brugia timori*. In 2016, the MOH, with USAID's support, completed mapping of a majority of the country using night blood surveys to analyze the prevalence of microfilaremia (mf), as well as filariasis test strips (FTS) in selected districts. More than 77 million people in 153 districts are no longer at risk for LF, while 14.8 million people in 58 districts live in areas that are awaiting pre-TAS or TAS1 surveys. In October 2023, 25 districts will implement LF mass drug administration (MDA), including 13 Ivermectin Diethylcarbamazine Albendazole (IDA) MDA. Looking ahead, in October 2024, 15 districts are expected to implement MDA, of these 7 will implement IDA.

Figure 1. Progress towards LF elimination, Indonesia



National LF M&E Coordination Meeting

Act | East will assist the NTD Work Team to organize a three-day coordination meeting in Jakarta for 45 participants (representatives from the 10 regional *Balai Besar Teknik Kesehatan Lingkungan*, (BBTKL) the National Environmental Health Laboratory, and selected PHOs, the national research agency, and the NTD Work Team). The meeting aims to strengthen the coordination of LF survey implementation and will focus on the variety of survey protocols required by the program as well as other M&E activities. Building on the implementation experiences from various organizations during the past years, this meeting will discuss the practical issues related to the coordination and implementation of surveys, including scheduling and budgeting. Participants will be prioritized based on seniority and previous experience serving as TAS supervisors in local communities.

National Workshop on Surveillance Guidance

Act | East will assist the NTD Work Team to organize a three-day workshop to translate and revise the official Indonesian policy documents, protocols, and standard operating procedures of the National LF Elimination Program to reflect changes detailed in the new WHO TAS manual, expected to be released in late 2023. As part of the planning for this workshop, Act | East will work with WHO Indonesia and the NTD Work Team to determine the most appropriate ways to reproduce and disseminate the new guidance.

Papua Landscaping

Act | East will conduct a landscaping analysis on LF programming in the Greater Papua area. This work will primarily document challenges that limit the scale and reach of LF activities in this region and begin to prioritize opportunities to address these issues through district planning meetings planned. This will include discussions with the USAID mission and members of the MOH who have special

responsibilities over Papua. Act | East team members will also use the opportunity of travel to Papua for surveys or district-level planning meetings to gather information.

District-Level Program Review and MDA Planning Meetings

Almost all of the districts in Indonesia scheduled to implement LF MDA in October 2024 (13 out of 15) are in the provinces of Greater Papua. Several of these districts continue to face major challenges in achieving sufficient MDA coverage because of remote location, poor infrastructure, and limited capacity. After the 2023 MDA, the MOH will select four districts with potential for significant improvement, not including any districts where serious security concerns continue to drastically limit their ability to implement the MDA. Act | East will support the MOH to organize four program review and planning meetings, one in each of the four districts most likely to benefit from heightened encouragement. Each three-day meeting, facilitated by the MOH and the Provincial Health Services with assistance from Act | East, will include participants from the HCs, who are responsible for planning MDA, plus facilitators from PHO and DHOs and the NTD Work Team. 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. The agenda will allot considerable time for small-group work to facilitate peer-to-peer sharing of lessons learned and development of innovative, localized strategies focused on increasing coverage, with the more successful HCs encouraging their peers to adopt proven approaches to mobilize their local communities. Each district will be expected to provide subdistrict data that will be used for microplanning by each HC 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 applicable information with meeting participants where applicable. 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 morbidity management as well as preliminary plans for post-validation surveillance.

LF Survey Training for PHOs and DHOs

Act | East will train program staff from the districts that are planning LF surveys in 2024, including the Brugia Impact Survey (BIS and all relevant adjustments in survey protocols resulting from the anticipated new TAS Manual from WHO, together with their provincial-level counterparts in LF survey implementation (e.g., eligibility, sampling, preparation, testing methodology, and interpreting results). WHO will train and support teams implementing the IDA Impact Surveys (IIS) in 2024, so this training will not cover that survey methodology, but will include it in future years as more districts require IIS. The three-day training will help PHOs and DHOs improve their understanding of how to organize site surveys and how to use the appropriate diagnostic tests. Act | East will include a session that emphasizes the pre-survey engagement and coordination that PHOs and DHOs should conduct with villages, to better organize each survey night and address participation issues that arise when households are not adequately prepared ahead of time. The training will be conducted based on the standard WHO TAS training modules, which were officially adapted for use within the MOH with TA 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 have developed BIS-specific modules. Pre- and post-tests will be used to evaluate changes in participants' knowledge after training and their ability to use and analyze the rapid diagnostic tests, as well as the proper handling of blood samples and mf slides (slide preparation is handled by trained phlebotomists who receive LF survey training through the LF Diagnostics Tools training; see below for more details).

LF Survey Supervisor Training for BBTKL and PHOs

Indonesia has an increasing demand for new trained supervisors who can assist the NTD Work Team and BBTKLs in conducting the large number of surveys required each year, given the limited personnel at the central and PHO levels to supervise pre-TAS, TAS, BIS and IIS. Act | East will support a three-day training for 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 FY24, experienced University of Indonesia teaching staff together with the NTD Work Team, assisted by Act | East, will train staff from selected Provincial Health Services and BBTKLs in those LF-endemic areas that are scheduled to implement the BIS and IIS methodologies in the laboratory procedures required for LF testing, with an emphasis on practical laboratory skills. This training will be held 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 FTS. In addition, one extra day will be added to facilitate training specifically on cross checking of both positive and negative samples. Pre- and post-tests will be used to measure changes in knowledge and the practical application of the appropriate lab tests.

LF Pre-TAS

Act | East will support one pre-TAS in FY24.

Based on the latest data review with the NTD Work Team, 11 districts are expected to meet the criteria of achieving at least five rounds of MDA above 65% coverage after the October 2023 MDA, and therefore will qualify for pre-TAS in FY24.

Pre-TAS will be based on Evaluation Units (EUs) with a population of <500,000.¹ The central-level and BBTKL teams will supervise surveys in one sentinel and one spot-check site for each district, using mf testing.² Surveys will be implemented in collaboration with provincial- and district-level program staff and HC laboratory technicians and will not use electronic data capture; but results of the pre-TAS will be entered into the Integrated NTD Database and shared with the districts. If surveys in the district supported by Act | East results in outcomes above threshold, the Act | East Indonesia technical team will provide technical support to the NTD Work Team in its efforts to determine the causes and encourage districts to make appropriate adaptations to their upcoming MDA, most likely through district planning meetings ahead of re-MDA. If WHO survey guidance is released before this survey, Act | East and the NTD work Team will revise plans based on updated protocols.

¹ Although Act | East follows this guidance, the MOH will not officially change its pre-TAS protocol until WHO issues new guidance. Currently, no districts with populations >500,000 are targeted for pre-TAS with MOH support.

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

LF Surveys

Act | East will support TAS and BIS surveys in 19 EUs³ in FY24, including 6 TAS1 utilizing the BIS methodology, and 3 TAS2 and 2 TAS3 utilizing the standard TAS methodology with FTS. If *Brugia Rapid Plus* rapid diagnostics tests are approved by WHO and available, the GOI will revert to the TAS methodology rather than the BIS.

TAS in *W. bancrofti*-endemic 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's 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.* and mixed areas, the BIS protocol will be used, consisting of sampling night blood among randomly selected adults 18 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. If any survey results in outcomes above threshold, Act | East will assist the NTD Work Team to investigate the causes and to encourage districts to make adaptations to the upcoming MDA.

3. SUSTAINABILITY AND HEALTH SYSTEMS STRENGTHENING STRATEGY ACTIVITIES

In FY24, Act | East will continue to seek opportunities to document sustainability successes in the Indonesia NTD program in the form of blogs or other public-facing communications.

³ Surveys supported by Act | East are planned and implemented by EU, because many targeted districts will be split according to population size. The number of districts surveyed will be less than the number of EUs completed.