

INDONESIA Work Plan

FY 2020

Program Year 2

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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 also provides critical support to countries on their journey to self-reliance, helping them create sustainable programming for NTD control within robust and resilient health systems. The Act | East Program is being implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation; IMA World Health; Light for the World; Results for Development (R4D); Save the Children; Sightsavers; and Women Influencing Health, Education, and Rule of Law (WI-HER).

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

TABLE OF CONTENTS

ACRONYM LIST	IV
NARRATIVE.....	5
1. National NTD Program Overview.....	5
2. Planned Activities: Lymphatic Filariasis	6
3. Sustainability Strategy Activities.....	9
APPENDIX 1: TIMELINE OF ACTIVITIES.....	10

ACRONYM LIST

ALB	Albendazole
BBTCL	<i>Balai Besar Teknik Kesehatan Lingkungan</i> (National Environmental Laboratory Network)
BINPHARM	Directorate General of Pharmaceuticals and Health Supplies
DEC	Diethylcarbamazine Citrate
DEKON	<i>Dekonsentrasi</i> (special Government of Indonesia central-level funding mechanism)
DHO	District Health Office
FY	Fiscal Year
GOI	Government of Indonesia
GPS	Global Position System
HC	Community Health Center
HSS	Health Systems Strengthening
IDA	Ivermectin, Diethylcarbamazine Citrate, and Albendazole (therapy)
IR	Intermediate Result
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
Mf	microfalariaemia
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Health
NECD	National Expert Committee on Drugs
NTD	Neglected Tropical Disease
PHO	Provincial Health Office
R4D	Results for Development
RTI	RTI International (registered trademark and trade name of Research Triangle Institute)
SAE	Serious Adverse Event
SCH	Schistosomiasis
STH	Soil-Transmitted Helminths
Subdit	Sub-directorate for Lymphatic Filariasis and Worms
TAS	Transmission Assessment Survey
TBD	To Be Determined
USAID	United States Agency for International Development
WHO	World Health Organization
WI-HER	Women Influencing Health, Education, and Rule of Law

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW

Indonesia is the fourth largest country in the world in terms of population, with 268 million people spread throughout 13,000 islands. After years of restructuring, Indonesia is currently 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 Sub-directorate for Lymphatic Filariasis and Worms (Subdit), a unit within the Directorate General of Disease Control and Environmental Health of the MOH, is the lead for activities to combat lymphatic filariasis (LF), soil-transmitted helminths (STH), and schistosomiasis (SCH). A National Task Force exists to oversee NTD policy, plans, and activities. It consists of retired MOH staff and academics, with multilateral agency representatives from the World Health Organization (WHO) and the United Nations Children's Fund as observers. The National Task Force meets at least once a year to discuss specific issues and to provide technical recommendations for improving the LF, STH, and SCH programs. The MOH also has established a National Expert Committee on Drugs (NECD) and its provincial- and district-level equivalents, all working together to provide expert assistance on the utilization of drugs in the NTD program, the legal parameters of the program, and the management of any adverse events from drug treatment.

At the national level, the Subdit is responsible for determining policies and procedures for program implementation, supervising and mentoring provincial- and district-level staff, overseeing monitoring and evaluation (M&E), and procuring drugs and operational supplies, such as rapid diagnostic tests. The provincial level is responsible for supervision and M&E, and each province has a small budget to fund these activities. District governments are required to allocate operational budgets for LF and STH mass drug administration (MDA), including training, drug distribution, and monitoring; and to take direct responsibility for program implementation. Each health center, the lowest level unit of the health system, is responsible for organizing activities in its catchment area in coordination with the village government and has its own operations budget that may be used to support NTD activities. In addition, each village has a small development budget funded by the national government, which can also be used to support the implementation and promotion of MDA.

Since 2015, the MOH has also been able to access funding for LF activities through a special mechanism from the central level that is called *dekonsentrasi* (DEKON), which is used to augment local budgets for priority programs as needed. The MOH channels these resources through the Subdit to PHOs and DHOs, which have used them to support the implementation of surveillance activities, supervision of MDA activities by provincial staff, advocacy and review meetings at the district level, and MDA implementation. These DEKON funds will continue to be available to support the 2020 LF MDA, although the funding level will be lower than in previous years due to constraints in the national budget.

Since 2018, the *Balai Besar Teknik Kesehatan Lingkungan* (National Environmental Health Laboratory [BBTKL]) network within the MOH, consisting of 10 regional laboratories, has been responsible for coordinating and implementing all surveillance activities related to LF, including pre-transmission assessment surveys (pre-TASs), in collaboration with the Subdit and the respective provincial and district health services. With government funds, the MOH will continue to procure the required diagnostic tests

for Transmission Assessment Surveys (TASs)—Brugia Rapid tests and filariasis test strips—for 2019 and 2020.

Coordination among these separate and disparate government units is critical to ensure that sufficient resources are available to support all required NTD work because each unit makes its own decisions on how to allocate its budget and implement activities.

Two primary partner organizations financially support Indonesia's NTD work: United States Agency for International Development (USAID) and WHO. In the past, WHO has provided limited support for LF TASs, strategic meetings, a web-based reporting system, supervision, and SCH elimination activities. Since the beginning of the LF MDA program, the MOH has accepted donations of albendazole (ALB) from GlaxoSmithKline Pharmaceutical Company through WHO, and since 2016, has also accepted donations of diethylcarbamazine citrate (DEC) tablets from Eisai Company, Ltd., through WHO, although most required drugs are procured locally by the MOH. The MOH uses the WHO drug donation program to offset shortfalls in its own procurement of ALB and DEC from local manufacturers through the government procurement system. Since 2019, WHO has provided a full-time data manager for the NTD program in Jakarta who will continue to be responsible for managing all LF, STH, and SCH program data, including the WHO Integrated NTD Database. Districts that received ENVISION funding for LF and STH MDA also received ENVISION support to conduct coverage evaluation surveys from 2012 to 2017. The BBTKL will implement additional coverage surveys following the MDAs in selected districts for fiscal year 2020 (FY20). Similarly, ENVISION implemented data quality assessments in FY14 and FY17, and no additional data quality assessments are required for FY20.

The Government of Indonesia (GOI) is largely self-reliant in implementing its NTD activities. Starting in 2019, the government will fully fund all MDA rounds for LF, and the large majority of surveillance activities—including pre-TASs and TASs—have also been funded by the MOH, although some assistance from USAID will be required in FY20 to fill funding gaps caused by the aforementioned decreases in the MOH operational budgets.

2. PLANNED ACTIVITIES: LYMPHATIC FILARIASIS

Proposed FY20 activities related to LF elimination are as follows:

- **Provincial program review and planning meetings.** Act | East will assist the Subdit to organize program review and planning meetings in four provinces to enhance preparations for the October 2020 MDA implementation for LF and STH in selected areas where achieving minimum treatment-coverage rates remains a challenge. These provinces are Aceh (12 districts), which ENVISION previously supported; Papua (18 districts); Maluku (8 districts); and Maluku Utara (6 districts). Each two-day meeting, facilitated by the Subdit with assistance from Act | East, will include three participants from the central level, five participants from the relevant PHO (20 PHO staff in total), and approximately two staff from each of the DHOs (87 DHO staff in total) from endemic districts in the province. During these meetings, the comprehensive analysis of all available data will be discussed, possible reasons for low performance will be determined, available funding sources will be identified, and appropriate strategies to respond to the local situation in each area will be developed. Each DHO will develop preliminary implementation plans based on all the available funding from various sources and request special assistance from the Subdit to fill any gaps. The Subdit will also use these opportunities to discuss morbidity management as well as post-MDA surveillance.
- **LF pre-TAS.** Based on the latest data review with the Subdit, 49 districts should be able to meet the criteria of achieving at least five rounds of MDA with epidemiological coverage above 65%

following the October 2019 MDA, and therefore will require a pre-TAS in 2020. The MOH will be able to support 34 of these surveys, with the remaining 15 to be supported by Act | East. The central-level team will supervise surveys in one sentinel and one spot-check site for each district assessment, using mf testing, and collaborate with provincial and district level program staff and laboratory technicians. Results of the pre-TAS will be entered into the WHO integrated NTD database and shared with the districts through a formal letter from the Subdit.

- **LF TASs.** Act | East will support 9 surveys in FY20. Based on the latest data review with the Subdit, 67 districts should be able to meet the criteria required to implement TASs in 2020. The MOH will be able to support only 61 of these surveys and the remaining 6 will be supported by Act | East. In addition, three TASs that ENVISION originally had planned to implement in FY19 had to be postponed because of procurement delays for test kits and will now be included in this FY20 work plan. The total number of TASs to be supported in FY20 is, therefore, 9, including 3 TAS1 (Mahakam Ulu, Kailantak Timur; Pasangkayu, Sulawesi Barat and Sigi, Sulawesi Barat) and 6 TAS2 (Pasaman Barat, Sulawesi Barat; Nunukan, Kalimantan Utara; Donggala, Sulawesi Tengah; Supiori, Paupua; Mappi, Papua; and Batanghari, Jambi.) Most of these surveys will be implemented in districts where ENVISION has previously funded MDAs, Pre-TAS and/or TAS1. For all TASs, each evaluation unit will consist of one implementation unit.

All TASs will apply antigen testing with filariasis test strips in *W. bancrofti* areas, or antibody testing with Brugia Rapid tests in *Brugia spp.* areas. Testing teams will sample first and second graders according to WHO guidelines, using a cluster methodology. Subdit will provide rapid diagnostics. The survey administrators will pilot the use of electronic data collection where feasible, using smartphones procured under ENVISION, to enter global positioning system (GPS) data of schools and to complete summary forms. Each TAS will be implemented by a team consisting of one PHO staff, four DHO staff, two HC staff, and two cadres per cluster, and a national-level supervisor from the Subdit or BBTCL, with assistance from Act | East, following standard WHO methodology. If any districts fail either the TAS2 or TAS3, Act | East will work with the Subdit to submit a request to the WHO Regional Program Review Group for advice on next steps, per the guidance in the *2011 WHO LF TAS Manual* and from the 2016 LF TAS Expert Meeting in Jakarta.

- **Short-term technical assistance for survey implementation.** Short-term assistance from an experienced local consultant will facilitate the implementation of the pre-TASs and TASs planned for FY20, including providing supervision/oversight and providing technical assistance during surveys. Responsibilities will include survey preparation, on-the-job training, and organization of fieldwork, in collaboration with the Subdit and relevant PHOs. Act | East will consider only senior level candidates with extensive experience in both LF programming and TAS implementation.
- **TAS supervisor training for BBTCL and PHO staff.** The number of districts implementing post-MDA surveillance is growing each year. With limited personnel at the central and PHO levels to supervise pre-TAS and TAS activities, demand has increased for training new supervisors who can assist the Subdit and BBTCLs to conduct surveys. Therefore, Act | East will support a training in April 2020 for approximately 30 personnel from BBTCL and selected PHOs. These personnel will then receive extensive mentoring in the field from Act | East and Subdit staff and will eventually take direct responsibility for organizing and supervising individual TASs in their respective areas. Five staff from the Subdit will facilitate the training. This three-day training will take place in Jakarta.

- TAS training for DHO and PHO.** In May 2020, Act | East will fund, organize, and co-facilitate a three-day training with the Subdit. Five staff members from the Subdit, guided by Act | East, will train approximately 30 new staff in TAS implementation from the districts planning TAS1 and TAS2 in 2021, together with their provincial-level counterparts. Topics covered will include eligibility, sampling, preparation, testing methodology, and the interpretation of results. To help PHOs and DHOs understand the purpose of the surveys and the process, Subdit and Act | East will explain the TAS methodology and how to use the appropriate rapid tests. The training will follow the WHO TAS training modules, which the MOH has officially adapted and which now encompasses additional practice time in the field. The facilitators will administer pre- and post-tests to evaluate changes in participants' knowledge and will assess their ability to use and read the rapid diagnostic tests.
- National LF M&E planning and coordination meeting.** Act | East will assist the Subdit in organizing a two-day coordination and planning meeting in Jakarta for representatives from the 10 regional BBTkLs to establish clearer guidance on the roles and responsibilities to be shared between these organizations in pre-TAS and TAS implementation, as well as other M&E activities, in support of the national LF program. This meeting will focus on the practical issues related to the coordination and implementation of these surveys in 2020, including scheduling and budgeting. Previous experience from implementing the surveys in the field will also be discussed, problems identified, and best practices shared. Forty participants will be involved (eight from MOH and NEC, 30 from regional laboratories, with two Act | East staff).
- District orientation and planning meeting for ivermectin, DEC, and ALB (IDA) therapy (proposed learning activity).** The Subdit will pilot IDA therapy in three districts during the October 2020 MDA (FY21). Two of these districts fall into "use-case 1" category- IUs that have fewer than four effective rounds of MDA using DEC and ALB. The remaining district recently failed pre-TAS, making it eligible for IDA therapy. The GoI will request the required drugs through the WHO drug donation program. Using WHO guidance, the Subdit will develop national standard operating procedures for implementing IDA therapy and will thoroughly explain the procedures to the relevant DHO and HC staff during these orientation and planning meetings. The Subdit has asked Act | East to support meetings in all three districts. Each one-day meeting will involve approximately 45 participants, including program managers from the DHO and each HC in the district, plus representatives from the local expert committee. Facilitators will come from the Subdit and the NECD. The relevant districts, with contributions from the HCs involved, will take responsibility for funding the IDA therapy during the October 2020 MDA. With its own funding, the Subdit will augment supervision of the MDA.

Province	District	Parasite	Baseline	MDA
Jawa Tengah	Kota Pekalongan	Wb	2.4% Mf	- 2011-2017 6 MDA rounds >65% - 2018 failed pre-TAS - 2019 1 MDA round
NTT	Sumba Barat Daya	Bt	1.2% Mf	- 2013-2016 4 MDA rounds <65% - 2017-2019 3 MDA rounds
Sulawesi Barat	Mamuju	Wb	3.4% Mf	- 2016 MDA >65% -2017 MDA < 65% -2018 MDA > 65% -2019 MDA ??

Host government or partner supported activities. In FY20, the MOH will organize and fund all MDA activities using its own resources. The Ministry also will fund most of the required disease-specific assessments, with Act | East providing funding for a limited number of surveys that cannot be covered within the MOH budget. The MOH will continue to be fully responsible for organizing, managing, and facilitating all meetings, workshops, and trainings funded under the Act | East work plan, with Act | East staff providing technical assistance and financial administration.

LF dossier status. The GOI will not submit the LF elimination dossier to WHO until all TASs are completed, which means 2027 at the earliest. As described earlier, ENVISION assisted the Subdit to compile all available data concerning mapping in 2019; it also provided an international consultant to analyze the data and draft the mapping section of the dossier in collaboration with the Subdit. Act | East and WHO seconded staff incorporated the final mapping data into the WHO integrated NTD database at the Subdit and supplied copies of the mapping section of the pre-dossier and mapping data to the Subdit, USAID, and WHO Indonesia. The Subdit will not require additional support on the pre-dossier until the majority of districts have successfully completed five rounds of MDA, which is currently expected by 2022.

- **Short term technical assistance for LF dossier draft follow-up.** In FY20, Act | East will support the same consultant used by ENVISION in FY19 to complete the dossier draft (LOE only).

3. SUSTAINABILITY STRATEGY ACTIVITIES

WHO integrated NTD Database (no costs involved). For the past several years, ENVISION has supported the rollout of the WHO integrated NTD database, including training Subdit staff and hiring consultants to enter historical LF data. Through these efforts, the database is current through 2018. The Act | East M&E Specialist and M&E Assistant will continue to be available to work closely with the Subdit M&E Focal Person in FY20 to build her capacity to sustain the database, as well as collaborate with a WHO-sponsored data manager.

Mainstreaming and Health Systems Strengthening (HSS) Activities

Indonesia's national program is well into the process of integrating national planning, financial, and coordinating mechanisms into the larger health system in Indonesia. As part of the move toward sustainable NTD programs, the national program is increasingly aware of the importance of ensuring appropriate management of all chronic LF cases. This focus on Morbidity Management and Disability Prevention (MMDP) work will support the mainstreaming of NTDs. Although lymphedema management and hydrocele services are available through the health system, the LF program has been able to roll out only ad hoc trainings for MMDP, and these trainings have not covered the entire country. It would now like to develop a comprehensive approach to respond to the incomplete coverage, in order to better integrate these health services. In July 2019, two staff from the Subdit and two staff from PHOs with high numbers of chronic cases attended a WHO-sponsored training on MMDP in India. To follow-up on the WHO training, Act | East will propose financial and technical support to the Subdit to undertake additional training preparation and activities related to MMDP in FY21.

Proposed FY20 sustainability activity related to general health system strengthening is as follows:

- **HSS Rapid assessment.** The HSS team will conduct a rapid assessment that will document the strengths and weaknesses of existing programs. The purpose will be to learn about best practices within the current national program, to document and disseminate those practices within Indonesia, and—depending on the topic—to share lessons from Indonesia in the region and beyond.

APPENDIX 1: TIMELINE OF ACTIVITIES

FY20 Activities
Office operations
Provincial program review and planning meetings (4 meetings)
National LF M&E planning and coordination meeting (1 meeting)
District orientation and planning meetings for IDA therapy (3 meetings)
HSS rapid assessment (LOE only)
TAS supervisor training for BBTKL and PHO staff
TAS training for DHO and PHO
LF pre-TAS (15 surveys)
LF TAS1 (3 surveys)
LF TAS2 (6 surveys)
STTA for survey implementation
STTA for LF dossier follow-up

