

## Recommendations to Optimize Indonesia's Health Workforce Availability, Quality, and Performance to Scale and Sustain Access to Client-Centered HIV Care

Data-driven human resources for health (HRH) decision-making can help more effectively train, manage, and support Indonesia's HIV health workforce to achieve treatment targets. The Human Resources for Health in 2030 Program (HRH2030) implemented several adaptable, ready-to-use tools to assess the HIV health workforce in Indonesia:

- **HRH Optimization Tool for ART Service Delivery (HOT4ART)** to address staffing gaps and inefficiencies
- **Rapid Task Analysis (RTA)** to analyze health worker confidence and knowledge to perform tasks
- **Client Flow Observations (CFO)** to analyze the efficiency of care from the client's perspective.

Based on site- and policy-level assessments in Jakarta and Papua, HRH2030 presents the following recommendations to optimize the health workforce for ART service delivery. While each recommendation alone could support HIV service delivery, combining them and using data to track progress would be most effective to achieve the 95-95-95 targets.

### ART Dispensing

**Institutionalize multi-month dispensing (MMD) to improve efficiency of limited health workforce and provide client-centered care.** HOT4ART results from Papua and Jakarta suggest that fully implementing the Ministry of Health's guidance for 3-month MMD could enable existing facility staff to provide ART services more efficiently and reach a greater number of clients.



### Health Workforce/Skill Mix

**Support task-sharing to alleviate workforce inefficiencies.** When resources are not available to hire additional health workers, like in remote facilities in Papua with doctor shortages, task-sharing could balance health worker workload and ensure that health care workers are performing at their best to provide client-centered care.



**Support more diverse health worker types to master adherence counseling to reduce loss to follow-up.** Several health worker types reported limited confidence in providing adherence counseling. Improving this capacity and supporting more members of the HIV core team to provide adherence counseling could further treatment retention.

### Differentiated Service Delivery

**Explore other differentiated service delivery models to optimize facility organization.** Options like appointment spacing or longer MMD intervals could build upon Indonesia's current Test and Treat policies, provide better care for clients, and alleviate client load.



**Explore how community-based workers could support client retention.** Community-based workers could fill critical gaps in adherence counseling and alleviate burden on high-skilled workers. For example, in Papua, community health workers could help address high loss to follow up due to clients living nomadic lifestyles, living in remote areas, or speaking different languages than health facility staff.

### Capacity Building

**Build the capacity of facility, district, and province-level stakeholders to utilize HRH data for planning and to improve the quality of HIV care.** In Jakarta, health facilities noted a variety of unique HIV-HRH challenges. Supporting stakeholders to obtain, analyze, and use HIV-HRH data can enable facilities, districts, and provinces to make tailored, strategic decisions to improve the quality of HIV care.



Learn more at [www.HRH2030program.org](http://www.HRH2030program.org)

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