

13. HIV/AIDS Prevention and Care project (IHPCP) For Young IDUs

Background and Rationale

The first case of AIDS in Indonesia was recorded in 1987 and the prevalence increased dramatically by the end of the 1990s. By 2002, the government estimated that there were between 90,000 and 130,000 people living with HIV/AIDS, of a total population of more than 210 million. The percentage of age groups of adolescents (10-19 years), youth (15-24 years) and young people (10-24 years) are: 20%, 18.4%, and 28.9% respectively (IDHS 2002-2003)

Up to the mid-1990s the main mode of HIV transmission was sexual intercourse but it slowly shifted to IDUs (Injecting Drug Users) transmission. Indonesia is now classified as a country with a concentrated epidemic, primarily among its injecting drug users.

The highest cumulative number of AIDS cases up to 31 March 2006 by age among the young productive age group (20-29 years, 54.27%), indicate that the infection could have started during the adolescent years.

In recent years, the mode of transmission by IDUs has increased significantly, the highest age brackets of IDUs transmission is among the 20-29 age group (71.33%). For this reason, prevention and care of HIV infection among young people remains a key component of the effective response to HIV/AIDS in Indonesia. Furthermore IDUs are the main contributors to HIV transmission, and are mostly young people.

HIV/AIDS prevention efforts in the mid 1980s began with the formation of a Commission on AIDS at the central level through a Presidential Decree issued in 1994. By the end of 2004, Provincial AIDS Commissions had been set up in many of the country's provinces and districts, particularly in the six provinces with the greatest number of people at risk: Jakarta, Bali, Papua, Riau, West Java and East Java.

At present, to fulfil the needs of basic health care, there are more than 7000 health Centres but only around 100 have youth-friendly services. In addition, there are many non governmental clinics and health centres. There are four grades of public hospitals. Grade A and B hospitals and many private hospitals have skills and ability to take care of people living with HIV/AIDS and are equipped with laboratories to support prevention and care of HIV/AIDS persons and surveillance activities.

With the current HIV/AIDS situation and conditions related to young people in Indonesia, Harm Reduction is an appropriate programme to reduce HIV/AIDS transmission. A good example of partnership in harm reduction program is the Indonesia HIV/AIDS Prevention and Care project (IHPCP), a partnership between the Government of Indonesia and the Government of Australia. IHPCP aims to maximize the use of its resources by collaborating and coordinating with other bilateral, multilateral and international NGOs. The ways in which IHPCP provides support to its partners include technical assistance, capacity building, and partner grants.

IHPCP's national counterpart is the Office of the Coordinating Minister for People's Welfare, where the National AIDS Commission is located. This office works closely with the Governors' Offices and the Provincial AIDS Commissions in the provinces where IHPCP is implemented. IHPCP currently works in six provinces: Bali, South Sulawesi, East Nusa Tenggara, DKI Jakarta, West Java and Papua. IHPCP also coordinates and collaborates closely with other donor organizations and programme including the USAID-funded Aksi Stop Aids (ASA) Programme, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the



World Health Organization (WHO) and the United Nations Development Programme (UNDP).

Objective

To support the efforts of the Indonesian Government and civil society to control the spread and impact of HIV/AIDS, including activities aimed at reducing new infection through sexual transmission and injecting drug use, enhancing access to quality care, support and treatment services.

Implementation

The core of the harm reduction activities are Needle and Syringe programme, Oral Substitution Therapy and HIV/STIs prevention, detection and management. Harm reduction activities link with three other programmes Policy Development and Planning; Reducing Sexual Transmission of HIV; Care, Support and Treatment.

In the service sites, close partnership and collaboration between NGOs (youth centres) and government institutions (health centres) is a fundamental principle. This is based on the fact that: (1) youth-friendly services have already been established by some NGOs (e.g. PKBI/IPPA, and Pelita Ilmu Foundation) (2) Outreach is easier by NGOs with their field workers, especially to locate IDUs (3) Voluntary counselling and testing (VCT) is provided in NGO's centres (4) Condoms for adolescents are available at NGO centres. NGOs should be in the front line. They screen the target in community, providing a package and refer to health centres as needed. The health Centres cover clinical aspects such as oral substitution therapy for drug abuse and STIs management.

In this project, this NGO is working with health centres and hospitals for HIV/AIDS prevention and care through harm reduction. Its activities includes peer education, basic health care, comprehensive health care, oral substitution therapy, rehabilitation service

for drug users, IEC, access and assistance, counselling and harm reduction, VCT, prevention of infection, needle exchange programme and the clean up the used syringes/needles programme

Results

The project has achieved the following:

- Increased awareness about HIV/AIDS among IDUs and the community.
- Brought back ex-IDUs to their community after improving their quality of life.
- the number of IDUs has been reduced.
- New cases of HIV transmission through IDUs has been suppressed.
- Condom use for prevention of STI/HIV infection has been increased.
- Sustainable local government support (budget plus policy) for HIV/AIDS prevention, care, and treatment of IDUs in community.
- Increased accessibility of health services for IDUs.
- Early detection and care of STIs/HIV infection among young IDUs.
- Proper oral substitution therapy for IDUs

Why this became successful

Local government and community commitment on prevention and care of IDUs, flexible approach to planning support for local activities to ensure that the scale and type of programming is matched to the needs of local young people played a key role in the success of the project. Partnership at all levels of administration and implementation, collaboration, clear responsibility and role of each party, youth-friendly services and comprehensive capacity building (providers, communities, NGOs, private sector) were some of the other important factors that contributed to its success.

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