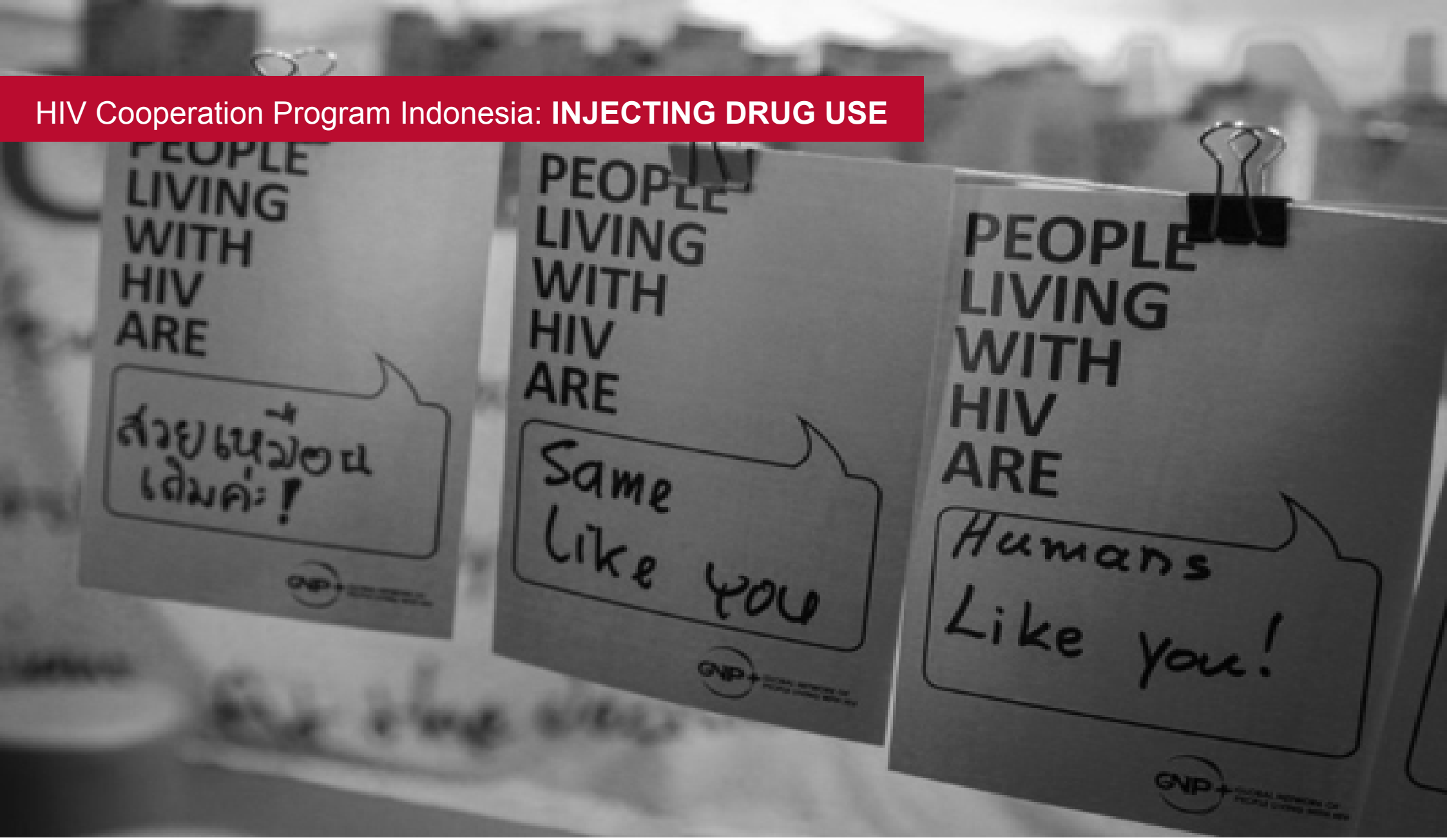
HIV Cooperation Program Indonesia: **INJECTING DRUG USE**



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Access to comprehensive care for PWID

Needle syringe and education programs

HCPI built a strong network of partners in nine provinces across Indonesia and supported 76 Community Health Centres (CHC), three hospitals and 18 Community-Based Organisations (CBO) to provide needle syringe programs (NSP). In order to engage those People Who Inject Drugs (PWID) most at risk, each CBO had a team of outreach workers to meet PWID at hotspots and provide needle syringes (NS) and information about safer behaviour. Outreach workers also referred PWID to services at CHC for HIV testing, basic medical services and reproductive/ sexual health services.

> "The initial challenge for HCPI and people who inject drugs (PWID) was to develop access to prevention services in areas with the highest rates of IDU. These programs were then expanded to ensure that PWID could access a comprehensive range of HIV services. This has resulted in 3 success areas.

This program has been shown to be very effective in decreasing needle sharing, especially as the rate of NS distribution has increased to provide effective coverage to PWID:

- At the peak of heroin availability in 2013, HCPI-supported partners distributed over 1.8 million NS to PWID;
- Of 2,404 PWID who had injected in the week prior to being surveyed in 2014, 94% reported that they had not shared a needle syringe; and
- 85% of 4,089 PWID surveyed in 2014 had been tested for HIV (up from 75% in 2012) of whom 40% reported being HIV positive.

Although supply of appropriate NS for HIV prevention amongst PWID was largely supported by HCPI, these NS were supplied through CHC so that local government could: ensure distribution through CBOs to PWID; report accurately on program achievements; and, develop budgets to support ongoing NSP in their respective areas.

Opioid replacement therapy

HCPI increased access to Methadone Maintenance Therapy (MMT) by providing support and supervision to CHCs, hospitals and 13 prisons. As of 2015 there were almost 2,500 active MMT program participants accessing treatment in 91 clinics, hospitals and prisons in Indonesia. MMT also provides an opportunity for PWID to access other health services including HIV testing and treatment.

MMT is an affordable and sustainable program for Indonesia. The Ministry of Health completely supports the cost of the syrup and has increasingly supported CHCs and hospital staff to ensure that they are compensated for providing seven day per week service to PWID. At the conclusion of HCPI grant support in December 2015, all MMT sites continued to operate with local funding.

Increasing access to HIV treatment services

Although anti-retroviral therapy (ART) has been prescribed in Indonesia since 2000, PWID have tended to either not start ART or to start treatment very late in their disease. HCPI found that even if PWID were already accessing health services at CHCs where they knew and trusted the staff, most ART clinics were located in hospitals. As late as 2011, only one CHC out of 39 providing services for PWID in Jakarta had the capacity to independently provide ART.

A mapping exercise was carried out by HCPI with the Jakarta Provincial Health Office to identify appropriate hospitals and CHCs to scale up ART.

Hospital and CHC teams focused on how patients could get ART immediately after receiving a positive test result and decided that CHCs could initiate treatment once patients fulfilled requirements to start ART. Hospitals began to transfer their patients on ART to neighbourhood CHCs and by late 2015 there were almost 1,500 ART patients being treated at 28 CHCs across Jakarta. already on ART (up from 58% in 2012) (HCPI Client Surveys).

A similar process was introduced in West Java and scaled up at other CHCs across Indonesia. In 2014, 73% of PWID who reported that they knew that they were HIV positive were

As HCPI drew to a close in 2016, the focus was on handing over of responsibility to and securing budget support through local/ provincial governments. Although there are legal impediments to the Government of Indonesia providing adequate funding support to CBOs, the next round of Global Fund Program grants will provide alternative support for CBOs engaged in HIV prevention activities for PWID.