



SPECIAL CABINET SESSION  
HIV/AIDS



# The Threat of HIV/AIDS in Indonesia is Increasingly Evident and Calls for More Concrete Measures of Prevention



National AIDS Commission  
2002





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# Foreword

This report on HIV/AIDS Prevention in Indonesia was made during the Special Cabinet session on HIV/AIDS. This report was based on the latest information gathered through the HIV surveillance system as well as from several related studies, reinforcing conjecture concerning the potential threat of HIV/AIDS in Indonesia.

The two main channels of transmission provoking the increase of HIV in Indonesia are sexual behavioral risks and injection drug use. The low level of condom use in unsafe sexual relations and the widespread practice of sharing unsterilized needles to inject drugs are behaviors that need to be changed if we are to prevent the spread of HIV. We are aware that HIV prevention efforts have not yet reached a large proportion of high-risk groups. Apart from the limited resources, it is also felt that there is still a lack of collective participation by all parties that would allow us to give HIV/AIDS prevention efforts in Indonesia our full support.

This year, 2002, there are an estimated 90,000 to 130,000 people with HIV/AIDS (PLWHA) in Indonesia. Efforts to support and widen access to antiretroviral and anti-opportunistic infection medication are very important to allow PLWHA the possibility of leading productive lives.

This second special HIV/AIDS cabinet session coincided with World AIDS Day (1 December 2002) and carried the theme of "Live and Let Live", global consensus, Indonesia's HIV/AIDS prevention effort is also intended to reduce discrimination and stigmatization against PLWHA. It is hoped that the cabinet meeting will result in the support and commitment of all stakeholders to realizing an HIV/AIDS prevention effort that will have a greater impact in reducing the spread of HIV.

Jakarta, November 2002



Dr. Achmad Sujudi  
Minister of Health of the Republic of Indonesia  
Executive Chairman of the National AIDS Commission

# Important Facts 2002

- 1. The number of people vulnerable to HIV infection in Indonesia is estimated at between 13 and 20 million.**
- 2. As of 2002, the estimated number of people with HIV in Indonesia was between 90,000 and 130,000.**
- 3. The highest percentage of HIV transmission among sex workers was reported in Papua: around 26%.**
- 4. The level of HIV transmission among injecting drug users receiving treatment in Jakarta was around 48%, and 53% among convicts linked to injection drug use in Bali.**
- 5. Results of behavioral surveillance surveys carried out in a several cities in Indonesia show that more than half of highly mobile males bought sexual services this past year. A large number of these men have stable partners-their wives.**
- 6. It is estimated that there are around 7 to 10 million male clients of sex workers in Indonesia. What gives cause for concern is that not even 10% protect themselves from the risk of infection by using condoms regularly during each commercial sex transaction.**
- 7. Around 30% of male senior high school students in Jakarta have tried illicit drugs and around 8% of male school students have had sexual intercourse.**
- 8. Behavioral studies of injecting drug users in a number of towns show disturbing results: the majority of them share needles that have not been sterilized, and around 30% are most often sexually active through commercial sex without using condoms.**
- 9. The level of transmission among transvestite/transsexual sex workers has reached 22%, a sharp increase of nearly 4 times over that of 1997.**
- 10. HIV transmission has spread to wives. It has been reported that in a few areas of Jakarta, HIV transmission has affected the partners of those in at-risk groups, and that 3% of 500 pregnant women who volunteered for testing have contracted HIV.**

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# 1

## Introduction

Since the declaration of the National Movement for HIV/AIDS Prevention on 23 April 2002, the need for the most up-to-date information on the HIV epidemic, as well as on the behavioral factors that influence its spread, has become ever more urgent. This information is useful not only to provide a better grasp of the development of the HIV epidemic throughout the archipelago, but also to focus HIV prevention effort in Indonesia to make them more effective. One of the efforts to provide this information has been to reinforce the HIV monitoring system in Indonesia. This year the Department of Health has carried out second generation HIV surveillance in a number of provinces as a pilot project. There have also been systematic efforts to strengthen sentinel surveillance for HIV and Sexually Transmitted Infections (STI) and behavioral surveillance, and to use this data effectively when planning strategic prevention activities at both local and national levels. In addition, there is also an urgent need for accurate information on the numbers of the population that are vulnerable to HIV infection and the number of people who have actually been infected by HIV in Indonesia. This is needed not only for formulating policy and devising prevention activities, but also to gain the necessary support from the various parties who need to be convinced that the HIV epidemic is a common problem that has to be tackled through a joint effort.

Information is needed for advocacy, strategic planning, and the allocation of fairly limited resources, as well as for creating projections and estimating the potential health problems resulting from the spread of the HIV epidemic.

Information is needed as the basis for drawing up intervention plans, determining targets for outreach strategy and monitoring, and for measuring the success of HIV prevention programs.

There is also an awareness that we need to renew our commitment by

using the latest information on the HIV epidemic in Indonesia to formulate a coherent response, as well as a common understanding of the potential problems that will result if our response comes too late.

To date, the status of the HIV epidemic in Indonesia has already reached the 'concentrated' stage. The prevalence of HIV in a number of at-risk sub-populations have far exceeded the 5% mark on a consistent basis, but it has not yet reached 1% of pregnant women who frequent health centers. It is important to realize that in this epidemic the overlapping behavioral risks allow HIV to spread from one person to another within the same risk group.

The further spread of the epidemic depends on behavioral risk channels between different risk groups and whether the infection is spread to their steady partners. What needs to be considered is how to forestall the further spread of the HIV epidemic by intensifying HIV prevention efforts in Indonesia. We need to prevent the possibility of infection. HIV infection among injecting drug users, which have over 50% prevalence can spread HIV to other groups through sexual channels.

This report was compiled after obtaining a clearer understanding of the progress of the HIV epidemic in Indonesia to date, the results of an intensified HIV surveillance system for the future predictions as well as information from related studies. It is hoped that this report will be useful in focusing the planning of HIV prevention activities in Indonesia responding to and anticipating the relatively rapid spread of HIV infection. Hopefully, such anticipate prevent the negative impact of this epidemic on the socio-economic welfare of society.

## 2

# How many people are infected with HIV in Indonesia today?

It is not easy to estimate the number of people who have been infected by HIV in Indonesia. It is understood, however, that such estimates are vital in order to appraise the negative socio-economic impacts that need to be handled, and it is also understood that should infections continue to spread, the burden will increase. We need to work together to prevent the serious impact of an increase in the HIV epidemic.

## 2.1 Estimated number of people vulnerable to HIV infection

Specialists estimate that as of the year 2002, there were approximately 12 to 19 million people in Indonesia who were at risk of being infected with HIV<sup>1</sup>. Some of the groups identified as being vulnerable to HIV infection are:

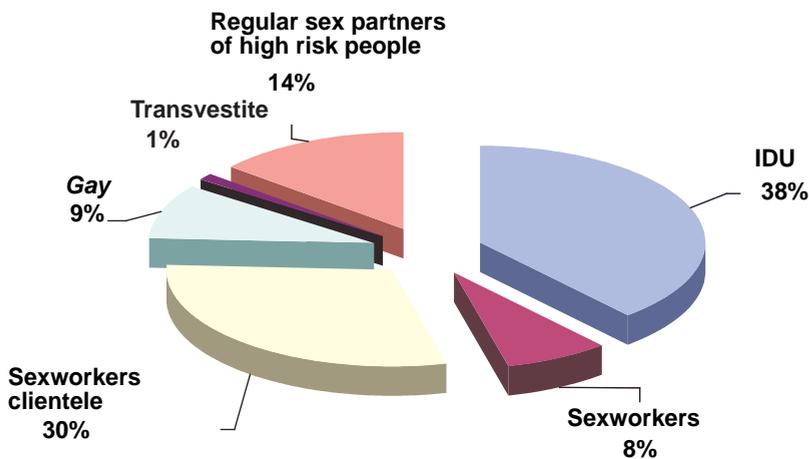
- Injecting drug users
- Female sex workers
- Male clients of female sex workers
- Men who have sex with men, including male sex workers and gays
- Transvestites and their clients
- Sexual partners of people in these groups

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<sup>1</sup>Department of Health of the Republic of Indonesia, Workshop on National Estimates of adult HIV infection, September 2002

Based on HIV surveillance results and a number of studies on these vulnerable groups, it is estimated that around 90,000 to 130,000 people had been infected with HIV by the year 2002. Around 25% of these were women. Overall, injection drug use and clients of sex workers have made the most significant contribution to the number of people infected with HIV. It is estimated that 14% of the regular sexual partners (wives or husbands) of people belonging to these groups have been infected with HIV (see figure 2.1). This situation needs attention, because up to now HIV prevention activities have rarely reached the stable partners of individuals belonging to these at-risk groups.

**Estimated number of people vulnerable to HIV infection up to 2002**



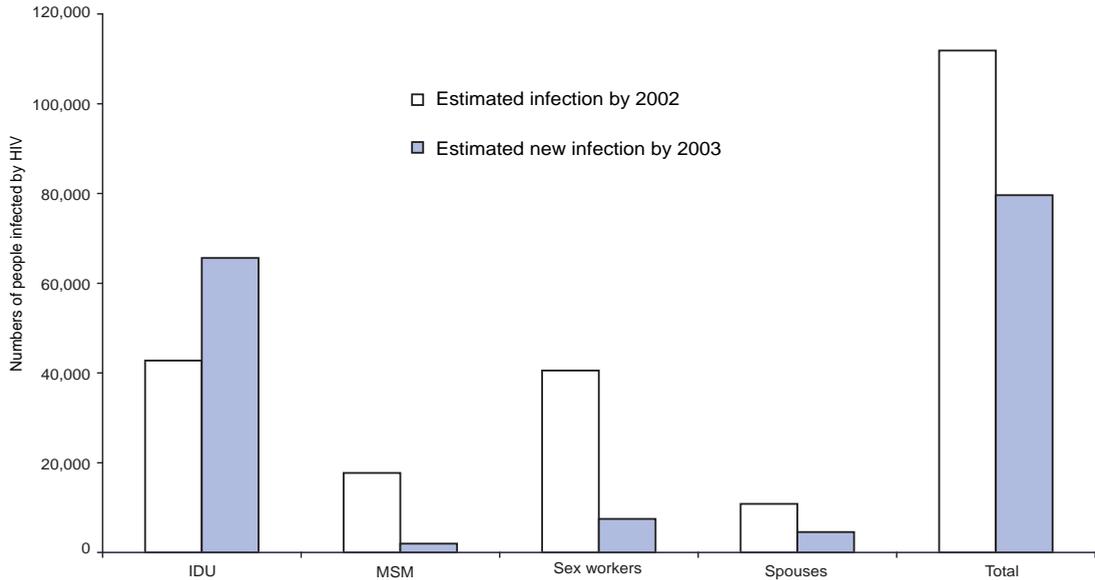
**Figure 2.1:** Estimate of groups vulnerable to HIV transmission up until 2002

## 2.2 How many people will be infected with HIV?

It is hoped that prevention efforts will be able to avert new instances of HIV. But if prevention efforts are not stepped up intensively, and in a way that can reach groups that are vulnerable to HIV, it will be difficult to avoid new infections. Based on mathematical calculations, and using the estimate of the numbers of

people vulnerable to HIV, as well as information on behavioral variables gained through HIV surveillance, 80,000 people are expected to be infected by HIV this year, 2003, alone. One of the biggest causes for concern is that more than 80% of these estimated new HIV cases are injecting drug users (see figure 2.2)

**Estimated cumulative number of HIV infections in Indonesia by the year 2002 and number of new infections in the year 2003 by risk groups**



**Figure 2.2:** The distribution of the estimated number of people that have been infected by HIV up until the year 2002 and who will be infected in the year 2003

The high rate of HIV transmission among injecting drug users is understandable, given the rather high numbers of users of illicit drugs, including injection drugs, and the fact that HIV spreads very easily through the use of unsterilized needles that are passed around.

### 3

## Injection drug use: the fast track to HIV transmission

It is estimated that there were some 124,000-196,000 injecting drug users in Indonesia as of the end of 2002. The spread of illicit drug use in different parts of Indonesia is quite alarming, especially since many of these users are young people. The sharing of needles that have not been sterilized has resulted in the relatively rapid spread not only of HIV, but also of the hepatitis C virus, among injecting drug users.

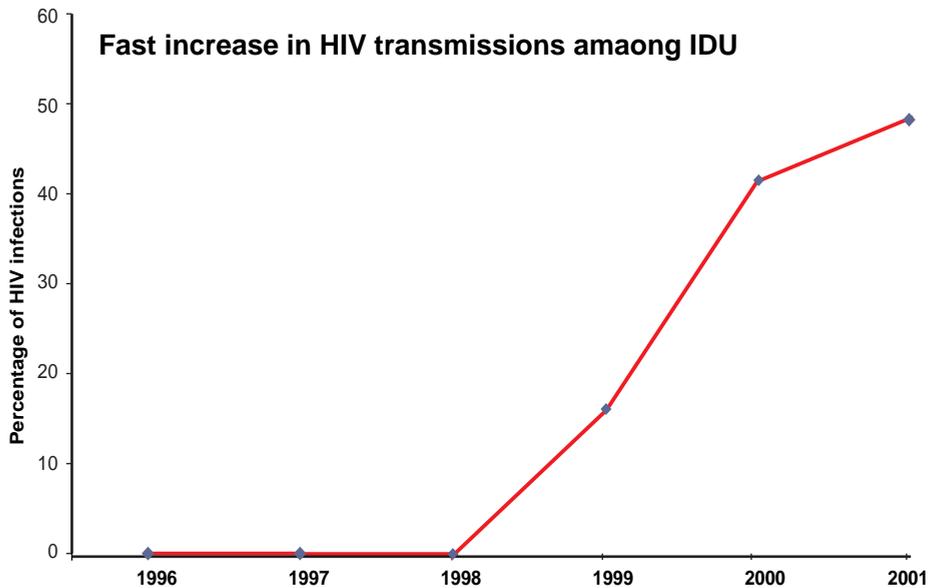
It is hoped that the intervention program will not only be able to prevent more people from becoming users, but will also be able to minimize the negative impacts of HIV and hepatitis C transmission. Observation of injecting drug users being treated at the Fatmawati Drug Dependency hospital in Jakarta indicates an extremely rapid increase, reaching 49% in 2001 (see figure 3.1). This half of the injecting drug users that have already been infected with HIV could become sources of new infections for other injecting drug users, simply due to the use of shared needles that have not been sterilized.

Moreover, injecting drug users practice unsafe sexual behavior, namely buying sexual services but not using condoms<sup>1</sup>. Given that almost half of injecting drug users are infected with HIV, such unsafe practices will result in the spread of transmission. It is only by avoiding the sharing of unsterilized needles and by using condoms during all sexual activity that the spread of HIV can be prevented, not only to fellow injecting drug users, but also to other groups such as those practicing unsafe sex.

The issue of illicit drug use is not limited only to its spread within lower

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<sup>1</sup>Source: A Study of Injecting Drug User Behavior in Surabaya, Jakarta and Bandung, 2002. 2002. Department of Health and the Center for Health Research, University of Indonesia. 2002



**Figure 3.1:** The increase in HIV incidence among Injecting drug users in the Drug Rehabilitation Center at Fatmawati Hospital in Jakarta; Source: The Department of Health of the Republic Indonesia

social brackets, but throughout the younger generation and its desire to experiment or through the encouragement of peers. As access to illicit drugs becomes progressively easier, the number of users is on the increase and is spreading through all levels of society. The results of the behavioral survey carried out in Jakarta show that around 30% of high school students have tried illicit drugs (see figure 5.1). A study by the Center for Health Research of the University of Indonesia on injecting drug users in Jakarta, Surabaya and Bandung, shows other interesting results. Evidently, the majority of injecting drug users live with family, and have at least a highschool education. Although they are all aware that the use of needles that have not been sterilized can lead to HIV infection, a large percentage of them, nevertheless, persist in sharing such needles.

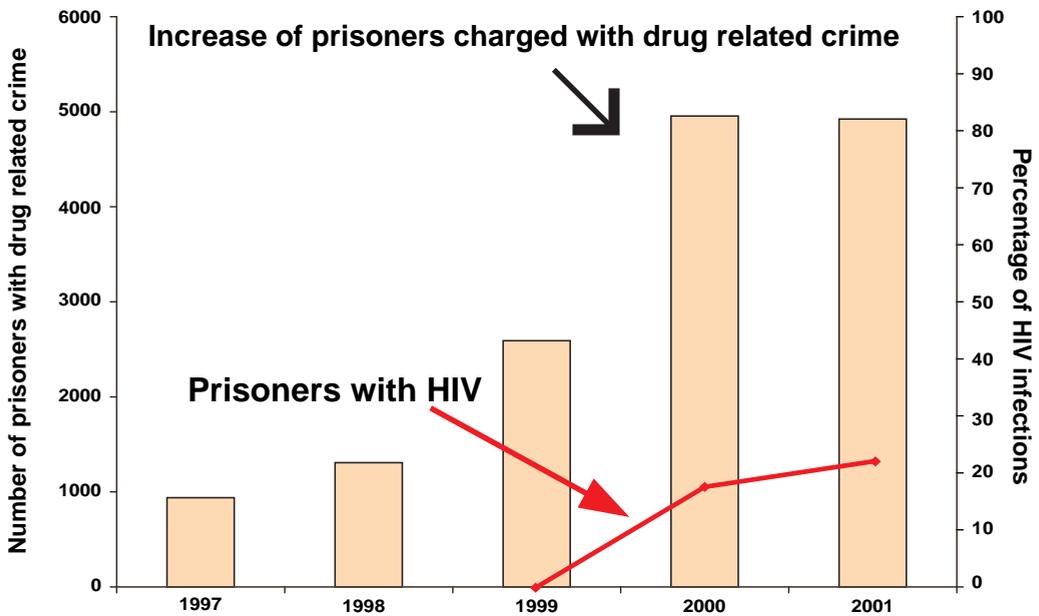
Admittedly, it is not easy to carry out behavior change interventions in injecting drug user circles, since stigma and erroneous beliefs are still widespread. Addiction can be considered as a chronic illness that can be cured. However, injecting drug users are today still considered to be criminals, and not as people suffering from addictions who need help.

Undertaking a behavior change intervention is a real challenge. If interventions among injecting drug users are successful, we will be able to prevent a significant portion of the HIV infections that would otherwise

have been transmitted. Such efforts benefit the health of the community in general, not only because we are preventing new HIV infections among injecting drug users themselves, but because we are, at the same time, preventing the spread of HIV infections amongst other risk groups-and most importantly, to their spouses and children.

A rapid increase in HIV infections among injecting drug users can cause an increase in the level of HIV infection through unsafe sexual behavior.

### 3.1 Are prisoners vulnerable to HIV infection?



**Figure 3.2:** The increase in HIV Occurrence among prisoners in Salemba Prison in Jakarta and the Increase in Prisoners with drug related crime in Indonesia; Source: Department of Health, Republic of Indonesia, and the National Narcotics Board, 2002

Along with the increase in the numbers of people addicted to illicit drugs, there is also an increase in HIV infection among people in detention centers and prisons/correctional institutions (see figure 3.2).

There is a great possibility that HIV infection is also continuing to occur in detention centers or in other correctional institutions. Since facilities are very limited, the sharing of needles that have not been sterilized will continue to increase the risk of infection. Up to now, no special attention has been given to counseling,

nor has any other effort been made to decrease the risk of HIV infection or that of any other virus.

The risk of infection will be even greater if unsafe sexual behavior without the use of condoms is practiced at these places. The highest reported level of sexually transmitted infection among convicts up to 2001 was around 10%. This percentage is an indication of the presence of sexual risk behavior among convicts.

HIV transmission can spread even further when the convicts return to society. Infection can be transmitted to their sexual partners, especially in cases where they are not aware that they have been infected and have no knowledge of HIV prevention methods.

In view of the sharp increase in HIV transmission during the past few years, it is time for HIV prevention efforts to reach out to the occupants of prisons and social institutions. The current situation indicates the presence of sexual risk behavior that allows for transmission, and it is quite possible that the majority of convicts have not obtained information relating to means of infection and their prevention.

## 4

# Unsafe sexual behavior in Indonesia

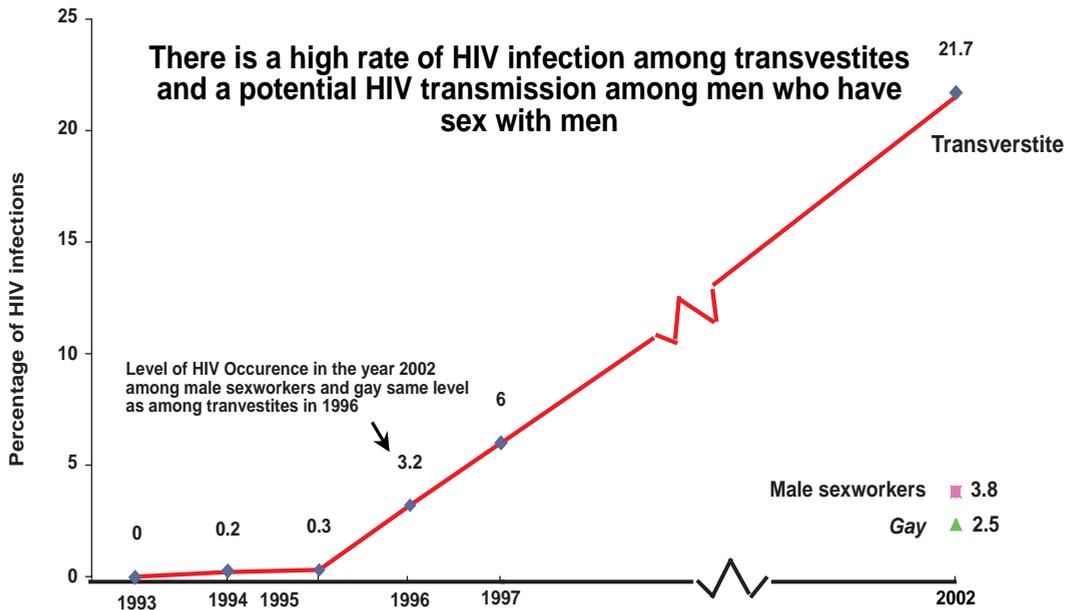
**T**he increase in unsafe sexual behavior in Indonesia is not limited to heterosexuals, but also includes men who have sex with men- among others, transvestite sex workers, male sex workers and gays. Commercial sex is growing very fast in all corners of the archipelago, and varies widely in scale. Women who sell sex can be classified into twocategories: those who sell sex directly and those who sell indirectly. Direct sex workers are those who sell sex services in red-light areas, brothels, or on the street, while indirect sex workers generally work under the cover of recreational and fitness enterprises, such as bars, karaoke, massage parlors and other such places.

There are an estimated 190,000-270,000 female sex workers in Indonesia and approximately 7-10 million men who are clients of sex workers. More than 50% of these male clients have stable partners or are married. Ironically, less than 10% of them consistently wear condoms to avoid being infected with STIs including HIV.

Results of HIV surveillance show an increase in HIV infection among female sex workers. If we do not succeed in increasing the level of condom use in commercial sex, transmissions will continue to occur, not only from sex workers to clients and the other way round, but also reaching the spouses (stable partners) of husbands who are clients of sex workers, despite the fact that these stable partners only have sexual relations with one person, their husbands.

The sale of sex services is not limited to female sex workers. On a smaller scale, commercial sex is also being provided by male sex workers and transvestites.

## 4.1 Other forms of unsafe sexual behavior: Transvestites and Men Having Sex With Men

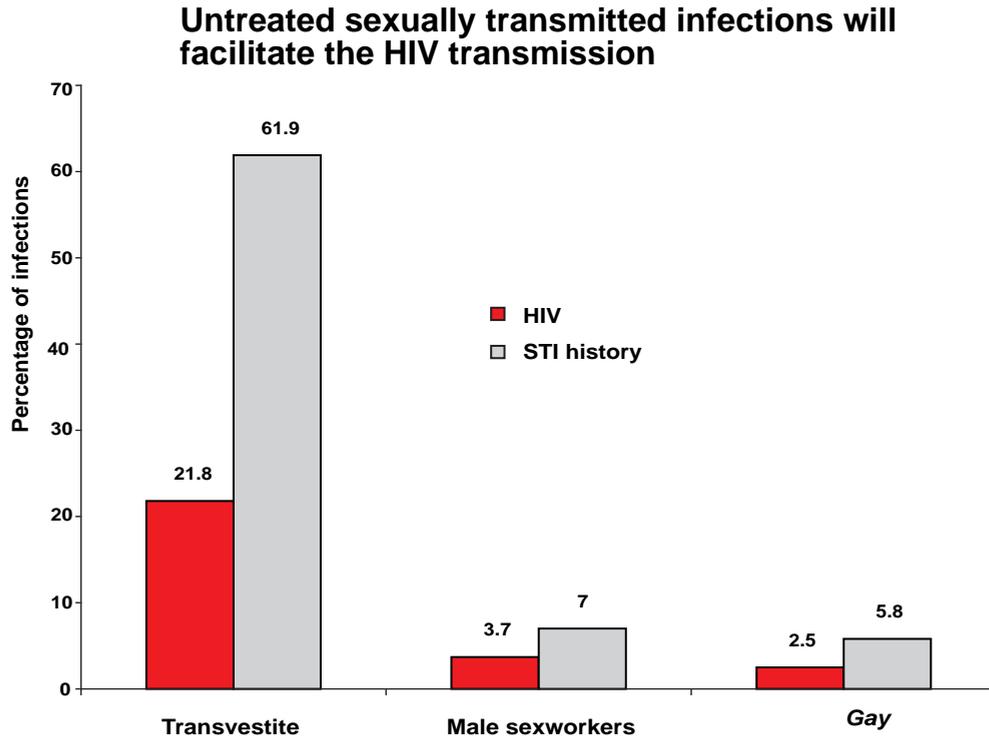


**Figure 4.1:** HIV occurrence among transvestite sex workers in Jakarta, 1993-2002  
Source: IAKMI, Department of Health and Center for Health Research-University of Indonesia, 2002

Male sexual behavior appears to be much more complex since there are men who enjoy sexual relations with other men, with women, or with transvestites. The fact that there are men in Indonesia who are oriented towards, or choose to have, sexual relations with others of the same sex, produces yet another kind of sex industry. Sex services offered by transvestites, as well as those offered by males to other males, have increased in large towns in Indonesia.

There has been a reasonably sharp increase the HIV infection among transvestites compared to previous years (see figure 4.1), from 6% in 1997 to 21.7% in 2002. This sharp increase also occurred in other groups that frequently practice anal sex without using any protection. Today, it is estimated that there are around 1.2 million (600,000-1.7 million) people categorized as gay, approximately 8-15,000 transvestites, and around 2500 male sex workers. Results of a behavioral study and serology survey carried out among men who have sex with men indicate unsafe sexual

behavior, namely anal sex without the use of condoms and lubricants. Lubricants are used in anal sex to avoid wounds that facilitate infection.



**Figure 4.2:** HIV and STI occurrence among men who have sex with men in Jakarta, 2002; Source: Department of Health Research-University of Indonesia, 2002

The impact of unsafe sexual behavior is indicated by the relatively high level of HIV occurrence and history of STI, particularly among transvestites, where it is far higher than in other groups (see figure 4.2). As we know, STI facilitates the transmission of HIV. STI treatment is one of the efforts that must be made in order to prevent subsequent HIV infection among groups where the STI occurrence is quite high.

## 5

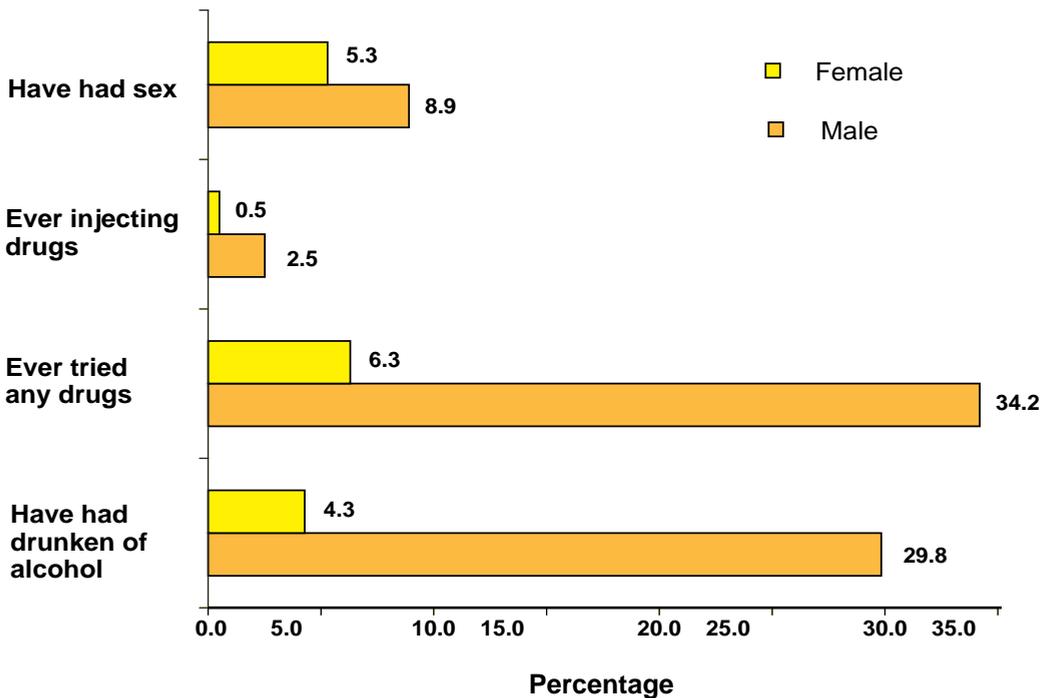
# Are adolescents vulnerable to HIV infection?

**T**o talk of adolescents is to talk of the future of the Indonesian nation. Bearing in mind the strong urge to experiment and the fact that their knowledge of the impact of risk behavior is still limited, we must try to ensure that adolescents do not practice the kind of unsafe behavior that can lead to HIV transmission.

Surveillance results from high school students in Jakarta show that 8% of male students and 5% of female students have had sexual relations. Evidently, the risk level is far higher: around 30% of male students and 6% of female students have tried illicit drugs (see figure 5.1). Some 2% have used injection drugs. Knowing that risk behavior begins at adolescence, educational programs are needed that teach of the risks of infection and appropriate methods of prevention, such as avoiding sex and the use of addictive substances. Not only do the drive to experiment and the encouragement of friends influence the likelihood of risky behavior practices, but a lack of knowledge and skills in self-protection also contribute.

The world has pledged to decrease the global incidence of HIV among young people between the ages of 15 and 24 to a quarter by the year 2010. This effort needs to begin right now, most importantly to reduce vulnerability as well as to increase young people's skills in avoiding HIV infection and the use of illicit drugs. It is hoped that this effort will be carried out in a structure way to ensure that it reaches the younger generation who are outside the school system as well as those who are still at school.

## More adolescents have used drugs than have had sex



**Figure 5.1:** Behavioral Survey among High School Students in Jakarta, 2002: Source: Department of Health of the Republic of Indonesia and the Central Bureau of Statistics, 2002

**Young people need to know how transmission occurs.  
They need to know about HIV prevention,  
and they need skills to avoid high risk behavior.**

# 6

## Current challenges

**H**IV prevention program policy should be based on the worst possible scenario and not on high hopes. To date, HIV transmission continues to occur and has picked up speed among, certain groups, to the extent that more and more people have become infected.

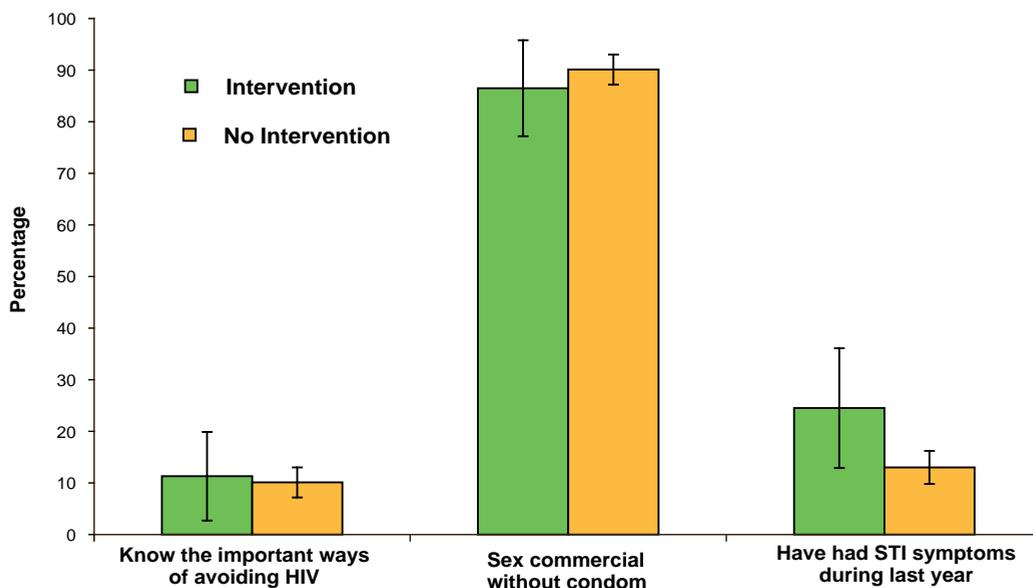
There is full awareness that the spread of HIV continues to expand, due to the interaction between groups that are vulnerable to HIV as well as their interaction with society in general. In fact, members of society in general could also now be at risk.

Present prevention efforts have not yet reached all at-risk groups and have also not yet been able to motivate significant behavioral change. Bearing in mind that the consequences of the HIV epidemic can have a negative impact on the level of social welfare, the HIV prevention activities need to be intensified and increased, and a clear support program is needed in order to prevent the HIV epidemic from spreading even more rapidly.

### **6.1 Has the intervention program been successful in changing behavior?**

Intervention activities to change unsafe behavior include counseling and outreach to high-risk groups. To date, prevention activities, through various channels of communication, have reached less than 20% of people in those groups most at risk.

Apart from inadequate outreach, the prevention programs have also not yet been able to motivate behavior that ensures a lower risk of HIV infection.



**Figure 6.1:** Is there any difference between those that have reached through the intervention and those who have not?. Source: Department of Health of the Republic of Indonesia and the Central Bureau of Statistics (Depkes RI dan BPS): Behavioral Surveillance Survey in Jakarta, Riau, and North Sumatra. 2002

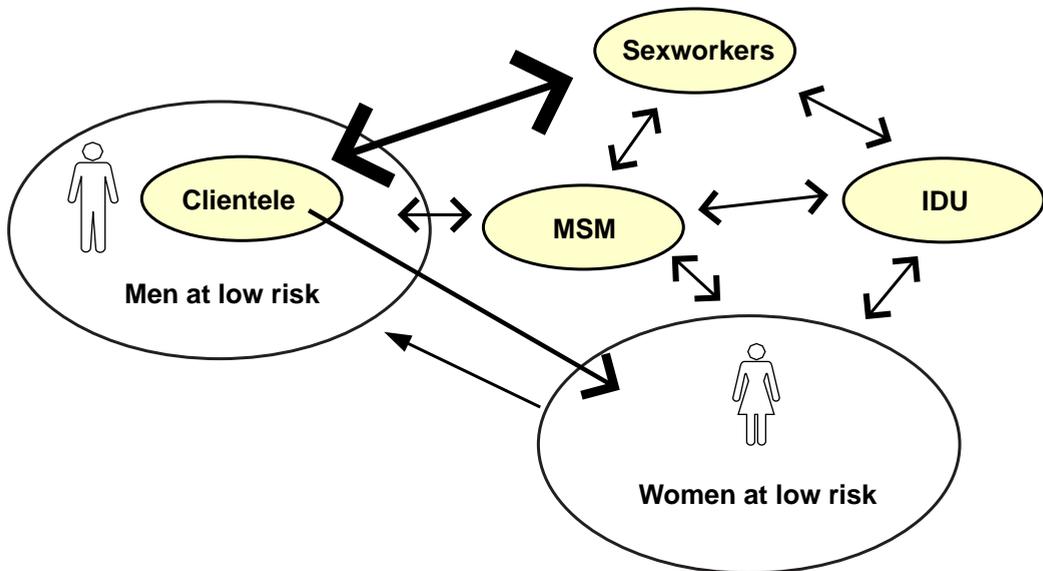
## 6.2 The dynamics of HIV transmission in Indonesia

The HIV epidemic patterns in different Asian countries have certain similarities, although there are differences in scale and in time. At the initial stage, HIV infections occur within a certain at-risk sub-population and then spread from this group to other, larger populations.

The epidemic occurs within groups of: (1) injecting drug users; (2) men who have sex with men; (3) sex workers and their clients; and (4) stable partners (wives or husbands) of members of these risk groups.

It is well understood that the real picture of the HIV epidemic in Indonesia is made up of several epidemic levels in different provinces, regencies and also cities/towns. There is also a variety of levels within different sub-groups.

It is clear that high HIV transmission rates occur among injecting drug users, among sex workers, and above all among street-based transvestite sex workers.



**Figure 6.2:** Potential mechanism of sexual transmission of HIV in Indonesia, from one risk group to another, through contacts without condoms.

The results of behavioral surveys carried out among various groups that are vulnerable to HIV infection in different towns in Indonesia indicate that these groups practice unsafe behavior. There is a particularly high frequency of unsafe sexual activity and shared needles use among injecting drug users.

**Groups that are vulnerable to HIV infection are not isolated groups! They are interact with other groups, as well as with society in general.**

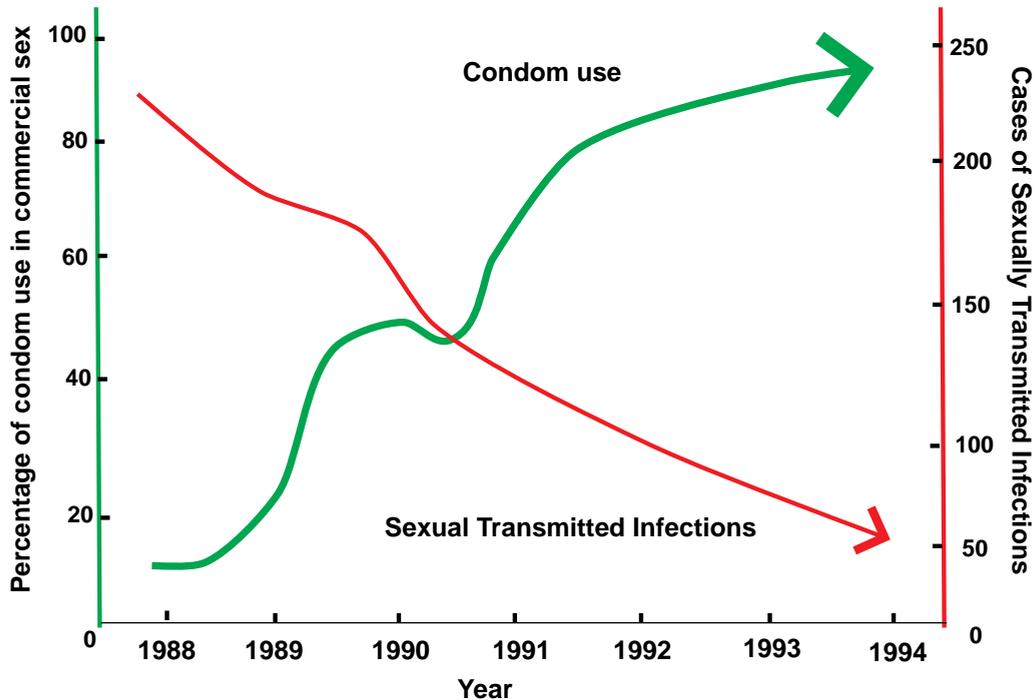
It should be noted that each at-risk group interacts with the other groups, though unsafe sexual contact, and that this creates a transmission channel between the groups in question (see figure 6.2). This phenomenon is a crucial factor in the spread of the HIV epidemic: the high HIV prevalence among injecting drug users can thus spread HIV to sex workers, and from there to sex workers' clients, and on to their sexual partners (both wives and husbands).

It is very clear that HIV transmission channels are no longer limited to high-risk behavioral groups; they infiltrate other groups including as groups with low risk behaviors.

The HIV epidemic in Indonesia has already taken off; will HIV infection continue to proliferate? With the level of HIV infections is on the increase,

and given the phenomenon of expanding channels of transmission, the potential for the HIV epidemic to spread further in Indonesia will become even greater if more serious efforts at HIV prevention are not made.

### 6.3 The benefits of condoms in preventing the spread of the HIV epidemic

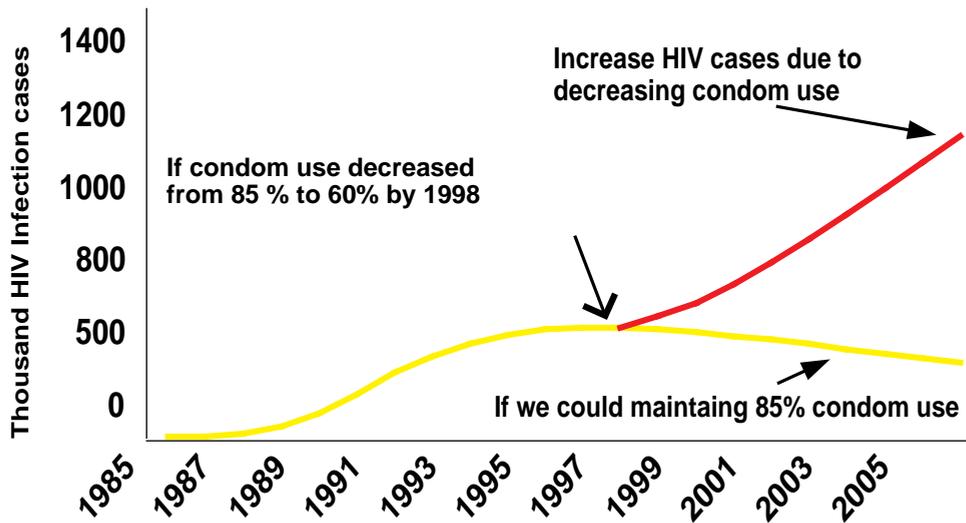


**Figure 6.3:** The higher the number of condoms used in commercial sex, the lower the occurrence of sexually transmitted infection; the experience in Thailand. Source: The Department of Health - Thailand

One HIV prevention activity is to step up the use of condoms during all sexual risk activities. In many countries, experience has shown that higher use of condoms during sexual risk activities has been successful in preventing HIV transmission. This can be seen by the decreasing number of infections-including HIV-that are transmitted sexually (see figure 6.3).

In Indonesia, where there is inter high-risk group transmission, as well as transmission to low-risk groups through sexual relations, the use of condoms would not only prevent transmission between at-risk groups (for example, from

injecting drug users to groups practicing unsafe sex), but also prevent further transmissions to low-risk groups, namely to partners or wives, as well as their babies.



**Figure 6.4:** Computer simulation indicating the need to maintain the condom campaign program. Source: Department of Health-Thailand

Experience in Thailand (as well as Cambodia) shows that the support of all parties is needed for a successful 100% condom program. The condom campaign must not be allowed to stop. Even failure to maintain an increase in the level of condom use can cause the rate of HIV infections to pick up again (see figure 6.4).

In order for a condom campaign to successfully lower the rate of HIV transmission in Indonesia, it would need to be sustainable, and capable of reaching target groups that are vulnerable to HIV infection.

# 7

## **Stepping up HIV epidemic prevention efforts in Indonesia**

**I**n order for HIV prevention to decrease the number of HIV transmissions, behavior change effort are needed that can access most of the at-risk groups. It is clear, however, that we do not yet have the capacity to reach such a large portion of vulnerable groups. In addition, those that have already been reached through the program have evidently not been motivated to change their behavior. It is hoped that future prevention efforts will be given serious support from all components within the country so that the negative impacts of HIV can be prevented.

### **7.1 Present efforts are still inadequate and have not yet reached much of vulnerable groups**

Maximum impact is expected through prevention efforts that are more focused on groups with high rates of transmission, such as sex workers, men who have sex with men, and injecting drug users. To date, efforts have been limited to certain groups, and have also had limited coverage.

Among the HIV prevention activities that have been carried out through the cooperation of various parties, such as donor organizations, community self-help organizations and NGOs, and other groups concerned about the HIV/AIDS epidemic in Indonesia, are:

- Advertising prevention messages through electronic and printed mass media. In the course of the past two months, these messages have been broadcast by various TV stations (TVRI-the state TV channel;-TPI; Trans TV; and Indosiar). These messages are estimated to have reached more than

15 million TV viewers throughout the whole of Indonesia. Prevention messages have also been relayed through 40 radio stations as well as published in 11 print media, enabling the message to be spread throughout society.

- An effort to build the capacity of AIDS care NGOs was carried out in several provinces and will continue in the future. Capacity has been increased in outreach to at-risk groups, implementation of behavior change interventions, and management.
- Efforts to reduce the level of transmission among users of injecting drug has also included outreach training for several NGOs concerned with HIV issues linked to injection drug use. In addition, there have been coordinated efforts to reduce HIV transmission among injecting drug users, through, for example, the promotion of sterilized needles and efforts to decrease the use of unsterilized needles.
- The Department of Defense, the Indonesian Armed Forces and the National Police have taken strategic preliminary measures to intensify efforts to prevent HIV transmission within the uniformed services.
- Clinics that provide STI services for sex workers and their clients, as well as men who have sex with men, have been strengthened.
- Efforts to increase the safety of donated blood are being intensified by ensuring that all donor blood is tested in order to avoid the spread of HIV through blood transfusions.
- Outreach to adolescents both in schools and outside of schools has been carried out in cooperation with NGOs in the regency of Merauke.
- By inviting groups from the private sector to take on an active role in HIV/AIDS prevention activities, it is hoped that the HIV prevention effort will continue to intensify. In addition, a number of pilot HIV/AIDS prevention programs have been held in work places in cooperation with NGOs.
- A strategic plan for health issues in HIV prevention has been drawn up, and will be used later as a basis for the national strategic plan for HIV/AIDS prevention. The activities that have been set out in this strategy for health issues include promotion for a healthy lifestyle, safe sexual behavior, condom promotion, STI treatment, the use of safe needles,

- Efforts to increase the role of the HIV/AIDS Prevention Commission are continuing and need to be supported by a budget to cover the coordination of HIV/AIDS prevention efforts in Indonesia.
- The Indonesian Parliamentary Forum for Education and Development, and Commission VII of the Indonesian House of Representatives (DPR), have paid special attention to HIV/AIDS issues in Indonesia by holding special hearings and meeting with experts.
- Advocacy has been carried out with the media, both journalists and chief editors, and a workshop for journalists covering AIDS issues was held by the Dr. Sutomo Press Foundation.

## **7.2 The increase in support for PLWHA**

People with HIV/AIDS (PLWHA) should not be discriminated against. They are not only able to work productively, but are also actively engaged in HIV/AIDS prevention activities.

A number of support efforts for PLWHA have been initiated, such as increasing access to antiretroviral drugs and drugs to treat opportunistic infections. A number of doctors have undergone training in HIV/AIDS clinic management in Bangkok (*WHO HIV/AIDS Clinical Management Training*).

Apart from strengthening the PLWHA network in Indonesia, an ASEAN network has also been established for the exchange of experience relating to PLWHA support and wider access to medication.

## **7.3 The need to expand programs for more effective HIV/AIDS prevention**

Based on the available evidence, there is a need for a prevention effort that is more focused and that has extensive reach; one that has significant impact in preventing new HIV infections, in both the short and the longterm.

- The dynamics of the HIV epidemic in Indonesia are heavily influenced by the interactions between various at-risk groups. Outreach to high-risk groups such as injecting drug users is needed, in the hope that the promotion of clean needles and condoms on a larger scale will not only reduce the number of new injecting drug user, but also prevent HIV and the

hepatitis C virus from spreading. This effort should not be limited to areas where pilot projects are being carried out.

- Taking into consideration the fact that there is also a risk of HIV transmission in detention centers and prison/correctional institutions, efforts are needed to increase the understanding of the ways in which HIV spreads, as well as ways of preventing it among prisoners.
- Young people need to get comprehensive information on the means of HIV transmission and its prevention, as well as skills in avoiding risk behavior. Such knowledge and skills need to be disseminated as early as possible, both outside schools as well as through schools. It is hoped that, in this way, a significant proportion of the young generation in Indonesia will be able to avoid unsafe behavior.
- Given the fact that male clients of sex workers can play a very important role in behavioral change by always using condoms during risky sexual activity, high priority should be given to providing information that motivates a change of behavior among these men. Campaigns to boost condom use are one important way of disseminating information that should be carried out, taking into consideration the difficulties in enforcing this among sex worker clients, and the difficulties of client outreach.
- Apart from this, there is a need for workplace-based programs that relate, for example, to the mining industry, land and sea transportation, the fishing industry, the timber industry, and other industries where the workforce is predominantly male. Males at risk are usually highly mobile and/or far from their stable partner/spouse.
- Taking into account the limited resources available for HIV/AIDS prevention, efforts need to be made to mobilize funds from the private sector and from the community to augment the allocation of funds from the government and aid from donor foundations.
- Voluntary HIV test facilities need to be increased, supported by counseling services and access to treatment.

# 8

## Closing words

**D**etermination alone is not sufficient. What we need are obvious efforts that are put into action immediately. We need to increase and to widen HIV prevention efforts; we need support from all parties, and we need concerted action that is not limited either to the government sector or the community. This is the only way that the spread of the HIV epidemic in Indonesia can be prevented.



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