

Implementationhiv -Aids Prevention And Tretment Program In South Sumatera, Indonesia

by Elvi Sunarsih

Submission date: 03-Jun-2023 04:40PM (UTC+0700)

Submission ID: 2107987491

File name: Artikel_IMPLEMENTATIONHIV_-AIDS_Najmah,_Elvi_dkkpdf.pdf (419.19K)

Word count: 5598

Character count: 30379

IMPLEMENTATION HIV -AIDS PREVENTION AND TREATMENT PROGRAM IN SOUTH SUMATERA, INDONESIA

Najmah 1)*, Asri Ainy1), Elvi Sunarsih1), Melanie Bournsell2)

1)Public Health Faculty, Sriwijaya University

2)Research Fellow, Obstetrics, Gynecology and Neonatology

University of Sydney, Sydney, Australia.

*Email: najmah@fkm.unsri.ac.id

ABSTRACT

Human immunodeficiency virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are worldwide public health issues. The spread of HIV-AIDS in high-risk groups has been very rapid. This paper reports on a small-scale project which investigated attitudes to prevention and treatment programs for HIV-AIDS in Indonesia. This is important as there is a dearth of information about the number, type and spread of programs in the region. Whilst it is known that programs have been implemented in various health sectors HIV-AIDS rates continue to increase in this area. This is a descriptive study gathering exploratory information about the number and nature of implementation of programs for the prevention and treatment of HIV-AIDS in the South Sumatra province. The data consists of qualitative interviews with six key informants and secondary health data from these agencies. Results indicate that more cases were found between 2005 and 2011 in Palembang city, South Sumatra.

The increase of cases was supported by many health resources and services of HIV-AIDS prevention and treatment programs. Furthermore, more HIV-AIDS cases are detected when the agencies are able to gain adequate funding and also have opportunities to engage in collaborative working practices. Barriers apparent in this study to reducing the spread of HIV-AIDS in this area appear to be related to lack of funding and limited prevention programs.

Keywords: HIV-AIDS, evaluation, prevention, treatment, public health

IMPLEMENTASI PROGRAM PENCEGAHAN DAN PENGOBATAN DI SUMATERA SELATAN, INDONESIA

ABSTRAK

Human Immunodeficiency Virus (HIV) dan Acquired Immune Deficiency Syndrome (AIDS) merupakan masalah kesehatan masyarakat di seluruh dunia. Penyebaran HIV-AIDS di kelompok berisiko tinggi sangat cepat. Review ini melaporkan pada sebuah proyek skala kecil yang mengeksplorasi program pencegahan dan pengobatan HIV-AIDS di Sumatera Selatan, Indonesia. Hal ini penting karena ada kelangkaan informasi tentang jenis, jumlah dan penyebaran program-program di wilayah tersebut. Sementara diketahui bahwa berbagai program telah dilaksanakan di berbagai sektor kesehatan HIV-AIDS terus meningkat di daerah ini. Studi penelitian deskriptif mengumpulkan eksplorasi informasi tentang jumlah dan sifat dari pelaksanaan program pencegahan dan pengobatan HIV-AIDS di Provinsi Sumatera Selatan. Data ini terdiri dari wawancara kualitatif dengan enam informan kunci dan mengambil data kesehatan sekunder dari lembaga tersebut. Hasil menunjukkan lebih banyak kasus HIV-AIDS ditemukan antara 2005 dan 2011 di Kota Palembang, Sumatera Selatan. Peningkatan penemuan kasus didukung oleh sumber daya kesehatan dan pelayanan HIV-AIDS dan program pengobatan. Selanjutnya, lebih kasus HIV-AIDS yang terdeteksi ketika lembaga-lembaga memperoleh pendanaan yang memadai dan melakukan kerjasama lintas sektor dengan lembaga lainnya. Hambatan jelas yang ditemukan dalam penelitian ini untuk mengurangi penyebaran HIV-AIDS di Sumatera Selatan tampaknya berkaitan dengan kurangnya dana dan program pencegahan HIV-AIDS yang masih terbatas.

Kata kunci: HIV / AIDS, evaluasi, pencegahan, pengobatan, kesehatan masyarakat

INTRODUCTION

The AIDS epidemic is not over yet (UNAIDS, 2011). The estimated number of people living with HIV at the end of 2010 was approximately 34 million worldwide (UNAIDS, 2011; WHO, 2011). New cases of HIV infection and mortality due to AIDS are predicted to reach about 2.7 million (including 390 000 children) and 1.8 million respectively in 2010 (WHO, 2011). Furthermore, 25 million people have died from AIDS globally since the beginning of the HIV epidemic in 1981 (Narain, 2000). Of concern to public health experts in Indonesia is the fact that in Asia, it is estimated about 5 million (95% Confidence Interval 4,1-6,2 million) people are living with HIV. Indonesia has the fastest-growing of the HIV epidemic in Asia (UNAIDS, 2007).

In Indonesia, there are two main ways of transmitting HIV-AIDS; firstly, through unsafe sexual behaviour, particularly among high risk groups such as female sex workers, homosexual male intercourse and transgendered male sex. Secondly, transmission also occurs through unsafe practices of injecting drug users (National AIDS Commission, 2010; UNAIDS, 2007). Unfortunately, shared use of injecting equipment and drug preparation is a prevalent that as is also an effective means to transmit HIV and other blood borne diseases (BBVs) (Ball, 2007; Committee on the Prevention of HIV Infection among Injecting Drug Users in High-Risk Countries, 2006; Des Jarlais & Semaan, 2008; Mathers, 2008). Now, it is also of concern that HIV transmission through sexual activity is thought to have lead to the HIV epidemic in Indonesia in nation action strategy and plan to overcome HIV-AIDS in Indonesia 2010-2014 (National AIDS Commission, 2010).

Solutions to reducing the rate of HIV is a complex problem in developing countries

such as Indonesia (Hasnain, 2005). This comparison can be seen when reviewing progress in developed countries such as Australia where rates of HIV-AIDS have been reduced dramatically with high support fund from federal governments. In many developed countries programs are integrated into other health services; for example, harm reduction programs for needle and syringe use, and prevention campaigns (AVERT, 2011). A further dynamic to consider within the Indonesian context is the necessity to be mindful of religious and cultural issues which need to be incorporated into any prevention activity undertaken with in high risk groups or even in general population (Hasnain, 2005). Like most religions, Islam condemns drug use and promiscuous sex and the majority of the population in Indonesia including the Province of South Sumatera follow this religion (Hasnain, 2005). Islam, therefore, can be seen as providing a model of primary prevention for its believers, involving the avoidance of illicit drugs, sex outside of marriage and marital infidelity (Hasnain, 2005). However, religious teachings and individual behavior are often at odds, and risky behaviors that are prohibited by religion occur (Hasnain, 2005)

A key factor highlighted in the literature is the importance of developing multisectoral collaboration between all sectors involved in the provision of services for HIV-AIDS. Comprehensive programs for HIV-AIDS can propel the response of at risk groups of HIV-AIDS towards achieving the vision of zero new HIV-AIDS infection rates, zero discrimination and zero AIDS-related deaths (UNAIDS, 2011). In Indonesia, there are some institutions that get involved in HIV-AIDS Programs. In this research, the three main bodies as Global Fund recipient were explored; the Health Ministry and National AIDS Commission that are

responsible for delivery of prevention efforts for HIV-AIDS are the two primary government institutions and Indonesian Family Planning Association (IFPA), a non-government organisation (Dinas Kesehatan Provinsi Sumatera Selatan, 2010). This study interviewed key actors within these agencies to find out what prevention programs were occurring in their agency and to assess the level of intersectoral collaboration.

Specific to the area in which this research was undertaken, in South Sumatera, HIV-AIDS cases continue to increase every year (South Sumatera Health Office, 2011b). Between 1995-2010 there were 596 reported cases of HIV and 313 reported cases of AIDS (South Sumatera Health Office, 2011b). Of concern to the authors of this paper is that there has been no evaluation of the HIV-AIDS programs undertaken by the agencies in South Sumatera. Therefore, this research was a first step towards identifying attitudes and opinions of staff in the key agencies to their HIV-AIDS programs. Aims of this research were to explore HIV-AIDS situation in South Sumatera, Indonesia, to identify HIV-AIDS prevention and treatment programs in South Sumatera, and to identify human resources and budgets for HIV-AIDS prevention programs in South Sumatra

METHOD

This qualitative research project utilised an exploratory design. This methodology was considered appropriate for the study as exploratory research is conducted for a problem that has not been clearly defined. Exploratory research helps determine the best research design, data collection method and selection of subjects. It also only draws definitive conclusions with extreme caution. This method was applied to this project's aims to obtain and explore information regarding HIV-AIDS

prevention and treatment programs in South Sumatera in these three public health institutions (Liamputtong & Ezzy, 2005).

Secondary data related to reports of HIV-AIDS cases in Palembang - was also obtained from all three organisations. In depth structured interviews were conducted by one of the researchers to explore the complexity and in-process of nature of meanings and interpretations to answer the aims of this study (Liamputtong & Ezzy, 2005). Ethical approval for this project was obtained from the Research, Development and Innovation Board in South Sumatera.

The six people interviewed for this research were all working in senior positions in public health organisations delivering HIV-AIDS programs in the Palembang district of South Sumatera, Indonesia. All of the participants agreed to be interviewed by one of the researchers. An request research letter were sent to each institution. Then a confirmation was given by each institution who was able to be interviewed representing their institutions and their interview's schedule. Interviews were conducted face to face using a structured interview tool and were tape recorded with the consent of the participants. Each interview lasted approximately 30 minutes, the interviews were digitally recorded in the participants organisation before being transcribed verbatim.

In data analysis, Once the interview recordings had been transcribed, they were translated using an english conversion programs (google translator tool) (Google Translator) in order for analysis by the another researcher to occur, Melanie Bournell. Due to acknowledged issues in translation some of the information was difficult to match exactly into english language and we had to negotiate where this occurred (Squires, 2008). Following this process an interview matrix was write

based on interview questions. This matrix was used to ease us to do content analysis to answer the aims of this study. This analysis is used to find what do informants talk about the most (Ratcliff).

RESULTS AND DISCUSSION

Situation Analysis of HIV-AIDS in South Sumatera

South Sumatera is not one of the provinces in Indonesia with specific concerns about HIV-AIDS. However, there are concerns about the spread of HIV-AIDS as the number of cases of infection continues to increase with 672 HIV cases (14 deaths) and 385 AIDS cases (84 deaths) since 1995 to June 2011. The city of Palembang is the focus in this research as the HIV-AIDS cases are the

highest in South Sumatera compared to other cities in the region, with approximately 78% of all HIV-AIDS cases from South Sumatera are in this city: 512 HIV cases and 303 AIDS cases (South Sumatera Health Office, 2011a) (Figure 1 and 2, table 1 show this).

HIV-AIDS cases in figure 1 and 2 show the increasing trend every year in the number of new HIV-AIDS cases). It is particularly evident that between 2005-2011, except for 2007 where the cases detection decreased sharply due to lack of funds there has been sharp increases. This was supported by one participant who said:

87 HIV cases were found in 2005. In 2006, there were 98 HIV cases but there were 41 cases in 2007 due to no fund realisation from Global Fund so there were limited activities for HIV-AIDS program.

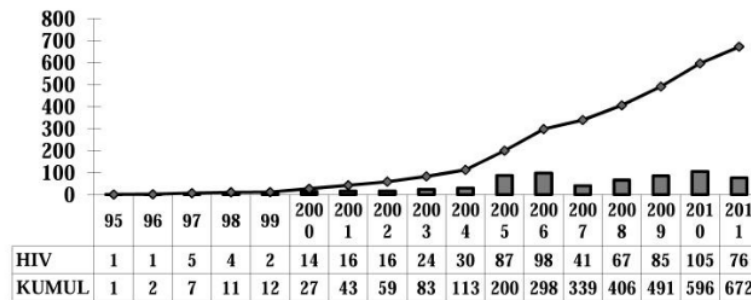


Figure 1.HIV patients each year in South Sumatera Provinces (1995-2011)
(South Sumatera Health Office, 2011a)

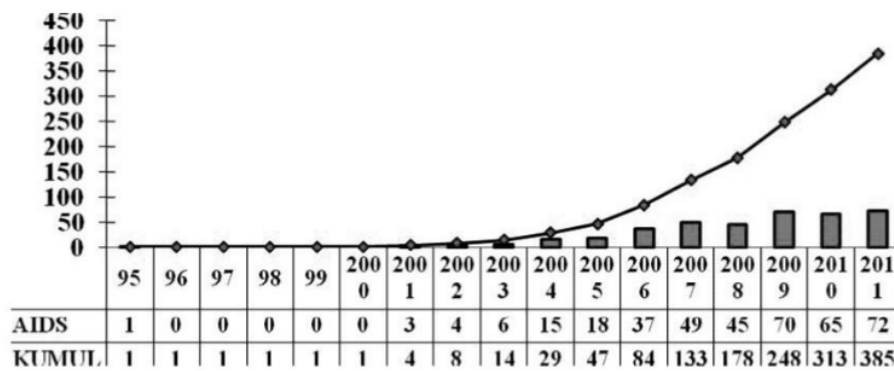


Figure 2. AIDS cases each year in South Sumatera Provinces (1995-2011)
(South Sumatera Health Office, 2011a)

There was no many activities, therefore small number of the cases were detected, around 42 cases. In 2008, 2009 and 2010, there were 67, 85, and 105 HIV cases respectively. From January to June 2011, there were 76 HIV cases detected. (MY)

The increase of cases was supported by many health resources and services of HIV-AIDS prevention and treatment programs. For example: It is apparent from this research that the more projects available to enhance the awareness amongst marginal groups and the general population, the more the cases are detected. It found that every project needed ongoing fund to support every project in HIV-AIDS programs, particularly in South Sumatera, Global Fund as one main fund to support HIV-AIDS programs. This finding is supported in other research which also suggests the Global Fund supported other countries to increase the findings of HIV-AIDS cases that were positively associated with national adult HIV prevalence. This organisation has invested the majority of funds for HIV treatment and prevention, health systems

and community systems strengthening and programme management. (Avdeeva, Lazarus, Aziz, & Atun, 2011):

"If we compare with other provinces in Indonesia, We should be happy because South Sumatera ranks for HIV cases is above 10th rank compared to other provinces. However, I think that this is an iceberg phenomenom of HIV cases as I believe that there are many undetected cases still spread in general population (ZU)

"Yes, there is an increase of HIV trend every year..., that could be because of the more accessible places to do individual check ups, and to know HIV status for society; high risk group and general population in South Sumatera (MM)

One of the main barriers to increasing detection and improving the effectiveness of HIV-AIDS programs is that the stigma about HIV-AIDS means that people are not always willing to approach services and undertake treatment (Ahern, Jennifer Stuber, & Sandro Galea, 2007; Parker, Peter

Table 1. Number of HIV and AIDS cases during 1995 and 2011 based on city in South Sumatera (South Sumatera Health Office, 2011b)

No	City in South Sumatera Province	HIV	Proportion	AIDS	Proportion
1	Palembang	521	78	303	80
2	Ogan Komering Ilir	18	3	13	3
3	Ogan Ilir	3	0	6	2
4	Ogan Komering Ulu	16	2	21	6
5	Ogan Komering Ulu Timur	5	1	5	1
6	Ogan Komering Ulu Selatan	1	0	-	0
7	Musi Banyuasin	7	1	5	1
8	Bangka	4	1	3	1
9	Musi Rawas	12	2	2	1
10	Lubuklinggau	27	4	5	1
11	Muara Enim	7	1	8	2
12	Prabumulih	38	6	4	1
13	Lahat	8	1	3	1
14	Pagar Alam	2	0	2	1
15	Empat Lawang	0	0	0	0

Aggleton, Kathy Attawell, Julie Pulerwits & Lisanne Brown, 2002). Based on basic health research in Indonesia (2010), comprehensive knowledge related to HIV-AIDS is still low amongst the general population, including South Sumatera with approximately only 6.3%. Therefore, stigma and discrimination of people living with HIV-AIDS is still high (Department of Health- Indonesia, 2010). Only around 27.1 % family members in Indonesia will keep secret the identity of a family member who infected with HIV-AIDS and a half of the population will intend to treat people with HIV-AIDS at home and to look for counselling and treatment for their family member with HIV-AIDS (Department of Health- Indonesia, 2010). Therefore, most people who fear that they are infected with HIV-AIDS are unwilling to approach services for treatment because of less support from general population. Furthermore, given the cultural context in Indonesia this may impact on people's decisions and choices to seek treatment particularly related to HIV-AIDS due to high stigma and discrimination in population.

Identification HIV-AIDS prevention and treatment program in South Sumatera

One method to prevent HIV among injecting drug users is harm reduction. Harm reduction programs were introduced in the early 1990s (Wodak & McLeod, 2008). Harm reduction offers the implementation of a comprehensive package of strategies that decrease drug-related harms or negative consequences of drug use. This method is accorded an even higher priority than reduction of drug consumption (Larney, Corcoran, Wodak, & Dolan, 2006; Wodak & McLeod, 2008). The short term goal of harm reduction programs is to implement efforts to prevent HIV transmission as quickly as possible (AHRN & CHR Burnet Institute, 2003). We found evidence of several harm

reduction programs occurring in South Sumatera, for instance:

"And we also have STIs clinic. Because we know that this HIV-AIDS disease is one of 13 kinds of Sexually Transmitted Infections Diseases. Well, this is one indication that someone is infected by HIV- AIDS through this STI infection ". (MM)

And then we also have so-PMTCT clinics, PMTCT and clinics Methadone Maintenance Therapy (MMT) Program, to overcome drug addiction. ". (MM)

"another program that we offer is a TB-HIV collaboration, and also, we have tried to put up more program efforts that we have done together with Health Ministry and Health Officer of the province ".

In South Sumatera, a harm reduction approach has been applied for approximately two years. From the data we were able to gather information about the specific services offered by each of the organisations who participated, for example:

The Health Department itself functions in accordance with the health ?what? policies ... for service, health services – need more information here on its own it doesn't make sense?. (MY)

We have several services . . . So starting from VCT? In full what is this? clinic. In order to know their HIV status, a person must come to this clinic. In the clinic, there is a team consisting of doctors, and counsellors, nurses, uh ... then analysts and administration – who do what?. (MM)

We have a Care Support and Treatment Clinic which is a follow-up treatment for positive cases at the VCT? clinics. We

refer to people to the care and support clinic to determine whether someone who is HIV positive needs to get treatment or not (MM)

There is also a Sexual Transmission Infection clinic which was found to be providing some very important programs such as a Prevention Mother to Child Transmission (PMTCT) program. For example, another program identified for pregnant women is the PMTCT program in the Hospital; this appears to be the only one in a Midwifery and Gynecology Department in South Sumatera.

Lastly, the other organisation operating in South Sumatera is the IFPA – in full. This organisation focuses on mentoring and outreach efforts for marginalized groups such as female sex workers. The IFPA also work in community undertaking health promotion in schools and also at the general population level. They explained their role in the following way:

IFPA 'we play a role in the lives of marginalized people. Say it is marginal massage parlors, guesthouses, hotels and so on. Uh of course, on the other hand, although we also play in the schools and in general population nowadays.. (AM)

Two years of the past three years we worked with IDD through the ILO, through its program of economic levels of people living with HIV through the program, titled 'Start Your Business'. This program we provide assistance to PLWHA groups to start their business . (ZU)

Meanwhile, the South Sumatera AIDS Commission focuses on cross-sectoral coordinator, both with the health service, and other institutions in HIV-AIDS in South Sumatra:

The South Sumatera AIDS Commission essentially is a cross-sector coordinator of HIV-AIDS programs. We directly cooperate with the Department of Health, with IFPA, and also with our organisation to jointly tackle the HIV-AIDS and to strengthen the policies, for instance, the establishment of regional regulations on HIV-AIDS. Another role is to distribute condoms and sterile syringes by engaging the IFPA and the Health Service. Syringes are distributed through public health centers, and condoms are distributed through other outlets. (AG)

In addition, South Sumatera the AIDS Commission also provide training for AIDS care institutions, conducted by NGOs. (AG)

This exploratory research project has discovered that there are a plethora of programs being undertaken by the organisations specifically in the area of harm reduction. This is conducive to reducing the rate of infection as seen in many studies which demonstrate the effectiveness of harm reduction initiatives in preventing the spread of HIV-AIDS (Farrell, Marsden, Ling, Ali, & Gowing, 2005; Wodak & Cooney, 2006). Another of effectiveness of harm reduction program is opioid substitution program. A lot of studies have found the effectiveness of methadone and buprenorphine in reducing HIV risk behaviours related to drug takings among injecting drug users from RCTs to case sectional studies. Among IDUs with HIV, MMT also reduce the progression of AIDS (World Health Organisation, United Nations Office on Drugs and Crime, & Joint United Nations Programme on HIV/AIDS, 2004). Weber et al (1990) examined a cohort of 297 current and former injecting drug users with HIV seropositive at entry of study. They found a significantly lower probability of progression of HIV disease in both the

subjects adhered to MMT and remained free of illicit drugs. The overall death rate was significantly higher in persistent injecting drug users, largely due to heroin overdose (Farrell, Gowing, Marsden, Ling, & Ali, 2005). The benefits of OST is that it also reduces crime and has impact on cost effectiveness (World Health Organisation et al., 2004).

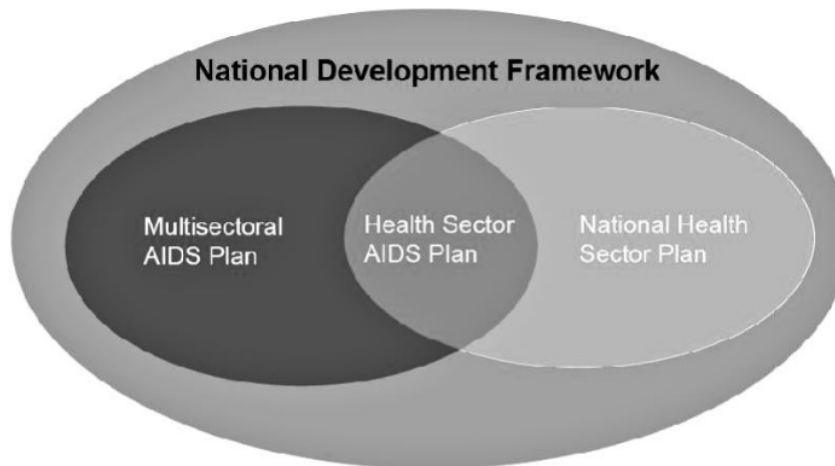
In South Sumatera, methadone is still new program since 2011. Sari (2010) found more IDUs who accessed Methadone clinics tend to reduce their use of illicit drugs and had a willingness to stop the use of injecting illicit drugs in South Sumatera.

Identification of cross institution cooperation in South Sumatera

The World Health Organisation (2010) states that there is a need of synergy among national health providers such as health departments, with other institutions working with groups who are affected by HIV-AIDS (World Health Organisation, 2010). The World Health Organization (WHO) declared the need for consistency between these bodies in order to combat

or reduce the transmission of HIV-AIDS (World Health Organisation, 2010).

The data from this research study shows that in South Sumatera the three main organisations responsible for service delivery are successfully working together and delivering a coordinated response to HIV-AIDS. It appears that each of the agencies evaluated support communication and information sharing between agencies and also support the strengthening of strategic information systems to assist in their efforts to reduce the spread of HIV/AID in the area. While the organisations each have their own target population groups they are all working towards the same goal of reducing the spread of the infection in the region. An example of this collaborative practice can be seen in the Public Health Service requiring the IFPA to reach out to marginalized groups to access health services, as well as Provincial AIDS Commissions lobbies for cooperation among other non-government agencies, and for local regulations to support programs for HIV-AIDS in South Sumatera (this includes increasing logistical supplies such as sterile syringes and condoms). However,



Picture 3. National Development Framework in HIV-AIDS intervention
(World Health Organisation, 2010)

it was evident from the data gathered, that there were differences of perception about HIV-AIDS programs among these institutions. In accordance with the WHO (2010) recommendations outlined above, it does appear that the institutions are holding regular meetings to enhance the synergy between them:

The main role of the institutions are to provide prevention and treatment programs of HIV-AIDS in South Sumatera. For example:

The Health Office provides health services; for instance they provide support and advice on how to set up a health service, regular check-ups, health facilities and logistics etc. Then, the role of the South Sumatra AIDS Commission is to facilitate people or organisations to speak up about HIV-AIDS, how it paved the way, whether it is a structural intervention and so-forth. It is also as the main player for HIV-AIDS programs. Then the South Sumatra AIDS Commission also prepares logistics related to HIV-AIDS programs. Then the IFPA works at the community level, they convey information with as much detail as possible to the population, perhaps sometimes they even encourage them to come into health services and make them aware of health issues. Then if high risk groups do come to the service, they are able to accompany them to the service, otherwise they will wait for mobile service (AM)."

Regular meetings every four months (quarterly meetings) are conducted to synergize HIV-AIDS program on a provincial level. (DD)

Human resources and Budget for halting the spread of HIV-AIDS

In South Sumatera In South Sumatera, there is adequate availability of human resources to provide service provision and

infrastructure for HIV- AIDS prevention activities. However, one issue was apparent and requires attention in terms of capacity building:

in terms of Human resources themselves, we need training for our teams. The training we need are expensive and not within our funds. Its possible thatwith the assistance of the Global Fund, training can be performed. As a result, there is a way out of this problem which is good to improve in quality improvement of human resources for HIV-AIDS (MM).

Therefore, whilst training is being undertaken, it is currently limited and it is linked to the necessity to gain external funding outside of Indonesia. It was suggested however, during this project that the training positively knowledge and skills of the local workforce. Funds sources used in HIV-AIDS are mostly from international donors, the Global Fund and a small portion of the funding comes from the budget of regional government. All of the participants agreed that this required attention.

The infrastructure for HIV-AIDS programs are provided by the government of South Sumatra Province with support from the Global Fund. (MM) "I cannot quantify how much funding we get from the Global Fund [in South Sumatera], because I do not have the capacity for it, and, and I've never seen. But I imagine, IFPA was only assisted the local government by 100 million for the year 2011 for example it . (AM)

We have 4-6 urban districts that had the support from the Global Fund. But two districts did not get fund allocation again from any donors, therefore the government was required to allocate funds in 20% of regional budget, around five hundred million for those programs(MM)

If the budget, we always lobby the government and continue advocacy, so if it is possible, we add fund continuously (MM)

It is apparent that there are limited funds within South Sumatera to make a difference with prevention campaigns so funding from the provincial budgets needs to be sought to reduce the dependence of foreign funds. It is problematic that there is such a large reliance on foreign assistance which is not always certain and restricts development and capacity building within services:

For a while, the biggest provider of the funding is the Global Fund. Uh, but we are working to support regional budgets for all HIV-AIDS programs because health is responsible for provincial health of the region. Apart from regional funding, there are also national budget (AG)

The evaluation raises an important issue that if progress is to be made in reducing the transmission rates of HIV-AIDS then it is necessary for programs to gain adequate funding. The secondary data and the vignettes from the research participants provide evidence of the sporadic nature of funding, which in turn impacts on service delivery and development. Furthermore, the lack of government funding support limits the capacity development and workforce skills. Research clearly shows that both prevention and professional development improve health service delivery (ref). In order for both of these barriers to be overcome in South Sumatera there needs to be buy-in at the government level to support services.

LIMITATIONS

This was a small scale explorative study carried out with limited funding, therefore

the data is limited. Furthermore, this was the first collaborative working party was a capacity build project carried out by the researchers and the process of cross-institutional and a language collaborative exercise in itself. Therefore, whilst only a small project the work was important on two levels as a model for linking and knowledge sharing and translation. As with the funding for prevention programs and training if further funding could be sought this project could be expanded upon.

Smart investment on HIV-AIDS programs will lead to a big savings in next decades. Based on some research, the investment on NSP signifies the enormous savings (Health Outcomes International, The National Centre for HIV Epidemiology and Clinical Research, & Michael Drummond, 2002). Another harm reduction program 'Opioid Substitution Treatment', Sullivan et al (2005) in review of evidence from observational studies concluded the consistency of findings of that sustained treatment of opioid-dependent injection users with methadone and buprenorphine is associated strongly with protection from HIV infection and cost effectiveness. More concern of HIV/AIDS programs are needed to minimize the spread of HIV/AIDS particularly in South Sumatera, Indonesia.

CONCLUSION

HIV-AIDS in South Sumatra continues to increase each year. Palembang has the highest number of HIV-AIDS cases compared to other cities in South Sumatera. However, positive findings were found from this exploratory study, firstly that there was a good level of integration among agencies providing HIV-AIDS programs in South Sumatra. More cases found between 2005 and 2011 in Palembang city, South Sumatera. The increase of cases was supported by

many health resources and services of HIV-AIDS prevention and treatment programs. The project also showed that staff in these agencies have positive energy for the development of HIV-AIDS programs but are limited by adequate funding.

ACKNOWLEDGEMENTS

We would like to acknowledge a grant from DIPA, Unsri which enabled this project to occur and also funding from AustAid Development program to assist Dr Bournell to be able to collaborate with colleagues at Unsri with this work.

REFERENCES

- Ahern, J., Jennifer Stuber, & Sandro Galea. (2007). Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence*. AHRN, & CHR Burnet Institute (2003).
- Manual for reducing drug related harm in Asia, pp. p.35-36). Available from <http://www.who.int/hiv/topics/harm/manual2003.pdf>
- Avdeeva, O., Lazarus, J. V., Aziz, M. A., & Atun, R. (2011). The Global Fund's resource allocation decisions for HIV programmes: addressing those in need. *Journal of The International AIDS society*, 14(51), 10.
- AVERT. (2011). HIV Prevention around the World. *Journal*. Retrieved from <http://www.avert.org/global-hiv-prevention.htm>
- Ball, A. L. (2007). HIV, injecting drug use and harm reduction: A public health response. *Addiction*, 102(5), 684-690.
- Committee on the Preventing of HIV Infection among Injecting Drug Users in High-Risk Countries. (2006). Preventing HIV Infection among Injecting Drug Users in High Risk Countries: An Assessment of the Evidence Available from <http://www.nap.edu/catalog/11731.html>
- Department of Health- Indonesia. (2010). *Basic Health Research -RISKESDAS*. Jakarta: Department of Health-Indonesia.
- Des Jarlais, D. C., & Semaan, S. (2008). HIV prevention for injecting drug users: The first 25 years and counting. *Psychosomatic Medicine*, 70(5), 606-611.
- Dinas Kesehatan Provinsi Sumatera Selatan. (2010). *Informasi HIV/AIDS Sumatera Selatan*. Palembang: Dinas Kesehatan Provinsi Sumatera Selatan.
- Farrell, M., Gowing, L., Marsden, J., Ling, W., & Ali, R. (2005). Effectiveness of drug dependence treatment in HIV prevention. *International Journal of Drug Policy*, 16(Supplement 1), 67-75.
- Farrell, M., Marsden, J., Ling, W., Ali, R., & Gowing, L. (2005). *Effectiveness of drug dependence treatment in preventing HIV among injecting drug users*. Geneva: World Health Organisation. Google Translator. From <http://translate.google.co.id/>
- Hasnain, M. (2005). Cultural Approach to HIV/AIDS Harm Reduction in Muslim Countries. *Harm Reduction Journal*, 2(23), 8.
- Health Outcomes International, The National Centre for HIV Epidemiology and Clinical Research, & Michael Drummond. (2002). *Return on investment in needle and syringe programs in Australia*. Canberra: Commonwealth Department of Health and Ageing.
- Larney, S., Corcoran, K., Wodak, A., & Dolan, K. (2006). Integration of harm reduction into abstinence-based therapeutic communities, Harm reduction: Good practice in Asia, A case study of we help ourselves, Australia. Available from http://whqlibdoc.who.int/wpro/2006/9290612207_eng.pdf.

- Liaputpong, P., & Ezzy, D. *Qualitative Research Method*. Victoria: Oxford. Mathers, B. M. (2008). Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *LANCET*, 372(9651), 1733-1745.
- Narrain, J. P. (2000). Managing the HIV/AIDS Epidemic: Lessons Learnt in the South-East Asia Region. *Journal of Health Management*, 2(2), 159-174.
- National AIDS Commission. (2010). *Executive Summary, Nation Action strategy and Plan to overcome HIV/AIDS 2010-2014*. Jakarta: National AIDS Commission.
- Parker, R., Peter, A., Kathy A., Julie, P., & Lisanne, B. (2002). Julie Pulerwits, & Lisanne Brown. (2002). *HIV/AIDS-related Stigma and Discrimination: A Conceptual Framework and Agenda for Action*. New York: Population Council.
- Ratcliff, D. 15 Methods of Data Analysis in Qualitative Research. *Journal*. Retrieved from <http://qualitative-research.net/ratcliffs.net/15methods.pdf>
- South Sumatera Health Office. (2011a). *Evaluation of AIDS Global Fund, Semester 2 Sout Sumatera*. Palembang: South Sumatera Health Office.
- South Sumatera Health Office. (2011b). *Situasi HIV AIDS di Sumatera Selatan 1995 s.d Juni 2011 (HIV AIDS Situation in South Sumatera 1995 to June 2011)*. Palembang: Dinas Kesehatan Provinsi Sumatera Selatan.
- Squires. (2008). Language barriers and qualitative nursing research: methodological considerations. *International Nursing Review*: 265-273.
- Sullivan, L.E., Metzger, D.S., Fudala, J., Fiellin, D. A. (2005). Decreasing international HIV transmission: The role of expanding access to opioid agonist therapies for injection drug users. *Addiction*, 100(2): 150.
- UNAIDS (2007). Fact Sheet, Asia. *Journal*. Retrieved from http://www.icaap9.org/uploads/200907281116090.20080715_fs_asia_en.pdf
- UNAIDS. (2011). How to get zero: Faster Smarter Better, Available http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2216_WorldAIDSday_report_2011_en.pdf
- WHO. (2011). Key facts on global HIV epidemic and progress in 2010. *Journal*. Retrieved from http://www.who.int/hiv/pub/progress_report2011/global_facts/en/index1.html http://www.who.int/hiv/pub/progress_report2011/global_facts/en/index1.html
- Wodak, A., & Cooney, A. (2006). Do Needle Syringe Programs Reduce HIV Infection Among Injecting Drug Users: A Comprehensive Review of the International Evidence. *Substance Use & Misuse*, 41(6-7), 777-813.
- Wodak, A., & McLeod, L. (2008). The role of harm reduction in controlling HIV among injecting drug users. *AIDS*, (22) Suppl 2: S81.
- World Health Organisation. (2010). Priority Intervention, HIV/AIDS prevention, treatment and care in health sector Available from http://www.who.int/hiv/pub/priority_interventions_web.pdf
- World Health Organisation, United Nations Office on Drugs and Crime, & Joint United Nations Programme on HIV/AIDS. (2004). *Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention*. Geneva: World Health Organisation.

Implementationhiv -Aids Prevention And Tretment Program In South Sumatera, Indonesia

ORIGINALITY REPORT

5%

SIMILARITY INDEX

4%

INTERNET SOURCES

2%

PUBLICATIONS

4%

STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to iGroup Student Paper	1%
2	Submitted to Burnet Institute Student Paper	1%
3	eprints.unsri.ac.id Internet Source	1%
4	"HIV/AIDS in South Africa 25 Years On", Springer Science and Business Media LLC, 2009 Publication	1%
5	www.slideshare.net Internet Source	1%
6	www.portalgaruda.org Internet Source	1%

Exclude quotes On

Exclude bibliography On

Exclude matches < 1%