



Providing Support to Improve Access to HIV Care and Management for Prisoners in Indonesia

Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

Duc Nguyen
Australasian HIV and AIDS Conference 2015

ASHM is a signatory to the ACED Code of Conduct and is committed to the principles of the Ottawa Charter for health promotion and the Jakarta Declaration on health promotion.

© ASHM 2012

Salemba Prison

- Opened in April 2008 - Minimum security
- Over capacity (designed for 250 inmates; **June 2015: 1,677 inmates**)/ Intake from other detention centres in Jakarta
- Poor hygiene and sanitation
- Prison population: different profiles, culture and religions and issues
- Narcotic offenders separated from other offenders
- Clinic established in 2009 – low services utilisation



ashm Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

© ASHM 2012

HIV profile in Salemba Prison

- 2009 – 07/2011: 13% inmates tested for HIV, 33% positive
- Of 33%, only 57% willing to attend clinic
- 98 cases assessed ART eligible, only 33 started ART
- Most HIV positive were IDU
- HIV-TB co-infection: Sept-Oct 2011: 10/30 TB suspected has pulmonary and lymphadenopathy TB
- No addiction rehabilitation program in Salemba due to lack of staff capacity

ashm Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

© ASHM 2012

Challenges to start ART

Patients' concerns:

- Fear of side effects
- Not ready for life long ART
- Fear of discrimination & stigmatisation

Patients' conditions:

- Uncontrollable opportunistic infections
- Severe depression
- Non-adherence due to addiction and lack of post-release support services

Clinic staff:

- Lack of clinical updates and confidence
- High workload and low motivation

ashm Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

© ASHM 2012

Challenges to HIV care, support and treatment

- Limited resources: 4 general practitioners, 1 dentist, 2 nurses
- Prison authorities are more concerned with security issues than medical care
- HIV related stigma and discrimination
- HIV high-risk practices (unprotected sex, sharing needles in drug use and tattooing et al)
- Poor adherence to treatment



ashm Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

© ASHM 2012

Project planning

- Salemba submitted a 27 week plan July – December 2011 to HCPI and ASHM; approved as pilot project
 - ✓ ASHM provided funding
 - ✓ HCPI/technical guidance and support via HCPI prison project team
 - ✓ Directorate General of Corrections, Ministry of Justice and Human Rights (Ditjenpas) informed
- 2012 – 2014 ASHM funding for Salemba Prison project as part of DFAT Regional HIV Health Care Capacity Building Program/ Indonesia
 - ✓ 2012 HCPI on-going support from the national narcotic prison program team

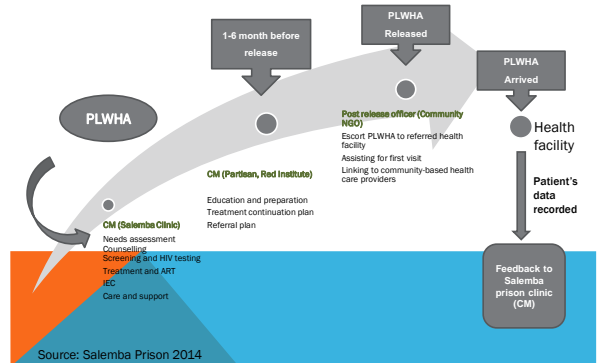
ashm Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

© ASHM 2012

Project objectives

- Early diagnosis of HIV and related issues for prisoners
- Adequate access to ART for inmates with HIV in prison and after release
- Increased awareness of HIV infection and drugs use among inmates
- Increased awareness of HIV infection and drugs use among prison staff
- Reduced morbidity and mortality rates among PLWHA in Salemba Prison

Salemba HIV Care and Management Model



Project activities

Leadership

- Leadership training for Salemba Prison HIV Clinic Manager and mentors (ASHM International Short Course in HIV and regional HIV/AIDS Conferences)
- Link Salemba Prison Clinic with sector partners for support:
 - HCPI and Ditjenpas
 - IDI
 - Angsamerah
 - Hospitals and laboratories
 - Community organisations (Partisan, Red Institute local NGO for post-release treatment and referral)



Project activities (Cont.)

Clinic

Capacity building

- In-house training and bedside teaching on HIV, TB, STI, and addiction medicine
- Clinical mentoring by partner clinics and referral hospitals
- Training peer educators, care givers and nurse aides on HIV, counseling, care and support skills
- IEC on HIV and addiction medicine for prison management and staff



Routine activities

Clinic

Care, treatment and support

- HIV, TB and STI screening and treatment
- Nutrition supplement
- CD4 and laboratory support

Rehabilitation and Support

- ART adherence
- Addiction management (IEC/peer/counseling)
- Pre- and post-release assistance

Coordination

- Peer educator coordination meetings
- Care giver coordination meetings
- Pre- and post-release program coordination meetings



Routine activities (Cont.)



Salemba HIV clinic staff, peer educators and 'nurse aides' working together

Collaboration with sector partners for post-release support



ashm Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

© ASHM 2012

Results Source: Program Independent Review & Salemba Prison Report 2015

The continuing comprehensive service for PLWHA in Salemba prison had succeeded to improve the quality of service, increase the service utilisation by the prisoners and contribute to reduced morbidity rates

Indicators	Salemba Prison Program achievements		
	2011-2012	2012-2013	2013-2014
Peer educators recruited, trained and remained in IEC	18	35	35
Inmates screened for HIV and TB	855	1,068	1,596
Inmates on ART	26.8% (11/41)	50% (45/90)	60.8% (45/74)
Post-release escort	1 prisoner escorted after released	31% released prisoners traceable and escorted to referral facilities	84.5% released prisoners traceable and escorted to referral facilities 71.4% escorted to community services

ashm Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

© ASHM 2012

More results & conclusions

- Prison health care model recognised by Ditjenpas
 - Out of 149 designated priority prisons for HIV support, Salemba is one of 56 which are now delivering comprehensive services for HIV and one of 11 designated **model prisons**
 - Model prisons have capacity to deliver comprehensive HIV care, act as training centres for staff from other prisons and provide mentoring to staff in health services in other prisons
- A small scale investment and support (**direct funds** provided to partner equivalent to AU\$ 5,000/year) could provide valuable results when provided in the right momentum through the right approach

ashm Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

© ASHM 2012

Expansion to Pemuda Prison 2013



HIV Counselling



Peer support group discussions



Clinical mentoring by IDI & Salemba Clinic



ashm Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

© ASHM 2012

Lessons learnt

- Building capacity for prison and clinic staff
- Empowering inmates for peer support (carers, nurse aide, peer educators)
- Collaboration and partnerships with community organisations and sector partners for support and wise use of resources
- Policy development from this project: successes of Salemba Prison project recognised, mentoring Pemuda Prison. Ditjenpas sees value for replicating the model in prisons across Indonesia independent of narcotic prison status
- Proposal to ASHM to expand the HIV health care model into other prisons
- DFAT ended the Regional HIV Health Care Capacity Building Program

ashm Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

© ASHM 2012

Acknowledgements

- Salemba Prison
- Pemuda Prison
- Ditjenpas
- HCPI
- Angsamerah Institution
- Indonesia Medical Association (IDI)
- ASHM International



duc.nguyen@ashm.org.au

ashm Supporting the HIV, Viral Hepatitis and Sexual Health Workforce

© ASHM 2012

Disclosure of Interest

I have no actual or potential conflict of interest in relation to this presentation.