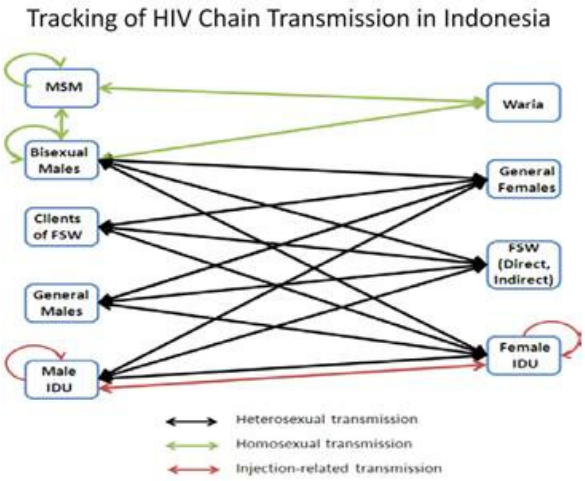
HIV & AIDS DISCUSSION NOTES II

Johnson&Johnson Indonesia Office, Wednesday, 9 March 2011, 08.30-13.00

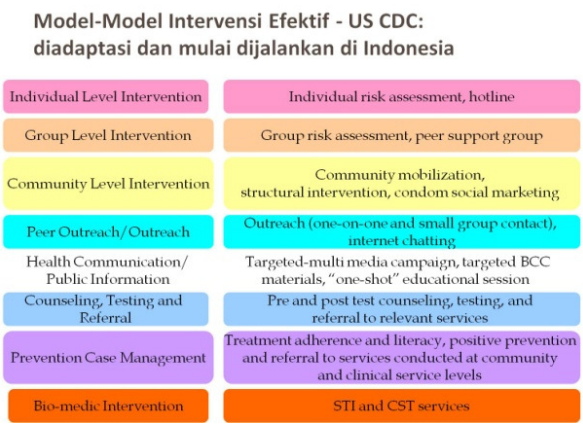
The first session is opened by Kemal Soeriawidjaja, Company-Community Partnerships for Health in Indonesia (CCPHI) who briefly describes the background, objectives and expectations from this meeting, then proceeds with an introductory session from each participants led by Esty Febriani from Lembaga Kesehatan Nahdlatul Ulama (LKNU). Representative from the host Johnson&johnson (J&J), Putu Swaditya Yudha (J&J Medica Territory Sales manager) and Elsa Handayani (J&J Professional Marketing Manager) then welcome and give some announcements about logistics.



The first presentation is given by Pandu Riono (Fakultas Kesehatan Masyarakat – Universitas Indonesia) entitling "Understanding the Current and Future of HIV Epidemic in Indonesia."[1] The presentation shows the progress of research data compared with the early emergence of HIV cases back in 1990. These data should now be used to make the program planning and targetted fund allocation, but the most common problem is that the dissemination and distribution of research data have not been well coordinated. Indonesia have been beset by many diseases; the government, NGOs and all realted sectors should make a strategic planning to address them.

HIV is not easily contagious, so it should be easy to prevent. However, in reality this is not easily done because the prevention is strongly associated with sexual problems. The key populations of HIV are female sex workers (FSW) and their clients, injecting drug users (IDU), and men having sex with men (MSM). **Most at risk people** (MARP) in Indonesia in 2009 is approximately 5-8 million people, this figure is high enough to maintain and distribute HIV in Indonesia.[2]

Ciptasari Prabawanti (Family Health International) then presents "HIV and AIDS Pro-gram in Indonesia", which highlights some key topics that need attentions from the program implementers i.e. key population on HIV tran-mission, pre-vention program models, strategic targetted groups and lessons learned during the intervention period on MARP group. Cipatasari closes her presentation by stating that there are some high risk groups still untouched by the program. These groups are mobile men with money, sexual partners of MARP, and population with "early prevention"



[1] Please contact dian.rosdiana@ccphi.org for presentation materials

[2] The office of Special Envoy on MDGs to the President of the Republic of Indonesia on March 15, 2011 has launched "Pembentukan Model HIV Indonesia" (HIV Indonesia Modeling), a software using a statistically and mathematically approach to help planning the integrated prevention on epidemic of HIV and AIDS in Indonesia.

Summary of discussions

1. Dissemination of research data. All research results are ideally disseminated to the public, especially to the organizations having HIV and AIDS prevention/control programs in Indonesia, and particularly to the policy makers. The HIV and AIDS strategic data is currently owned by MOH , but the publication is limited. Moreover, it also needs a special expertise in epidemiology in data processing to produce a proper interpretation and on-target utilization.
2. Cooperation among sectors. The HIV prevention efforts are very complex and so far there are many NGOs and government have been working on this efforts, however the involvement from business sector is still lack. Therefore, it is suggested that CCPHI to facilitate the cooperation among companies, government and other NGOs. The government and donors have limitations to deal with HIV/AIDS, therefore it is highly hoped that business companies could fill in the gap. It also needs a national mapping of efforts. The National AIDS Commission (KPA) and Ministry of Health have to work more closely to synergize all HIV& AIDS efforts in Indonesia.
3. Outreach to youths. Based on the UNAIDS data, the epidemic curve on youth groups is sloping down, particularly in some countries in Africa. This happens because of the successful sexual behavior change in youth groups. Some organizations in Indonesia have ever conducted some survey to measure the level of youth's knowledge and behaviors in terms of reproductive health issue. The HIV and AIDS data estimate can be downloaded on www.aids-ina.org. However, it still needs to explore more the kind of model that could be successful in Indonesia.
4. Indicator of a successful program. It is hard to make a single recipe of indicator in developing a program. Each population group has a different indicator list according to each risk behaviors and supporting factors. Therefore, organizations need to establish an appropriate strategy and rationale when planning to develop an HIV prevention program.
5. Companies have also done so much efforts tailored with their own abilities and needs. For example, Standard Chartered has their own HIV awareness campaign for their staff internally.

Closing

Kemal reminds that today discussion is to build a network of observers on HIV & AIDS. CCPHI facilitates the companies and NGOs to conduct continuous development programs. Today is the second discussion, the first one was done in LKNU office. For the next third discussion, Kemal asks the participants to propose their office as the venue.

Announcement

The next West Java Public-Private Partnerships Meeting will be held on April 8, 2011 at the Fakultas Kedokteran Universitas Padjadjaran/IMPACT, Bandung West Java as the host. Kemal asks the participants to visit www.ccphw.org to see the partnership case study between the companies and NGOs particularly in HIV and AIDS.

Participant List of HIV & AIDS Discussion II

Wednesday, 9 March 2011

NO	NAME	ORGANIZATION
1.	Abdul Mukti Hisam	BP Indonesia
2.	Ahmad Fikri	LKNU
3.	Anggia Ermarini	LKNU
4.	Astara Lubis	AusAid
5.	Ciptasari Prabawanti	Family Health International
6.	Corry Triwardani	Chevron
7.	Cynthia Dewi Maharani	Mercy Corps
8.	Dian Rosdiana	CCPHI
9.	Elsa Handayani	Johnson & Johnson
10.	Esty Febriani	LKNU
11.	Iie Sri Rejeki	Standard Chartered Bank
12.	Irma Anintya	UNPAD
13.	Kemal Soeriawidjaja	CCPHI
14.	Lucas Pinxten	IMPACT
15.	Moktar K	DKT
16.	Oyo Zakaria	KKI
17.	Pandu Riono	FKM
18.	Putu Swaditya Yudha	Johnson & Johnson
19.	Stella Rosari	Johnson & Johnson
20.	Yuli Simarmata	IBCA