

HIV & AIDS DISCUSSION NOTES III

Standard Chartered Bank Office, Tuesday 28 June 2011, 08.30 -13.00

The third round of HIV & AIDS discussion involved 32 participants from four companies, seven NGOs, one university, one government agency, and one UN agency.

Kemal Soeriawidjaja, Country Representative of Company-Community Partnerships for Health in Indonesia (CCPHI) opened the meeting by giving a brief description of the background, goal, and expectations of this meeting. The opening continued with the remarks by Muljono Pringgoharjono, Country Chief Risk Officer of Standard Chartered Bank (SCB). In his remarks, Pringgoharjono said that SCB had been involved in community development activities through "Seeing Is Believing," a blindness prevention program.¹ This program provides funding support for cataract surgery, diabetic retinopathy, vitamin A distribution, and provision of spectacles for students and teachers. SCB has other pillar programs such as "Living with HIV" (LwHIV) and community development and environmental programs. Addressing the meeting topic on HIV/AIDS, Pringgoharjono emphasized that HIV/AIDS has been a problem in developing countries. As the largest bank in Africa, tackling HIV/AIDS becomes very crucial as it imposes a considerable impact on SCB staff. The HIV & AIDS program called "Living with HIV" provides education to employees and communities about HIV and how to live with it. In Indonesia, this program is important and necessary as the HIV issue has not been so widely open. In his closing remarks, Pringgoharjono hoped that this meeting would run well and get optimum support from all parties.

The meeting continued with a brief introduction by each participant led by Esty Febriani of Lembaga Kesehatan Nahdlatul Ulama (LKNU). She explained that the idea of this special interest meeting was supported by LKNU, a Principle Recipient (PR) of the HIV and AIDS program of the Global Fund, to have a forum on issues related to HIV and AIDS. This forum does not specifically discuss programs' targets or achievements; rather, it is expected to be a place for a group of individuals who come from various backgrounds to discuss HIV and AIDS broadly.

"Educating young people about HIV, and teaching them skills in negotiation, conflict resolution, critical thinking, decision-making and communication, improves their self-confidence and ability to make informed choices, such as postponing sex until they are mature enough to protect themselves from HIV, other STIs and unwanted pregnancies"

- Young People and HIV and AIDS: Opportunity in Crisis- UNAIDS, UNICEF WHO

The first presentation of the meeting was about HIV and AIDS Prevention by Ahmed Afzal, HIV and School Health Coordinator from United Nations Educational, Scientific and Cultural Organization (UNESCO) Office, Jakarta. Afzal explained that 40% of all new cases of HIV infection (incidence) in the world occur within the age group 15-29 years. In Indonesia, 45% of new cases are among youth of the

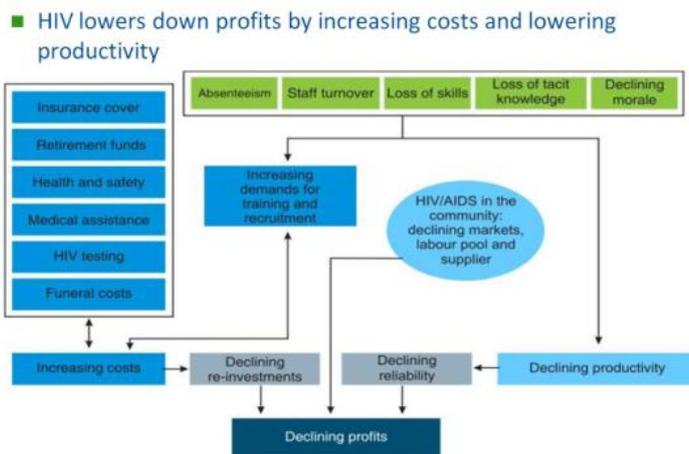
same age. The level of knowledge of HIV and AIDS for this same age group in Indonesia is only 14.3%, far below the MDG target of 70%. UNESCO has conducted a Situation and Response Analysis (SRA) to monitor

¹ CCPHI has a case study describing the partnership between SCB and Helen Keller International (HKI) about how SCB and HKI worked together to implement "Seeing Is Believing". Please visit www.ccphw.org

the response from the education sector in Indonesia to identify the needs and priorities of its program, to build consensus and ownership of the program, to provide status of intervention, and to build monitoring and evaluation activities.

Other than the HIV program, UNESCO also has programs for youth in high school and university that involves NGOs and the government to achieve national targets such as Millennium Development Goals (MDGs).

The second presentation on “HIV and AIDS Prevention Program in the World of Business” was presented by Teddy Tedjowardhono, the Champion of Living with HIV from SCB. SCB has been implementing the “Living with HIV” program since 2003/2004 with the aim of providing its employees worldwide including in Indonesia with education on basic knowledge of HIV. Currently the estimated number of people living with HIV has reached 33.2 million worldwide. More than 15 million are orphaned children.



SCB has developed a program that is mandatory for all employees through a peer-to-peer approach, using “champions.” Increasing knowledge about HIV among employees is created through face-to-face meetings, e-learning sessions, “right-start’ for new employees, and refreshment sessions by the champions. SCB also provides access to conduct tests and private treatments for employees and families. As of today, more than 930 champions are spread in more than 56 countries around the world.

Summary of discussion

The discussion focused on Prevention of Mother-to-Child HIV Transmission (PMTCT) and Voluntary Counseling and Testing (VCT), which needs a lot more attention from all parties. If these programs were properly executed, it would reach 100% success in preventing transmission. PMTCT, now called Vertical or Parent-to-Child Transmission, helps release the burden on women as the cause of transmission. VCT, now called VCCCT or Voluntary Counseling Confidential Informed Consent Testing emphasizes the importance of confidentiality and informed consent for each individual.

The Faculty of Medicine of Padjadjaran University and Hasan Sadikin Hospital in Bandung are currently providing antiretroviral therapy for 400 HIV-infected children with support from the Integrated Management of Prevention and Control & Treatment of HIV/AIDS (IMPACT) program.² The program applies the standard protocol that requires each individual to conduct the VCT/VCCCT before conducting PMTCT. In addition, several clinics/hospitals outside of Bandung also provide the same services. For example, Cipto Mangunkusumo Hospital (RSCM), Kramat Hospital (350 infants), and Yayasan Pelita Ilmu have this program in 11 provinces, i.e., in all of Java, Riau and Papua. This program involves Puskesmas and provides support for milk for babies.

Midwives could play an important role in providing family planning and delivery services and should be involved as an important part of PMTCT.

² IMPACT is an HIV and AIDS program funded by European Union to provide technical assistance, knowledge and training on prevention, treatment, and care of individuals with HIV by using local health and service systems; addressing HIV transmission associated with IDU; promoting local leadership and advocacy; and by changing attitudes and behaviors through health promotion. (<http://www.impactbandung.org/about/what/lang/en/>).

PMTCT/vertical transmission has four big strategies including:

1. Education about HIV
2. How HIV+ couples can protect themselves (by using condoms)
3. How to protect a baby from getting HIV and how to monitor the ARV therapy
4. Mitigation support in case a baby gets infected by his/her mother.

The company -in this case SCB- provides a treatment facility for its employees through insurance. SCB has introduced VCT/VCCCT with referral to clinics outside the office and apparently interest among employees is quite high regarding use of the facility.

The Government, through its *Komisi Penanggulangan AIDS Nasional*//KPAN (National AIDS Commission) is still trying to develop a curriculum for health workers in order to make PMTCT optimal. The need for medical equipment is under the authority of Ministry of Health (MOH). The Indonesian Government conducts an expenditure analysis for the HIV program every two years and publishes a report on the website, www.aidsindonesia.or.id

The next discussion was about sex education for youth. Until now, there are still many local governments (for example, local governments from the Indramayu district) that have not been willing to provide support for education of HIV prevention because HIV is still considered as a taboo topic to discuss. A lesson learned from other districts/cities that have successfully adopted a sex education policy is that NGOs should use the term, *life skill education (LSE)* instead of *sex education for youth*. *LSE* provides education for youth on a broader range of issues including sex, drugs, smoking, and HIV/AIDS.

The National AIDS Commission/KPAN has had a youth working group and action plan since 2007. It is recognized that the youth policy still has many shortcomings especially in reaching out to special groups such as street children, syringe users, etc. KPAN encourages all government agencies such as the Ministry of Education, National Family Planning Coordinating Board (BKKBN), MOH, and Ministry of Social Affairs to support the action plan comprehensively.

Cross-sector cooperation is indispensable for carrying out the HIV and AIDS prevention program. Companies and NGOs could enhance their collaboration by utilizing the existing systems and mechanisms available in each area, such as stakeholders' meetings.

The discussion was closed by the moderator, Esty, who reminded everyone that only 14.3% of youth have good knowledge about HIV while the MDG target is 70%. This figure is far behind when compared to Chile with 85%. Promotion and preventive actions are still poor, and cross-sector collaboration is an important mechanism to improve them.

Closing

Kemal closed the meeting by thanking the two presenters and SCB for hosting the meeting. Kemal also announced that HBRI meetings are held once every three months for companies and NGOs (no government or media) while special interest meetings like this meeting are held to discuss special topics with a broader range of participants (including the government) to encourage wider collaborations. The next HIV/AIDS discussion will be held at the BP office with a different sub-topic to be announced at a later date.

Participant List of HIV & AIDS Discussion III

Tuesday, 28 June 2011

<u>No</u>	<u>NAME</u>	<u>ORGANIZATION</u>
1.	Aditya Wardhana	Indonesia AIDS Coalition (IAC)
2.	Ahmad Fikri	Lembaga Kesehatan Nahdlatul Ulama (LKNU)
3.	Ahmed Afzal	UNESCO
4.	Allya Syahrial	Rachel House
5.	Astara Lubis	AusAID
6.	Benben Bella	Standard Chartered Bank
7.	Bobby Fuadi	Standard Chartered Bank
8.	Brenda Talitha Pardede	Standard Chartered Bank
9.	Danny Yatim	HIV Cooperation Program for Indonesia (HCPI)
10.	Dian Rosdiana	CCPHI
11.	Dini Endiyani	Standard Chartered Bank
12.	Djadjat Sudradjat	Komisi Penanggulangan AIDS Nasional (KPAN)
13.	Edhie Rahmat	Technical Working Group HIV/AIDS
14.	Esty Febriani	Lembaga Kesehatan Nahdlatul Ulama (LKNU)
15.	Evodia A. Iswandi	Indonesia Business Coalition on AIDS (IBCA)
16.	Iie Sri Rejeki	Standard Chartered Bank
17.	Ira Guntur	Yayasan Cinta Anak Bangsa (YCAB)
18.	Irma Anintya	UNPAD
19.	Joyce Puspa	Standard Chartered Bank
20.	Kemal Soeriawidjaja	CCPHI
21.	Lucas Pinxten	IMPACT
22.	Lynna Chandra	Rachel House
23.	M Nasir Effendi	SMART
24.	Maneesh Sharma	Vestergaard Frandsen
25.	Nelly Sidabutar	Standard Chartered Bank
26.	Olivia	Indonesia Business Coalition on AIDS (IBCA)
27.	Omri Tagor	Standard Chartered Bank
28.	Oyo Zakaria	Komite Kemanusiaan Indonesia (KKI)
29.	Pascalis Taa	BP Indonesia
30.	Perry Primanda	Yayasan Harapan Permata Hati Kita (YAKITA)
31.	Teddy Tedjowardhono	Standard Chartered Bank
32.	Widodo C Yuwono	SMART
33.	Yani Mulyani	Yayasan Kusuma Buana (YKB)
34.	Zahrotur Hinduan (Rosie)	UPK (UNPAD)