A National Assessment for Preventing HIV in Mother and Children: An Indonesian Story

Dr. Lukman Hendro Laksmono, MBA
Dr. Muh. Ilhamy Setyahadi, SpOG

Directorate of Maternal Health, MOH, Republic of Indonesia

Joint Forum Incorporating the Consultation on Integrating Prevention and Management of STI/HIV/AIDS into Reproductive, Maternal and Newborn Health Services and the 6th Asia-Pacific UN PMTCT Task Force Meeting

Sheraton Subang Hotel, Kuala Lumpur, Malaysia, 6-10 November 2006
Introduction

• By 2007, we are working towards the implementation of the integrated PMTCT. On the process of the implementation, we based our recent PMTCT programmes on the 3 by 5 policy.

• The programmes towards the integrated PMTCT next year include: Rapid assessment, capacity building workshops, training of medical health professional, etc.
Overview: HIV/AIDS situation in Indonesia

Figure 1: Number of AIDS Cases in Last 10 Years up to September 30, 2006

Figure 2: Number of HIV Positive in Last 10 Years up to September 30, 2006

AIDS-MOH monthly report up to Sept 30, 2006
Overview: HIV/AIDS situation in Indonesia

Figure 3: Cumulative Percentage on AIDS Cases by Age Group

Figure 4: Percentage of AIDS Cases by Sex

AIDS-MOH monthly report up to Sept 30, 2006
Overview: HIV/AIDS situation in Indonesia

Figure 4: Cumulative Percentage on AIDS Cases by Mode of Transmission

Figure 5: Trend Mode of Transmission of AIDS Cases per Period

AIDS-MOH monthly report up to Sept 30, 2006
PMTCT Rapid Assessment 2006

Directorate of Maternal Health, DG of Community Health, MOH Republic of Indonesia

in collaboration with

Unicef RO Indonesia 2005-2006
Goal
To identify the conditions which support or inhibit the delivery of interventions for the prevention of HIV from mother to child.

Specific objectives
1. Collect baseline data
   - Existing programs, policies and intervention
   - Selected health care, VCT facilities, ARV availability, Support mechanism
   - KAP providers, policy makers, community, youth regarding PMTCT issues
   - Gaps
   - Key person/ institution for influencing youth and women

2. To gather data to inform the development of comprehensive PMTCT intervention in Indonesia
Assessment Team

**Government**
1. Ministry of Health
   • Maternal Health
   • CDC
   • Hospital & Medical Services
2. National Family Planning Board
3. Provincial and District/City Health Office

**Community**
1. Yayasan Pelita Ilmu
2. Yayasan Spiritia

**Academia**
Study Center for Social Health, University of Indonesia

**Consultant**
1. Unicef
2. National Health Research Institute, MOH
3. University of Indonesia
4. University of Atmajaya
Methods

Review of secondary data from:
- Assessment results of pilot PMTCT programs
- Government and health facility records

Qualitative data gathering:
- In-depth individual and group interviews
- Questionnaires (respondent=651)
- Focus group discussions
Assessment site

1. Batam, Riau Islands
2. North Jakarta, DKI Jakarta
3. Bandung, West Java
4. Malang, East Java
5. Denpasar, Bali
6. Jayapura, Papua

- Provincial HIV referral hospital located
- District Level Hospital only
Respondent Institutions

1. Government HIV Referral Hospitals
2. Private and Public District Level Hospitals
3. Community Health Centers – Puskesmas
4. Community-based Integrated Health Posts – Posyandu
# Key Informants

## Hospitals
- GP, Obstetricians, Pediatricians,
- Nurses, Midwives,
- Hospital Directors,
- Chairpersons AIDS working groups,
- Pharmacy staff, Lab technicians,
- Blood bank technicians
- Manager ANC units,
- VCT Counselors,
- Pregnant women & Partners

## Stakeholders
- Chairpersons of Health Officials,
- Chairpersons of FP Board,
- Parliament Members,
- Managers of AIDS NGOs,
- Chairpersons of Women’s Org.

## Primary Health Centers
- Administrators, Nurses,
- Community/village midwives,
- Cadre (Integrated Health Volunteers)

## Community
- Community leaders,
- Unmarried Youth Males & Females,
- Females LWHA

Number of respondent = 1008 persons
What was learned about current knowledge of HIV / PMTCT?

- In general, respondents were knowledgeable about HIV including mother to child transmission.
- Health Care Workers were less informed as to specific ways to prevent MTCT.
- Mass media was a cross-cutting influencer for all respondents for knowledge about the size of the HIV epidemic in Indonesia as well as basic information about HIV and new AIDS related technology.
What are the current attitudes and practices related to HIV/PMTCT?

- Health Care Workers expressed fear of HIV infection in the work place due to lack of resources such as disposable gloves, other protective equipment, and PEP.

- In both hospital and community health care settings, pregnant women and new mothers are seldom provided basic information on HIV and MTCT.

- Only women with “suspicious” behaviors or family histories are provided information about HIV and/or referred to VCT.
What are the current attitudes and practices related to HIV/PMTCT?

- **VCT is only available in hospital settings** and referral mechanisms within hospital units and from community health centers is not yet optimal.

- **Most health care workers support public health messages** to reduce HIV infection including condom promotion and sexual health education to sexually active youth.
What problems or obstacles do people identify in relationship to HIV / PMTCT?

- The existing health care system is burdened with only a few HIV trained staff who are overworked.

- Health Care Worker’s are not in the practice of initiating discussions about healthy sexual marital relationships with pregnant women or their partners even though there are many beliefs and practices related to sex during and after pregnancy which may increase couples’ risk for HIV.
What problems or obstacles do people identify in relationship to HIV / PMTCT?

- Many youth are sexually active yet there are few health facilities who provide reproductive health services to unmarried youth.

- Exclusive Breast Feeding and its benefits are not uniformly promoted among pregnant women. There is much confusion about infant feeding recommendations for women infected with HIV.
What exists in terms of potential support systems, infrastructure, strategies for the support of PMTCT initiatives?

Human Resources

- HIV referral hospitals have functioning interdisciplinary AIDS working groups which coordinate continuum of care services from VCT to CS&T.

- There are many health facilities and NGOs with experience of providing services to PLWHA

- There are community based health volunteers who support breast feeding education and follow-up support to new mothers.
What exists in terms of potential support systems, infrastructure, strategies for the support of PMTCT initiatives?

**Reaching Populations at risk**
- Large populations of women with potential risk of MTCT are more apt to be reached at community health care centers via maternal child health clinics.

**Networking**
- There is evidence of referral networking between community health centers (Puskesmas) – integrated health posts (Posyandu) – hospitals – NGOs.
What exists in terms of potential support systems, infrastructure, strategies for the support of PMTCT initiatives?

Role of men in maternal and child health

- Male partners are accompanying women to established antenatal care services but are not involved in health education or consultation with the health team.

- Men are viewed as influential decision makers in the family.
Who has the most influence on young people especially women of reproductive age?

1. Parents or older family members *
2. Men (fathers, older brothers, husbands, and boyfriends*)
3. Health care workers (doctors and midwives)
4. Teachers
5. Religious organizations and religious leaders
6. Peers*
7. Woman’s organizations
8. Youth groups (district youth groups, faith-based youth groups, scouts, student government)
9. Department of Women Empowerment

* responses by youth
What community support mechanisms exist to support breastfeeding and or infant feeding programs?

- ANC and MCH clinics in both the Puskesmas and hospital have health educators experienced with supporting mothers with infant feeding. There are few health educators specifically trained in breastfeeding counseling and recommended feeding protocols to prevent MTCT.

- Health Cadres volunteering with the integrated health posts (Posyandu) are very effective in community based follow-up with new mothers including home visits.
What community support mechanisms exist to support breastfeeding and/or infant feeding programs?

- Referral hospitals engage *HIV social case managers* who have the potential to provide advocacy and community follow-up to new mothers in support of infant feeding choices.

- Local women's organizations *have potential in community advocacy for changing attitudes and responses of community* towards HIV infected women and children.
LESSONS LEARNED

1. Developing capacity among Health Care Workers as Rapid Assessment Team is possible

2. Assessment tools/processes are replicable and can assist as monitoring/evaluation methods

3. Potential entry points for PMTCT messages; community based maternal child health clinics; immunization clinics, and workplace
LESSONS LEARNED

4. Male partners, as important decision makers for women, were uniformed about PMTCT

5. There is evidence of changing attitudes and improved understanding of HIV among health care workers
Nurses completing Questionnaire, Wangaya General Hospital, Denpasar
FGD with Pregnant Women
In-depth interview with a Husband of a Pregnant Woman
FGD with Health Cadres, Integrated Health Post (Posyandu)
In-depth interview with Local Health Official
FGD with Female Youth
FGD with Male Youth
Thank You

Indonesian PMTCT Program logo's