



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	234.7 million (mid-2007)
Estimated Population Living with HIV/AIDS**	170,000 [100,000-290,000] (end 2005)
Adult HIV Prevalence**	0.1% [0.1-0.2%] (end 2005)
HIV Prevalence in Most At-Risk Populations**	IDUs: >40% (Jakarta) 13% (West Java) (2005) MSM: 0.4-1.3% (end 2004) Sex Workers: 16% (Sorong) 9% (Timika) (2006)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	20% (end 2006)

*US Census Bureau **UNAIDS ***WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

Indonesia's first case of HIV was reported in 1987. An estimated 0.1 percent of adults in Indonesia are HIV positive, making it a low-prevalence country; however, given its large population, this accounts for more than 170,000 people living with HIV/AIDS, according to UNAIDS. There are severe concentrated epidemics among Indonesia's injecting drug users (IDUs) and sex workers, and growing epidemics among their partners and clients. Due to the increasing number of IDUs, the number of new infections has grown rapidly since 1999. Moreover, a generalized epidemic is already under way in the provinces of Papua and West Papua, where a population-based survey found an adult-prevalence rate of 2.4 percent in 2006. Forty-eight percent of Papuans are unaware of HIV/AIDS, and the number of AIDS cases per 100,000 people in the two provinces is almost 20 times the national average. The percentage of people who reported being unaware of HIV/AIDS increases to 74 percent among uneducated populations in the region.

The HIV epidemic in Indonesia is one of the fastest growing in Asia. The epidemic of injecting drug use continues to be the primary mode of transmission, accounting for 59 percent of HIV infections, and heterosexual transmission accounted for 41 percent in 2006. According to the Indonesian Ministry of Health, recent surveys report that more than 40 percent of IDUs in Jakarta have tested positive for HIV, and about 13 percent tested positive in West Java. Many IDUs sell sex to finance their drug habits. Yet in 2005, 25 percent of IDUs in Bandung, Jakarta, and Medan said they had unprotected paid sex in the last 12 months.

The Indonesian archipelago stretches more than 3,000 miles along the Equator. Cultural practices and levels of urbanization, therefore, have an impact on the HIV/AIDS epidemic. For instance, a culture of paid and "transactional" sex among young men and women aged 15 to 24 has been a driving factor in Papua. Among 15 to 24 year olds, HIV-prevalence rates were 3 percent in 2006, according to the Ministry of Health. Prevalence rates among sex workers in Papua's major urban areas ranged from 9 percent in Timika to 16 percent in Sorong in 2004.

Numerous factors put Indonesia in danger of a broader epidemic. Risky sexual behaviors are common. Only 54.7 percent of sex workers and 56.5 percent of men who have sex with men (MSM) use condoms consistently, and just 18.5 percent of IDUs consistently use both sterile needles and condoms, according to Indonesia's 2006 report to the United Nations General Assembly Special Session on HIV/AIDS (UNGASS). Many IDUs are also sex workers or clients of sex workers, increasing the likelihood of HIV/AIDS spreading to the general population. Awareness of HIV status among at-risk populations is low. According to a 2004–2005 study cited in the UNGASS report, 18.1 percent of IDUs, 15.4 percent of MSM, 14.8 percent of sex workers, and 3.3 percent of clients of sex workers had received HIV testing in the previous 12 months and knew their test results. Stigma and discrimination persist and many people living with HIV hide their status for fear of losing their jobs, social status, and the support of their families and communities, thus decreasing the likelihood that they will receive proper treatment and increasing the chances of HIV spreading undetected.

With an estimated tuberculosis (TB) incidence of 108 new cases per 100,000 people, Indonesia is ranked third out of 22 high-burden TB countries, according to 2005 data from the World Health Organization. Currently, less than 1 percent of adult TB patients are HIV-positive. Continued monitoring is necessary, however, because an increase in the incidence of HIV-TB co-infection could add to the complexity of fighting both diseases in Indonesia.



National Response

Indonesia established a National AIDS Commission in 1994 to focus on preventing the spread of HIV, addressing the needs of people living with HIV/AIDS, and coordinating government, nongovernmental organizations (NGOs), private sector, and community activities. The Government of Indonesia signified its continued commitment to fighting HIV/AIDS in 2005 when it budgeted \$13 million to HIV/AIDS programs, an increase of 40 percent over the amount disbursed in 2004. However, the national budget for HIV/AIDS has since been stagnant. A 2006 Presidential Regulation reinforced the Commission's position as the

lead entity in coordinating Indonesia's response to the epidemic.

The National AIDS Strategy for 2003–2007 stressed the role of prevention as the core of Indonesia's HIV/AIDS program, while recognizing the urgent need to scale up treatment, care, and support services. The strategy emphasized the importance of conducting proper HIV/AIDS and sexually transmitted infection (STI) surveillance; carrying out operational research; creating an enabling environment through legislation, advocacy, capacity building, and antidiscrimination efforts; and promoting sustainability. Building upon this framework, the National AIDS Strategy for 2007–2010 added the priority targets of reaching 80 percent of people most-at-risk with comprehensive prevention programs; influencing 60 percent of the most-at-risk population to change their behaviors; and providing antiretroviral therapy (ART) to 80 percent of those in need.

The Government of Indonesia initiated a program to subsidize the cost of ART in 2004. By 2005, the program provided low-cost ART at 50 hospitals. However, only 20 percent of HIV-infected people received ART in 2006, according to UNAIDS. This is well below the country's target. Treatment adherence continues to be a challenge in Indonesia as more often than not, people living with HIV drop out of antiretroviral therapy due to many complex factors. Other competing demands on the government such as dealing with natural disasters and other health emergencies such as avian influenza also pose challenges to sustaining the momentum of the AIDS response.

Indonesia receives assistance from several international donor organizations, including the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund approved a fourth-round grant in 2005 for Indonesia to provide comprehensive care for HIV/AIDS-infected and -affected individuals. The U.S. Government provides one-third of the Global Fund's contributions.

USAID Support

Through the U.S. Agency for International Development (USAID), Indonesia in fiscal year 2007 received \$8.5 million for essential HIV/AIDS programs and services. USAID programs in Indonesia are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease – a five-year, \$15 billion, multifaceted approach to combating the disease in more than 114 countries around the world. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

USAID/Indonesia provides technical assistance to the Government of Indonesia and local NGOs to scale up HIV/AIDS prevention, care, and support; conduct interventions in high-risk populations; and increase HIV/AIDS-prevention activities for the general public. The Agency also trains health workers and community members to reduce high-risk behaviors, expand quality services, and improve surveillance activities.

USAID implements HIV/AIDS activities in the eight provinces of DKI/Jakarta, West Java, East Java, Central Java, Papua, West Papua, Riau Islands, and North Sumatra. In these provinces, USAID works in 79 districts, including 75 of the 100 districts identified by the Government of Indonesia as priority provinces for HIV/AIDS. The Agency's interventions target sex workers, high-risk men, and MSM in all eight provinces, IDUs in six provinces, as well as the general population in Papua.

Through September 2007, USAID assistance to Indonesia had benefited more than 159,000 sex workers and 1,900,000 of their prospective clients; 95,000 MSM and 53,000 IDUs. USAID transferred state-of-the-art national surveillance capacity to Indonesia's Central Bureau of Statistics and Ministry of Health; provided training for staff and equipment to perform quality diagnostic services and treatment to 91 HIV counseling and testing sites, and 66 STI clinics in nine provinces; and initiated HIV/AIDS counseling and testing at TB sites in DKI Jakarta and Central Java.

Important Links and Contacts

USAID/Indonesia

Jl. Medan Merdeka Selatan, No. 3-5,

Jakarta, Indonesia 10110

Tel: 62-21-3435-9300

Web site: <http://indonesia.usaid.gov/>

USAID HIV/AIDS Web site, Indonesia: http://www.usaid.gov/our_work/global_health/aids/Countries/ane/indonesia.html

For more information, see http://www.usaid.gov/our_work/global_health/aids

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