



INDONESIA KEY



Controlling the Pandemic: Public Health Focus

HIV/AIDS continues to be a global problem, especially in the world's low income countries. Various public health measures, including safe sex practices and needle sharing prevention, are effective ways to control the spread of the disease. Individuals infected with HIV use antiretroviral therapy to control the disease in their body. After watching the video discussing control measures for HIV/AIDS, you will evaluate epidemiological information to determine factors contributing to the spread of HIV/AIDS around the world. You will compare the data for different countries to answer the following question:

If you were hired as part of a team to control the spread of HIV/AIDS in a certain country, how would you use statistical data to help determine the most effective regional public health plan?

After gathering information about the state of the HIV/AIDS epidemic in your assigned country, you will share the results with your classmates. You will have an opportunity to compare the situation in different countries and regions of the world, including the United States. Be sure to study your results carefully and closely to ensure that you make appropriate correlations between the numbers. Keep in mind that statistics are not always as clean cut and easy to compare as you may think!

Pre-Viewing Questions

1. What is public health?

Public health is the study of how diseases spread in a population and the measures used to control them.

2. How is HIV spread between individuals?

HIV can be spread by sharing needles, through semen and vaginal fluids during intercourse, and from mothers to children in the uterus, and through breastfeeding and birth.

3. What regions of the world are most affected by the HIV pandemic?

Developing countries are most impacted, especially sub-Saharan Africa.

4. What are some different control methods used to limit the spread of HIV (medical and public health related)?

Different control methods are:

- a) Education and training about HIV (how HIV leads to AIDS, how HIV is spread and how to effectively prevent transmission, and how HIV can be treated);
- b) specific and culturally relevant instructions on the use, and availability, of condoms and clean needles, targeted to high risk groups such as commercial sex workers and IV drug users (in places where HIV is concentrated in these populations);
- c) ensuring safe, HIV-free blood products (for transfusion) supply;
- d) access to HIV testing, with protection from discrimination;
- e) diagnosis of HIV infection in pregnant women, and timely access to anti-HIV ART drugs by pregnant women to decrease mother to child transmission of HIV;
- f) male circumcision;
- g) possibly, treatment of other STDs;
- h) and, possibly, widespread anti-HIV ART treatment which may decrease the infectiousness of persons living with HIV (as well as potentially decreasing stigma associated with HIV).

After Viewing the Video

Revisit the questions above and add any details that you may have missed before, then answer the questions below.

5. What risk does the limited availability of Antiretroviral therapy (ART) medicine in low income countries pose to individuals with HIV/AIDS? What can happen to the virus?

The HIV virus mutates very quickly and therefore can develop resistance to medication if the use of medication is not continuous. ART medication is crucial in slowing down the progression from HIV to AIDS and limiting the spread of the virus in the body. ART leads to a decrease in the level of HIV in the blood, and it may decrease person-to-person transmission (although this is currently under study).

6. Pick one of the countries highlighted in the video and describe a specific program established there that has helped reduce the spread of HIV/AIDS.

Botswana established routine HIV testing in medical clinics as part of blood screening for all ailments. Intensive national campaigns to eliminate mother-to-child transmission have also been instituted.

Thailand incorporated a nation-wide campaign among sex-workers where it mandated condom use, lowering the transmission of HIV among the Thai Army.

In Uganda, where roughly 1/3 of the army was once HIV-positive, government distribution of 160 million condoms per year has virtually halted the sexual spread of HIV in many areas.

Evaluating the Data

In small groups, you will be evaluating data provided by the World Health Organization (WHO). From this data, you will determine the extent of the HIV/AIDS threat in different countries and regions, as well as possible ways to control the spread of the disease. You will present your results to the class and compare data from different countries to understand regional and international risk factors and variations. First, complete the following questions and data tables by doing some research as a team.

Assigned Country Indonesia

- Go to <http://www.who.int/globalatlas/predefinedReports/default.asp>. Follow the link to the *Epidemiological Fact Sheets* and print the copy of the report relevant to your country.
- Go to <http://www.who.int/hiv/epiupdates/en/index.html>. Follow the link to the most recent *Report on Global AIDS Epidemic* and print the report for global information to use in your evaluation.
- Go to <http://www.who.int/hiv/countries/en/index.html> and print the relevant *Profile on HIV/AIDS treatment scale-up* sheet for your country.

Complete the data tables below by using relevant information from the previous databases. If the information is not available, indicate that with an N/A in the appropriate box. Blackened cells indicate that there is no data available for the majority of the countries or regions for that year.



Data Table 1: Country Specific (unless otherwise indicated)

	2003	Most Recent Year with Data (2005)
Estimated Number of cases for adults and children	110,000	170,000
Estimated Number of cases for adults (ages 15+ only)	110,000	170,000
Estimated Number of cases for Children (ages 0-14)	N/A	N/A
Estimated prevalence of HIV among adults and children regionally		0.4%

Table 2: Country Specific (unless otherwise indicated)

	2003	Most Recent Year with Data (2005)
Estimated number of deaths from AIDS among adults and children	2300	5500
Estimated number of deaths from AIDS among adults and children regionally		600,000

Table 3: Country Specific (unless otherwise indicated)

	2003	Most Recent Year with Data (2005)
Total population in Country	214,674,200	222,781,000
Per capita national Income		\$3460
Per capita total expenditure on health	\$113	N/A
General government expenditure on health as a % of total expenditure on health	4.5%	N/A
Total number of adults needing ART	9300	18,000
Total number of adults receiving ART	1000	3968
ART Coverage for adults in your country	19%	26%
ART Coverage in your region		16%



Respond to the following questions based on the data you have collected above.

1. Calculate the prevalence (percentage of sick individuals in an entire population) for children and adults with HIV combined for 2003 and the most recent year with data.

2003 Adult & children prevalence: $(110000/214,674,200)*100 = 0.05\%$

2005 Adult & children prevalence: $(170000/222,781,000)*100 = 0.08\%$

2005 Adult & children prevalence Asia: 0.4%

2. The cause-specific mortality rate is the percentage of deaths in a country due to a specific cause or disease. Calculate the percentage of deaths due to AIDS in your country to find the cause-specific mortality rates due to AIDS for 2003 and the most recent year with data. Calculate the same for your region for the most recent year with data.

AIDS mortality in adults & kids 2003: $(2300/214,674,200)*100 = 0.001\%$

AIDS mortality in adults & kids 2005: $(5500/222,781,000)*100 = 0.002\%$

AIDS mortality in adults & kids 2005 in Asia: $(600,000/3,938,020,000)*100 = 0.15\%$

3. Use your *Global Facts and Figures* sheet to determine the percentage of total deaths due to AIDS for people in your region.

$(600,000/2,800,000)*100 = 21.4\%$

4. Produce a graph for the following results for your country and region for 2003 and the most recent year with data:

- HIV prevalence (%) for children and adults combined for your country and adults alone in your region
- Cause-specific mortality rates (%) due to AIDS for adults and children combined in your country and region
- ART coverage (%) for adults in your country and region

Please see attached graphs.

5. Has the total number of HIV cases increased or decreased since 2003 in the country you are studying? How does the prevalence of HIV differ between your country and the region it is in? Explain your response by providing data from your calculations and data tables.

The total number of HIV cases have increased by 60,000 in Indonesia from 2003 to 2005 in both adults and children. Indonesia has 0.08% prevalence, while Asia has 0.4% prevalence. As shown by the numbers, Indonesia has a much lower HIV prevalence rate than that of Asia as a whole. However, HIV seems to be a growing problem in the country as the prevalence increased from 0.05% to 0.08% between 2003 and 2005 respectively.

6. Has the total number of AIDS related deaths increased or decreased since 2003 in the country you are studying? How do the cause-specific mortality rates due to AIDS in your country compare to those of the region it is in? Explain your response by providing data from your calculations and data tables.

The total number of AIDS related deaths has increased by 3,200 from 2003 to 2005 in Indonesia. The number of HIV cases has increased by 60,000. Indonesia, with a mortality rate of 0.08%, has a much lower mortality rate than that of Asia, 0.15%.

7. What are some of the possible factors that are contributing to changes in HIV prevalence and AIDS related deaths?

The largest groups impacted by the epidemic in Indonesia are injecting drug users and sex workers. The disease seems to be mostly contained within these two populations, and has minimal impact on the remainder of the population. There has been a 70% increase in transmission rates among injecting drug users since 1998, which is the major cause of this increase in HIV infections. There are not many streamlined approaches to the epidemic in the country, although efforts have been made and advances have occurred in treatment and prevention. Treatment prolongs the life of persons with HIV/AIDS, so as access to treatment increases, the number of people living with HIV (and therefore the HIV prevalence) increases, even in the number of new cases (incidence) stays the same.

8. Compare the ART coverage in your country and region. How do you think this is impacting the spread of HIV in your country?

The coverage for ART in Indonesia increased from in 2003 19% to 26% in 2005. There have been efforts within the country to establish wide spread awareness campaigns and provinces have established AIDS commissions to treat people living with HIV/AIDS.

9. Providing national access to HIV testing and screening centers, as well as ART distribution centers, may have an impact on management. In your opinion, how effectively is your country addressing this issue? (*Hint: Look at the method of HIV screening and number of individuals being screened for HIV. Do you think there are sufficient ART distribution centers and testing and screening centers available?*)?

The prevalence of HIV as calculated above is 0.08%. There have been measures in Indonesia to test >90% of all blood samples that are collected for HIV. Not everyone who needs testing is being tested for HIV. There are 71 HIV testing and counseling sites and 61 ART distribution centers available in the entire country of Indonesia, not enough to serve all of the country's population. This indicates that there is most likely a large group of people who are also not getting diagnosed since they do may not have access to these clinics and facilities.



10. Read through the profile on HIV Prevention/Treatment Scale-up for your country. Given your understanding of how HIV spreads, discuss some of the obstacles faced by your country in establishing total prevention of the spread of HIV. Be detailed and specific, offering relevant suggestions where you see feasible.

Indonesia is a lower-middle income country with an average annual per capita income of about \$3,460. Of that, \$113 is typically spent per year on health related costs, which is about 3% of their income. The government covers about 4.5% of total national health expenditure. The largest problem in the spread of the disease is transmission amongst drug users injecting with needles. This has led to an eightfold increase since 1998 in the numbers of individuals in that community infected with HIV/AIDS. Also impacting the increase in numbers are individuals in the sex trade. Indonesia has implemented provincial AIDS commissions to treat and diagnose patients; however these are not being utilized to their fullest. There are many cultural stigmas against infection and so people tend to avoid approaching centers for diagnosis. Programs need to be instituted to target individuals in these critical infection communities to ensure that the spread of the disease amongst the population slows down and ultimately stops. Also important is the building of more clinics and centers that are readily accessible to all individuals in the population to ensure that people have adequate opportunities for diagnosis. Availability of human resources is also a crucial next step for Indonesia to tackle the problem on hand. Since one of the most affected populations is that of intravenous drug users, Indonesia has also made efforts to establish national needle exchange programs. Not only have needle exchange programs been important, but a large emphasis has been made on providing resources, like access to methadone*, to address drug addiction and ultimately decrease HIV infectious through needle sharing.

*“Methadone is a rigorously well-tested medication that is safe and efficacious for the treatment of narcotic withdrawal and dependence.”

<http://www.whitehousedrugpolicy.gov/publications/factsht/methadone/index.html>

***Students can offer a number of suggestions here based on their understandings which include instituting programs encouraging people to join the medical profession, encourage more volunteers, use funding to build more facilities across the country, and many others. ***

Post-Class Discussion



11. How does your country compare to the rest of the countries being evaluated in terms of HIV prevalence and prevention measures? What social, economic, and political factors in these countries have led to these different variations? Refer to the graphs containing class data and your classmates' presentations to help you answer this question.

Compared to the other countries studied in class, Indonesia has one of the lowest prevalence and mortality rates (equal to China). However, the numbers are growing. Indonesia, compared to other countries studied, is a country newly experiencing the spread of the epidemic. The cultural stigma against the disease is similarly experienced in other areas of the world, which hinders initiatives to address the problem before it grows. Countries such as Indonesia, with limited/circumscribed HIV epidemics, should intensively try to prevent further spread of disease—using some of the prevention measures mentioned above, focusing on the epidemiology in-country, such as spread by intravenous drug use.

12. Look at the data your teacher provided about HIV/AIDS in the U.S. How does the country you studied compare to the U.S. in terms of prevalence and mortality rates? Does the data surprise you? Why or why not?

Indonesia has slightly higher prevalence and mortality rates than those of the U.S. Indonesia needs to expand on prevention programs in the region to address the problem before it grows. The increase in availability of ART medication is a positive.

* Student answers will vary based on their conclusions.