

Peer-Driven Intervention on Hepatitis C Testing and Treatment Literacy among People Who Inject Drugs in Jakarta, Indonesia

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Background

Co-infection with HIV and HCV is common among injecting drug users and can lead to various negative health outcomes, including long-term illness and death. In the Indonesian context, programme data indicates that HIV/HCV co-infection rates among IDU may range from 60% to 90%. In the absence of national surveillance data on HCV and HIV co-infection and low HCV testing and treatment rates, the Indonesian Drug Users Network implemented a peer-led intervention aimed at (1) improving IDU knowledge of HCV, (2) providing free HIV/HCV testing in a community setting, and (3) improving access to prevention, treatment and support services.

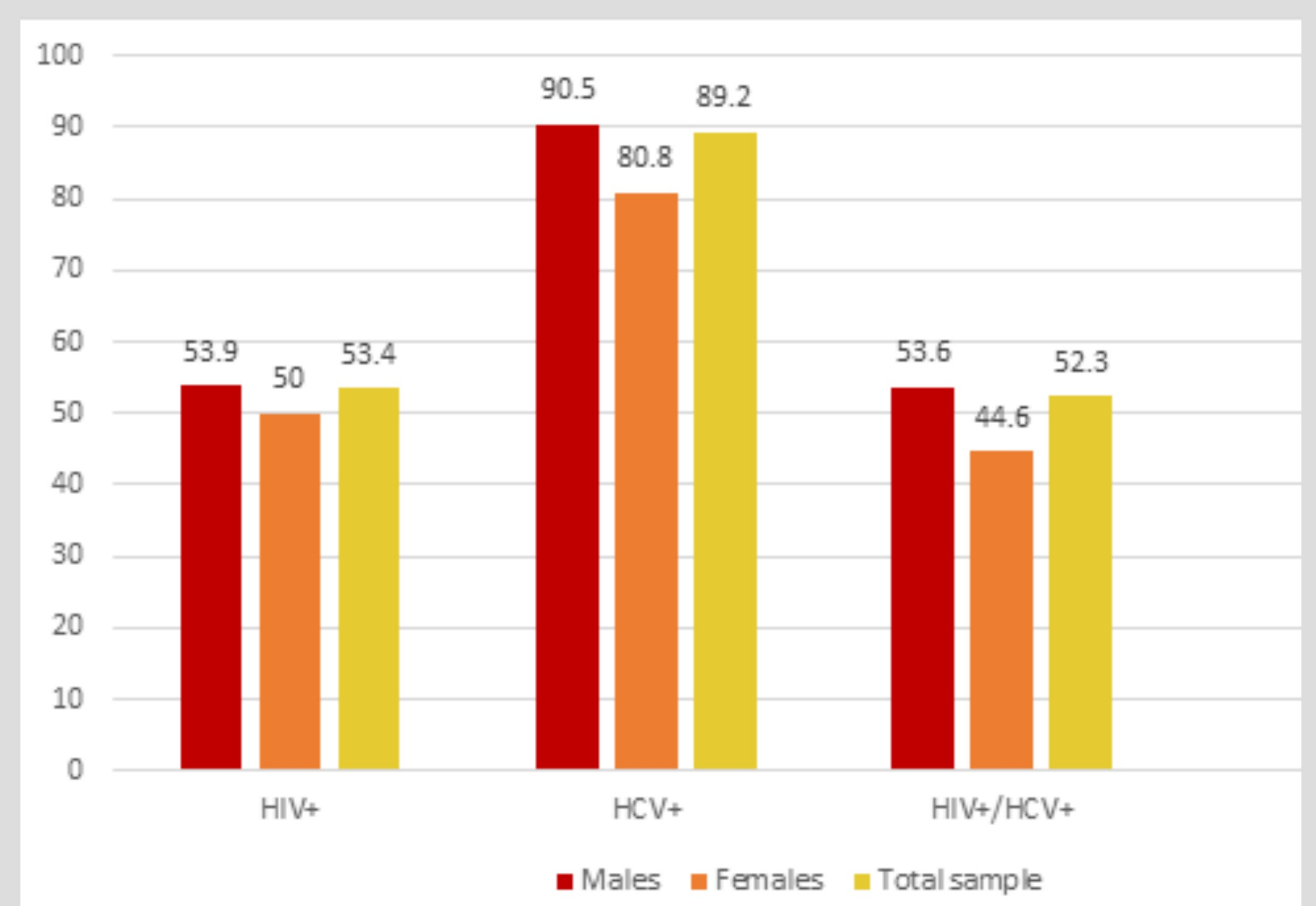
Methods

Peer-driven intervention is an outreach model that relies on existing peer networks to reach and educate one another. Between August and December 2015, IDUs were recruited from urban sites in Jakarta using a coupon-referral system by which an initial community participant ('seed'), after being recruited to the project, was then provided with recruitment coupons and trained to educate and enlist additional peers.

Results

Of a total 326 IDUs participating in the intervention, the majority were male (86.2%; N=281) and unemployed (57.6%; N=188). Among those who agreed to be screened for HIV (N=321), seropositivity was 52.6% (N=169), with slightly higher rates among men (53.9%; N=149) than women (44.4%; N=20). Nearly 9 in 10 participants (87.2%; N=282) were HCV antibody positive. Men had higher levels of HCV (89.5%; N=247) than women (77.7%; N=35). At least 1 in 2 male IDU (52.8%; N=146) and 1 in 3 female IDU (37.7%; N=17) was HIV/HCV co-infected.

Figure 1: Prevalence (%) of HIV, HCV mono-infection and HIV/HCV co-infection by sex (N=326)



Conclusion

The PDI model effectively utilized peer networks to reach, educate and test IDU groups who had not previously accessed prevention services. This suggests that the active role of the drug user community in recruiting, educating their peers is central to achieving better HIV/HCV service, reducing injecting risk behaviour, and improving treatment access.