

HEALTH FINANCING FOR PRISONERS WITH HIV: LESSON LEARNED FROM INDONESIA

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Introduction:

HIV intervention in Indonesia has been improving with support from the Government and international partners. At the moment several prisons in Java are chosen as model for HIV-AIDS programs for prisoners, including VCT, Lab-test, ART, OI treatment and hospital care. Evaluation on how this program was financed and performed is important to sustain the program and not depending on external funders.

Objective:

To obtain information on how much cost of prevention and care-treatment among prisoners in two prisons: Jakarta and Bali and who finance the program.

Method:

Retrospective data was collected from two prisons: Bali and Jakarta. Cost was estimated from government and partners perspective. Both quantitative and qualitative analysis were done. A modified activity-based costing was done supported with document review and interviews.



Result:

HIV intervention in Indonesia has been improving with support from the Government and international partners. At the moment several prisons in Java are chosen as model for HIV-AIDS programs for prisoners, including VCT, Lab-test, ART, OI treatment and hospital care. Total spending in Bali was USD 26.359 per-year and unit cost was USD 78, while in Jakarta unit cost was USD 426. These spending even higher if other activities such as substitution and treatment at hospital were included. Some programs such as Methadone therapy, condom and ART were conducted in collaboration with District Health Office and local hospital, and funded by government. Interestingly, program for prisoners in Bali includes spiritual therapy such as yoga and dancing, initiated using funds from international partners. High cost for CD4 and ART were covered by central government, while operational cost was supported by local government. Networking with other institution become critical, since no direct costs actually was covered by the prisons themselves.

Conclusion:

Most of program intervention for prisoners supported by external partners. Sustainability issue remain unclear since donor funding will be finished soon and must be replaced by government. Local government is expected to support continuity of the program, but regions with low fiscal capacity are not able to ensure program continuity.

	Bali	Jakarta
Number of prisoners	738	3,093
Number of drug users	251	1,238
Number of IDUs	29	434
Number of HIV-positive	13	18
Number of prisoner with HIV testing	338	29
Number of prisoner with a positive HIV test result	6	18

Budget for prison in Jakarta, 2011		Budget for prison in Bali, 2011	
Cost Component	US\$	Cost Component	US\$
Elisa test	13,333	IEC	1,467
CD4 test	20,444	Dialog interactive	1,600
Blood test	6,222	Bleach	27
Foto thorax	4,444	Supporting program	1,289
Inpatient (drugs & infust)	6,667	Methadone program	462
Outpatient (drugs)	33,333	Supporting ODHA	533
Others	667	VCT	1,536
Total	85,111	Refferal system	720
		Salary	16,580
		Operational & management	2,144
		Total	26,359

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