

The urgent need for improved hepatitis C prevention, care and treatment for people who inject drugs in Indonesia

Hepatitis C: an urgent public health crisis

Hepatitis C is a major public health, economic and social crisis. Globally, approximately 184 million people are chronically infected with the hepatitis C virus (HCV).¹ HCV is the leading cause of liver-related mortality, causing over 350,000 deaths annually.² Co-infection with HIV, which accelerates HCV progression, is a growing concern. In 2008, an estimated 4-5 million people living with HIV also had HCV.³

People who inject drugs (PWID) and people living with HIV (PLHIV) carry the burden of HCV infection, especially in low- and middle-income countries. The global prevalence of HCV among PWID was estimated at 67% in 2010, with over 10 million PWID living with the virus.⁴ In Asia, rates of HCV are disproportionately high among PWID, reaching 90% in Thailand, 41% in India, and 67% in China, and almost universal among those also infected with HIV.⁵ In Indonesia, HCV prevalence among PWID is as high as 77%,⁶ with co-infection rates with HIV ranging from 60% to 90%.⁷

Hepatitis C in Indonesia

Indonesia has one of the highest rates of viral hepatitis in the South East Asia region, with liver disease now the second leading cause of death among the general population.⁸ An estimated 28 million people living with hepatitis B virus (HBV) and/or HCV, and only 1 in 5 aware of their infection.⁹ In 2007, 6-7 million people across 21 provinces – more than 2% of Indonesia's population – were infected with HCV, most of them men between 20-40 years of age.^{10 11} While HIV rates among PWID have decreased from 52% in 2007 to 36% in 2011,¹² HCV has remained disproportionately high. Among the estimated 105,784 people who inject drugs in the country, over two-thirds have HCV infection.¹³ Anecdotal program data from two community organisations¹⁴ from 2007 indicates that HIV/HCV co-infection rates among PWID may range from 60% to 90%.¹⁵

What does the government need to do to improve HCV prevention, care and treatment among people who inject drugs in Indonesia?

To strengthen the national response to HCV among people who inject drugs in Indonesia, we urge the Ministry of Health to implement the following recommendations immediately:

1. Actively negotiate for the price reduction of antiviral treatment, consisting of pegylated interferon and ribavirin with pharmaceutical company.
2. Include HCV antibody testing in routine national surveillance, particularly among populations who are disproportionately affected such as people who inject drugs and people living with HIV.
3. Develop national guidelines for the prevention, care and treatment of HCV, with a special focus on people who inject drugs, based on international guidance by the World Health Organisation, and national treatment consensus for hepatitis C infection developed by the Indonesian Association for Study of the Liver (Ina-ASL).
4. Include pegylated interferon and ribavirin in the national essential medicines list.
5. Include HCV screening and diagnostic tests as part of harm reduction programming in community health centres (puskesmas). In particular, HCV-RNA and genotype testing should be made accessible as part of existing HIV testing services.
6. Increase evidence-based harm reduction service coverage, including awareness and monitoring of acceptance and availability of low dead-space syringe among PWID.
7. Implement the existing provision in Narcotic Law no. 35/2009 on diversion of people who use drugs to rehabilitation rather than prison.
8. Encourage hospital management to adhere to the national treatment consensus that recommends pegylated interferon alfa 2a and 2b with ribavirin for the treatment of chronic hepatitis C.
9. Ensure the meaningful involvement of PWID in all stages of program and policy design, implementation, monitoring and evaluation.

HCV among people who inject drugs is preventable and curable

Effective strategies for preventing HCV amongst PWID consist of high-coverage harm reduction services such as needle syringe programmes (NSPs) and opioid substitution therapy (OST) in combination with the provision of antiviral treatment for those already living with HCV.^{16 17} But coverage of these interventions in Indonesia is too low to have a discernable impact on HIV

or HCV infection rates, and affordable antiviral treatment is largely unavailable to PWID.^{18 19} High levels of stigma and discrimination against PWID, and the application of punitive laws for drug-related offenses further drives PWID away from existing health services, and contributes to prison overcrowding.²⁰

HCV is now considered curable in up to 70% of those who undergo treatment.²¹ The recommended antiviral treatment for HCV consists of pegylated interferon alfa and ribavirin.²² Although HCV can be effectively managed and cost-effective, access to treatment remains very limited amongst PWID in Indonesia.^{23 24 25}

Criminalisation and HCV in prisons

HCV is more widespread in prisons than in the general population, and large proportions of the incarcerated populations in many countries inject drugs.²⁶ Injecting drug use and unsafe injecting practices have been widely documented inside Indonesian prisons.²⁷ In 2009, Indonesia's new law on narcotic drugs (Narcotics Law no. 35/2009) introduced mechanisms for diverting people who use drugs away from prison and towards drug rehabilitation.²⁸ However, the new legal provisions on diversion are rarely implemented in practice. The number of prisoners incarcerated for drug-related offences in Indonesia grew significantly from 7,122 (10% of all prisoners) in 2002 to 56,208 (35% of all prisoners) by the end of June 2013.²⁹ The ongoing criminalisation of drug use has resulted in high rates of imprisonment of people who use drugs,³⁰ with existing facilities remaining at least 148% over capacity.³¹

The World Health Organisation recommends implementing harm reduction services such as NSPs and OST in prisons as an evidence-based and cost-effective way to prevent HCV transmission.²⁹ Out of 429 prisons across Indonesia, including 13 prisons designed specifically for drug offenders, only nine prisons provide some level of OST.³² None provide sterile injecting equipment.

Although Indonesia co-sponsored a viral hepatitis resolution that established "goals and strategies for disease control, increasing education and promoting screening and treatment" of people living with HBV and HCV at the 63rd World Health Assembly,³⁴ progress in the country on commitments in the resolution is very limited. Indonesia does not conduct routine national surveillance for viral hepatitis.³⁵

Existing data on HCV among people who inject drugs are outdated, unavailable to public and scientific scrutiny, and based largely on laboratory and hospital records rather than representative community samples. While the Ministry of Health has produced written guidelines for the management of hepatitis C, in 2012, the government has not effectively disseminated or implemented these strategies, resulting in many medical practitioners and community members being unaware that these exist.

The urgent need to scale up access to HCV treatment in Indonesia

Although HCV treatment in Indonesia is publicly funded under a number of insurance schemes, including Askes, which covers health costs including treatment for HCV and HBV for government employees, Jamsostek, which acts as social insurance for workplaces that register with the scheme, and Jamkesmas, Indonesia's health waivers for low-income individuals, the reach of existing insurance and support schemes is extremely limited, particularly among PWID. A majority of people either do not know about these subsidies or do not qualify for them,³⁶ and among those who are aware that they exist, access is limited by a number of factors. Many PWID are ineligible for subsidies either because they are unemployed, or because they lack awareness of the availability of HCV testing and treatment. Most PWID cannot personally afford treatment due to the exceedingly high cost of medications.

Even when medication costs are covered, supporting tests required to assess whether and what treatment is feasible for an individual - such as liver function tests, HCV RNA viral load, and genotype testing - remain the responsibility of individuals. These costs can exceed \$650 (IDR 6,500,000) – an exorbitant amount for many PWID.

The Indonesian government has an obligation to ensure the highest attainable standard of health as a fundamental right of every citizen.³³ This includes providing accessible HCV prevention, care, and treatment, including supporting the costs of diagnostic tests for all those affected, and particularly for key groups at higher risk of HCV infection such as PWID.

References

For a full list of references, please refer to:

<http://www.pkni.org/references-summary-policy-brief->

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