

Building international partnerships online and in person: lessons from Indonesia and Nigeria

Chairs:

Douglas Fink

Nadia Ahmed

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Building international partnerships online and in person: lessons from Indonesia and Nigeria

Keerti Gedela, *Chelsea and Westminster Hospital NHS Foundation Trust*

Tomilola Musari-Martins, *Nigerian Institute of Medical Research, Lagos, Nigeria*

Building International Partnerships Indonesia



Dr Keerti Gedela

UK-Indonesia Joint infectious diseases partnership; 56 Dean Street, C&W NHS



The genius is in the collaboration;
the ideas, work & impact follow...

Building international partnerships:

Implementation research, healthcare innovation

- Purpose
- Context
- Partnership
 - Equity (by design) & Building Trust (crucial!)
 - Collaboration - diversity & inclusion **for** (rather than on) purpose & success
 - Communication (how/methods used/clarity/cultural awareness..)
- Capacity building
- Sustainability
- Overcoming challenges

About me

- UK-Indonesia clinical-academic-social science partnership since 2018
- Experience in different LMIC settings from 2003-clinician, research, education
 - Navigating health systems, different hierarchical teams, power structures, cultures and environments, bureaucracies, work visas/permissions..
 - Understanding the value of life can differ, what affects this
- Helps enable a mindset of flexibility, humility and confidence in your work & purpose
 - Takes a lot of work to build trust & 'be trusted.'
 - Understand how I may be perceived & how/if to address this.

Collaborative partnerships - Indonesia

Implementation of CMGs for HCIDs in Indonesia,
Uganda, DRC, Liberia & Sierra Leone



wellcome trust



INTERACT

Accelerate the HIV response in
populations with the greatest burden of
HIV in Bali.

Using tailored focused medical and
digital behavioural interventions

A targeted combination intervention approach
for acute HIV infections
to curb the explosive epidemic
among high-risk populations in Indonesia

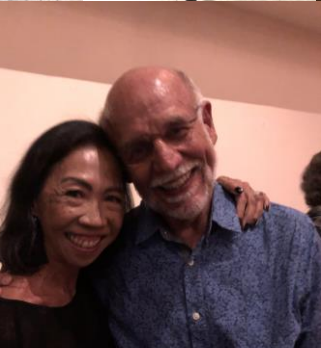


Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust



KEMRI
Wellcome Trust



[illegible]

Before building a collaborative partnership

There should be a ***purpose for it***

A problem to manage or a ***question to understand***

A process to enable change (or impact)

Before building a collaborative partnership

T	Who are the stakeholders & decision-makers Map out hierarchy Who must be informed/involved?
A	Be clear on the data & how reliable it is. Know your epidemic!
A	Context & Health System Analysis (politics, geographical diversity, disease morbidity/mortality, cultural/religious context, historical context/country relations)

Context



Archipelago of >17,000 islands, world's largest island/4th most populous nation (~273.5 million)

Richly diverse and traditional, community driven culture, encompassing over 600 different ethnicities and languages.

HIV prevalence 0.4%; Papua & West Papua provinces HIV prevalence >2.3% (political unrest)

Health systems

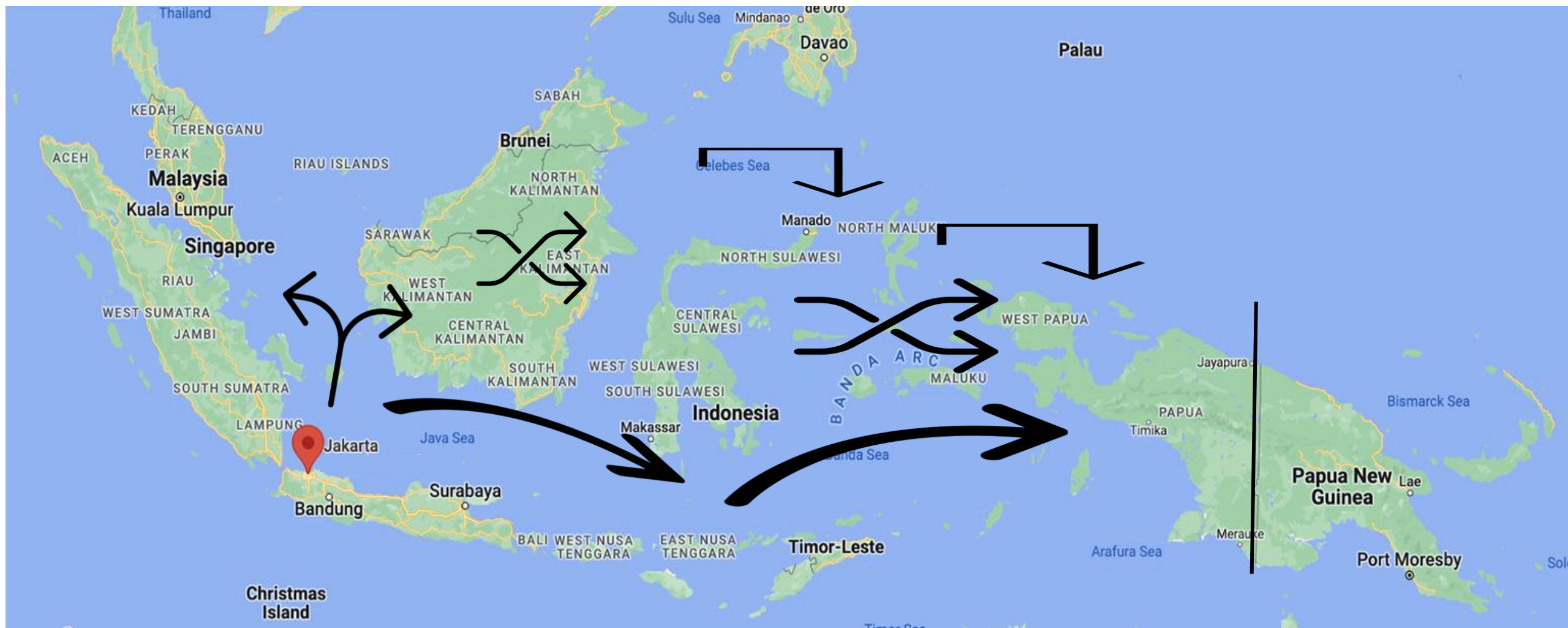
Despite growing economy and advances towards universal health care - provision and equity of healthcare are highly varied across and within provinces and districts

Complicated bureaucracy/shortfalls in the health system directly contribute to the wide health inequality gaps

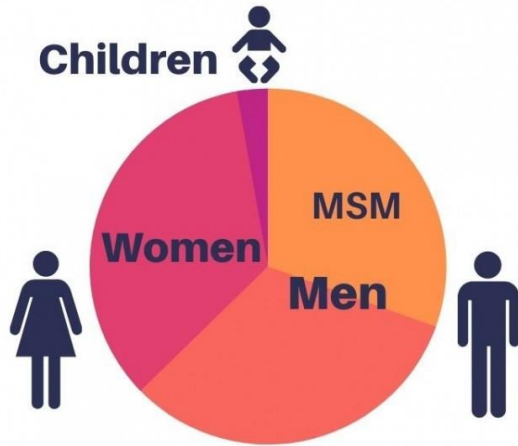
De-centralised healthcare systems - most healthcare provision is managed at district level

National management for certain areas e.g. drug procurement & diagnostics

Translation & Equity of healthcare implementation
(policy/CMGs/resources/surveillance/education..)
Equity w/in provincial infrastructure, population health & investment



HIV IN INDONESIA

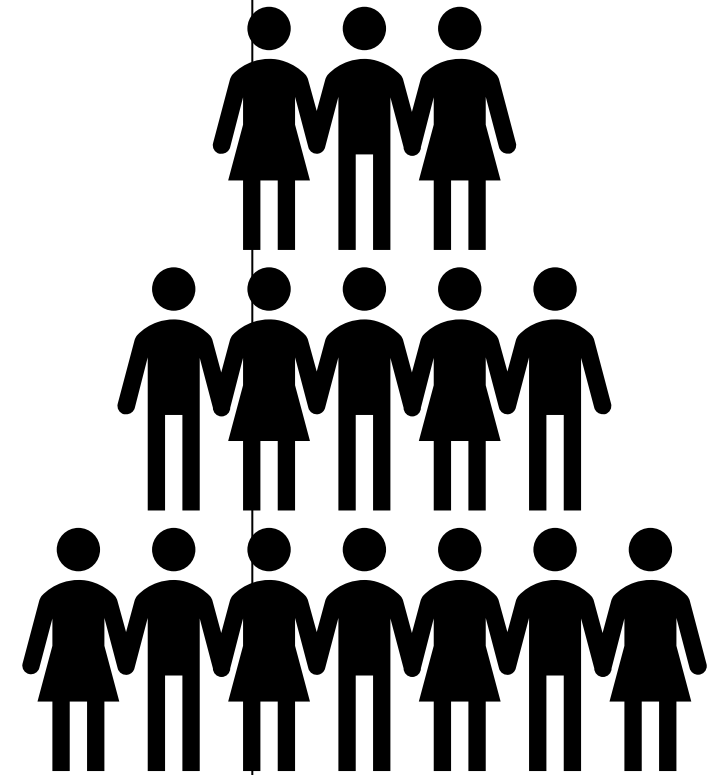


640,000 living with HIV

28 % on treatment 

90-90-90

66% - 28% - 0%



HIV IN INDONESIA

2019/2021 UNAIDS via IBBS



540,000 (510,000-570,000) PLWH (0.3% prevalence in adults aged 15-49) [640,000 PLWH 2018]



27,000 new HIV infections; 26,000 AIDS related deaths [46,000; 38,000 2018]



PMTCT 15%; Early infant diagnosis 5%



3,200 new infections & 2,400 deaths in children;  orphaned children due to AIDS 260,000



Key populations most greatly affected



Rapid increase in HIV new infections specifically in MSM 



17.9% MSM nationally (c/o 25.8% 2018 8.5% in 2011)

36% in MSM in Denpasar
Denpasar & Jakarta ~ 1 in 3 MSM infected with HIV

HIV IN INDONESIA

2019/2021 (?impact of covid19 + data accuracy)



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Key populations most greatly affected



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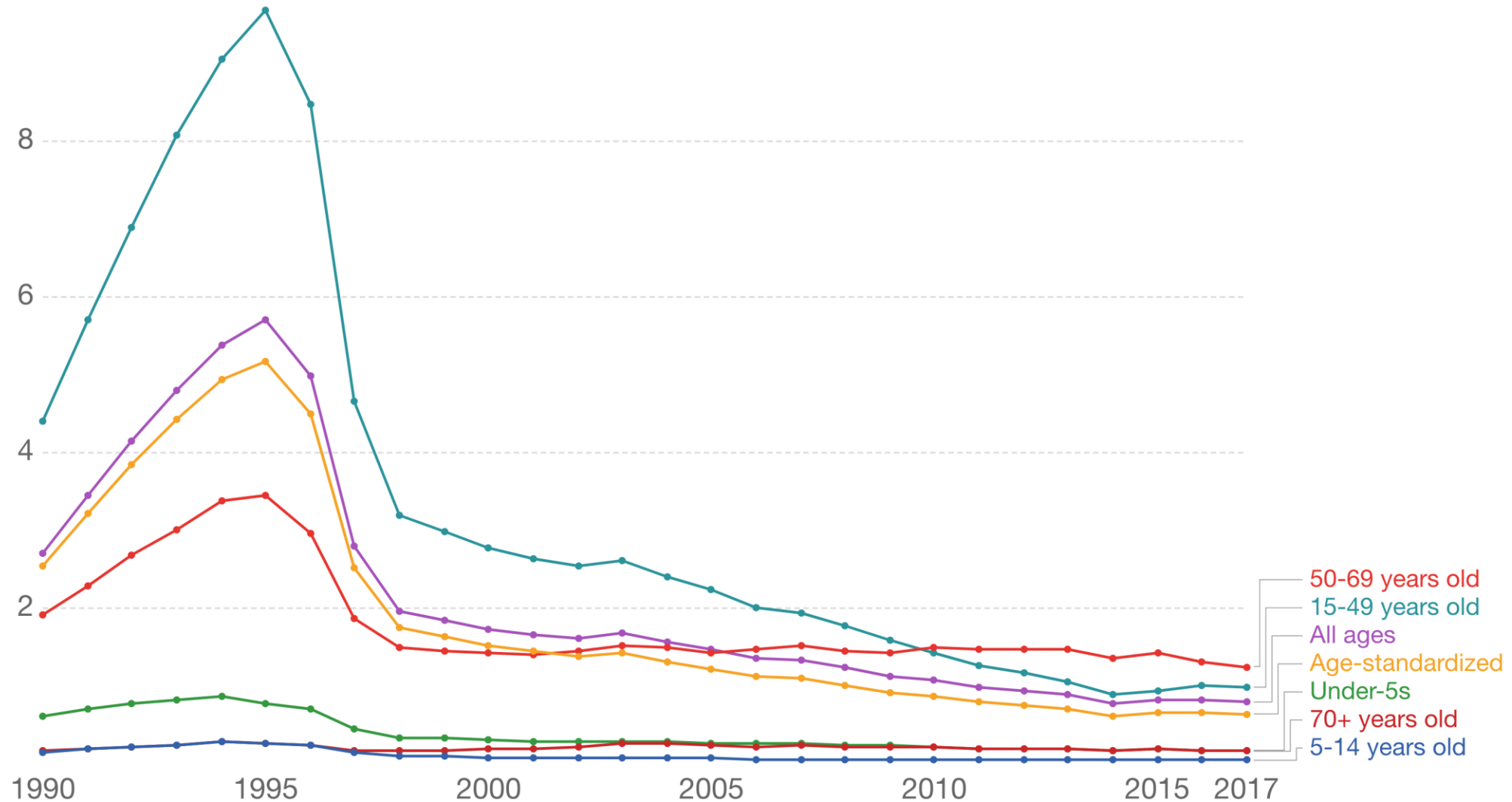


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36% in MSM in Denpasar
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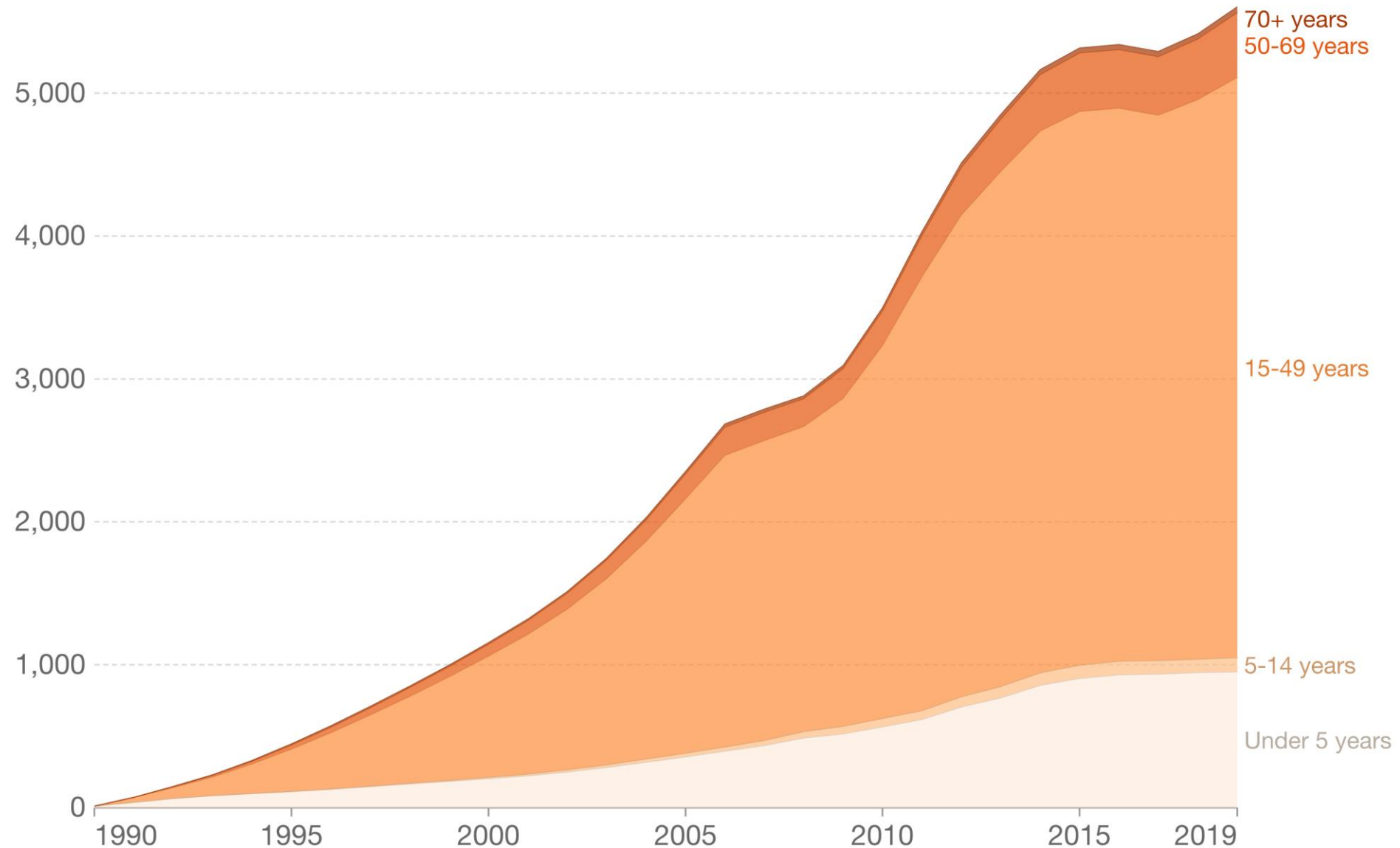
HIV/AIDS death rates by age, Western Europe

Death rates from HIV/AIDS measured per 100,000 individuals across various age categories. Also shown is the total death rate across all ages (not age-standardized) and the age-standardized death rate. Age-standardization assumes a constant population age & structure to allow for comparisons between countries and with time without the effects of a changing age distribution within a population (e.g. aging).



Deaths from HIV/AIDS, by age, Indonesia, 1990 to 2019

Our World
in Data

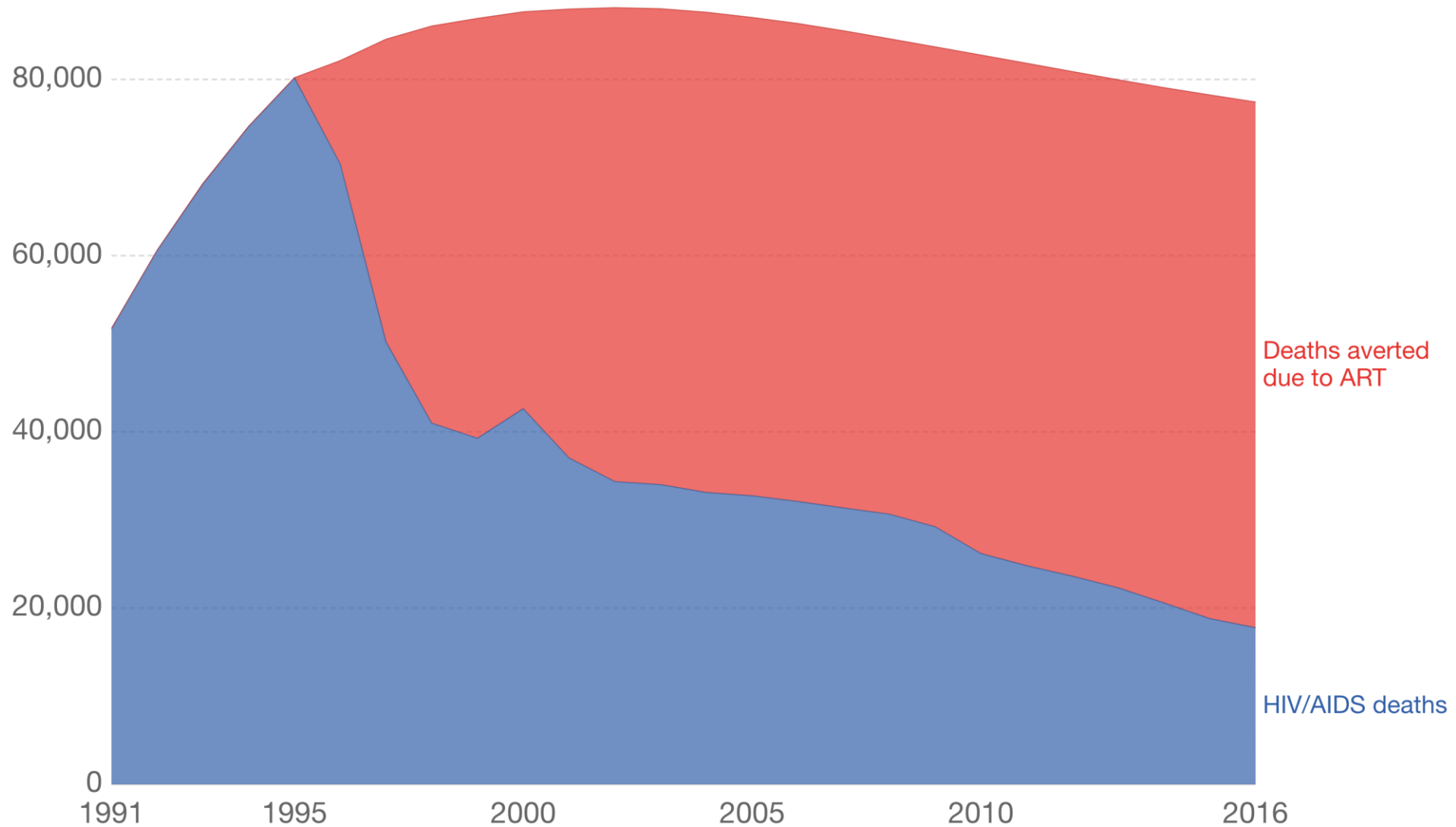


Source: IHME, Global Burden of Disease (2019)

OurWorldInData.org/hiv-aids • CC BY

Number of HIV/AIDS deaths and averted due to antiretroviral therapy (ART), Western & Central Europe and North America

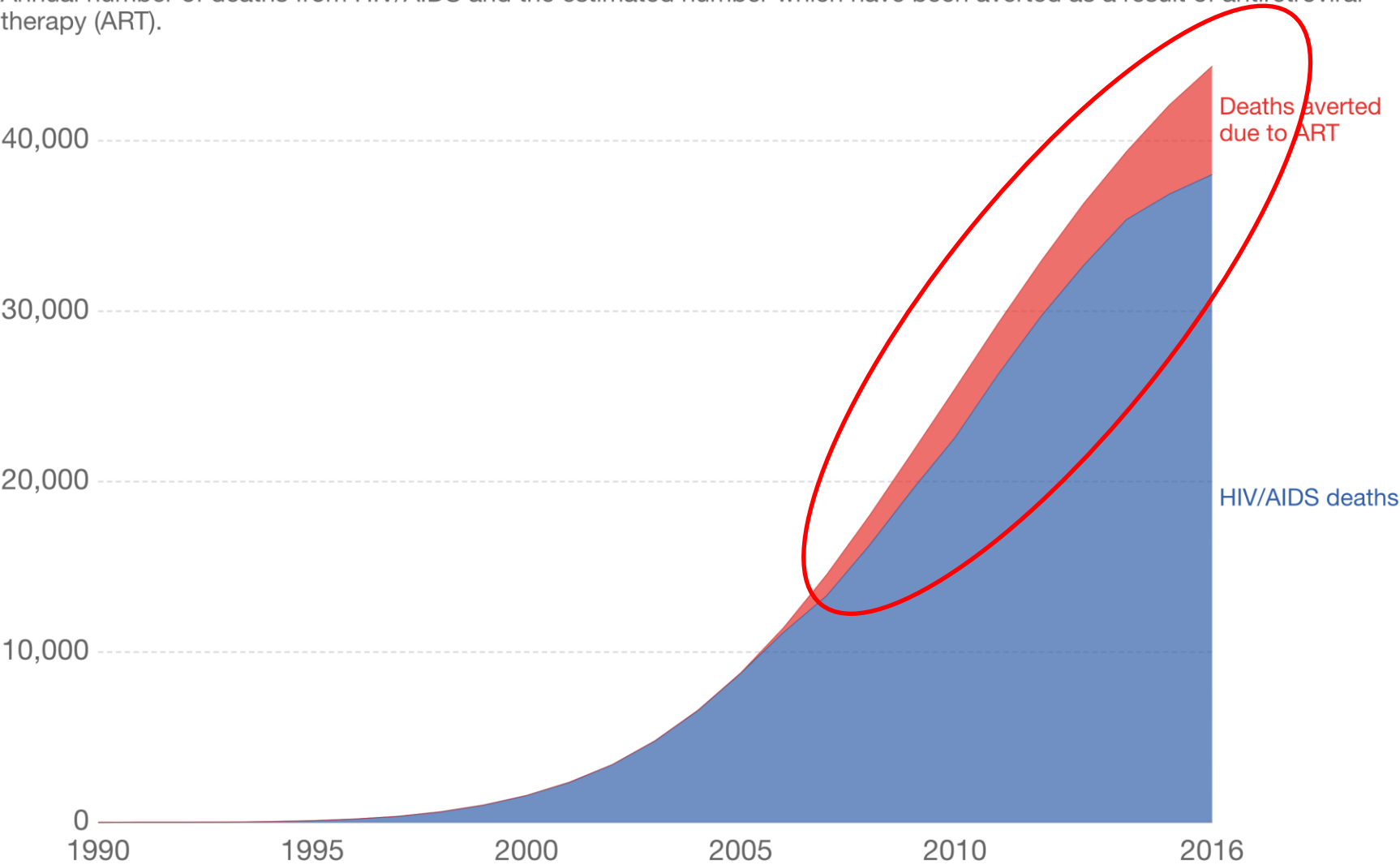
Annual number of deaths from HIV/AIDS and the estimated number which have been averted as a result of antiretroviral therapy (ART).



Number of HIV/AIDS deaths and averted due to antiretroviral therapy (ART), Indonesia

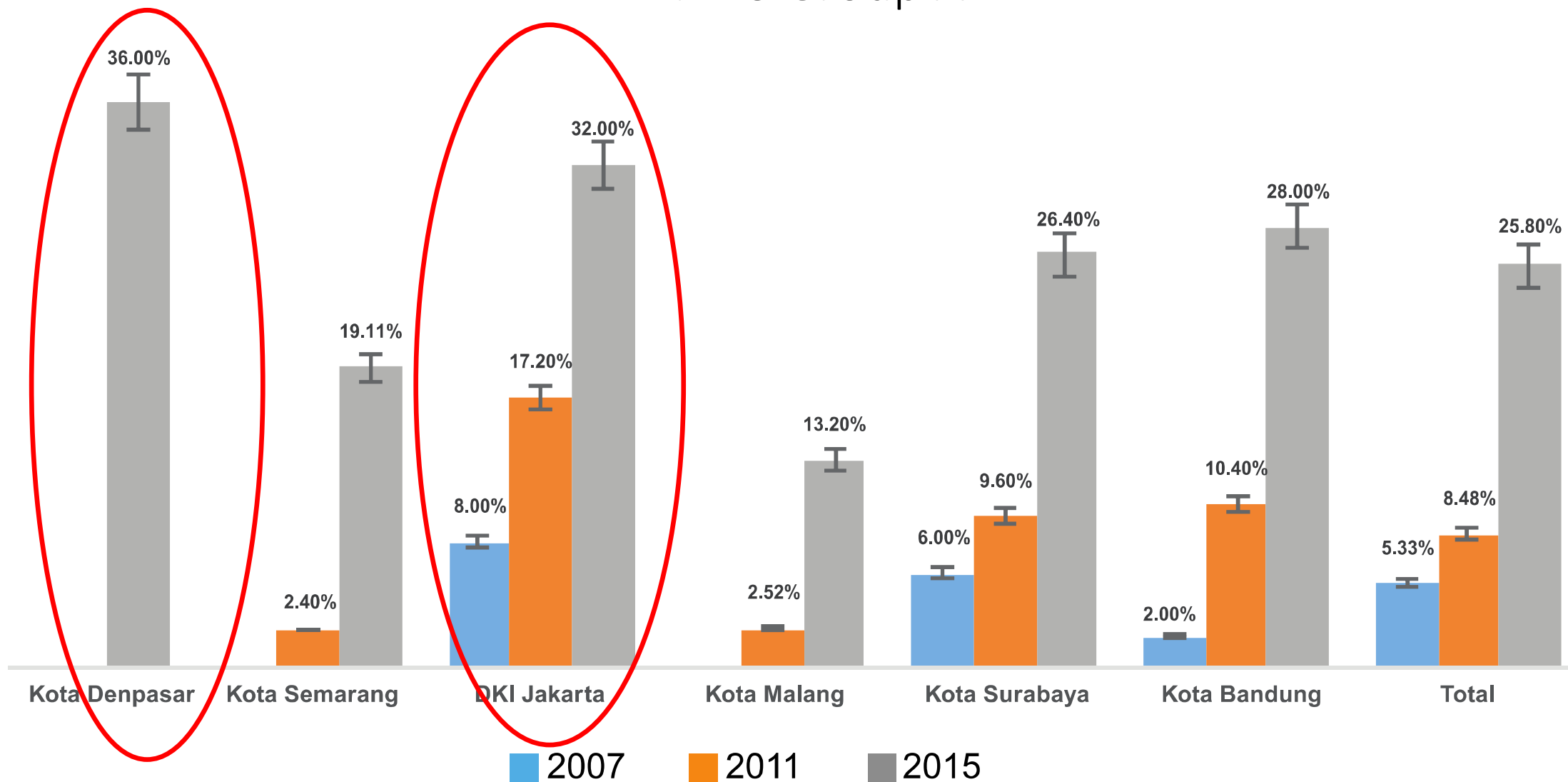


Annual number of deaths from HIV/AIDS and the estimated number which have been averted as a result of antiretroviral therapy (ART).



- Pharma**
- Drug procurement strategies**
- MoH priority**
- Limitations re. drug innovation**
- Internal generic manufacturing**
- Health system regulations**

Trends in HIV prevalence among MSM (high prevalence districts) IBBS Group A



Context-specific challenges - Indonesia

Institution/Health system

Lack of Domestic priority/Programmes funded via Global Fund

NGO services vs community/integrated HIV care

↓ access viral load/VRT, service infrastructure

No priority for sexual health/sex education

Data reporting systems to track patients (data safety)

ART procurement/ltd ART options

Punitive Laws

Institutional stigma (political environment)

Country view on relevance of HIV epidemic c/o to other causes of death & disease?

Social exclusion/wider determinants/risk

Internal migration among KPs – geographical diverse country

Wide bridging of risk: KP - 'lower risk' communities

Of 46,357 new HIV infections in 2017, 33% among women from non-KP

Low rates of condom use among FSWs & male clients

↑ rates MSM married to women (heterogeneity)

↓ rates of literacy among KPs (FSWs, trans women)

MSM ↑ use of online platforms to have sex due to fear
High rates CM use in the general population

Poor mental health/low self-esteem, personalised shame among KPs-poor mental health support

Indonesia passes criminal code banning sex outside marriage

🕒 6 December 2022



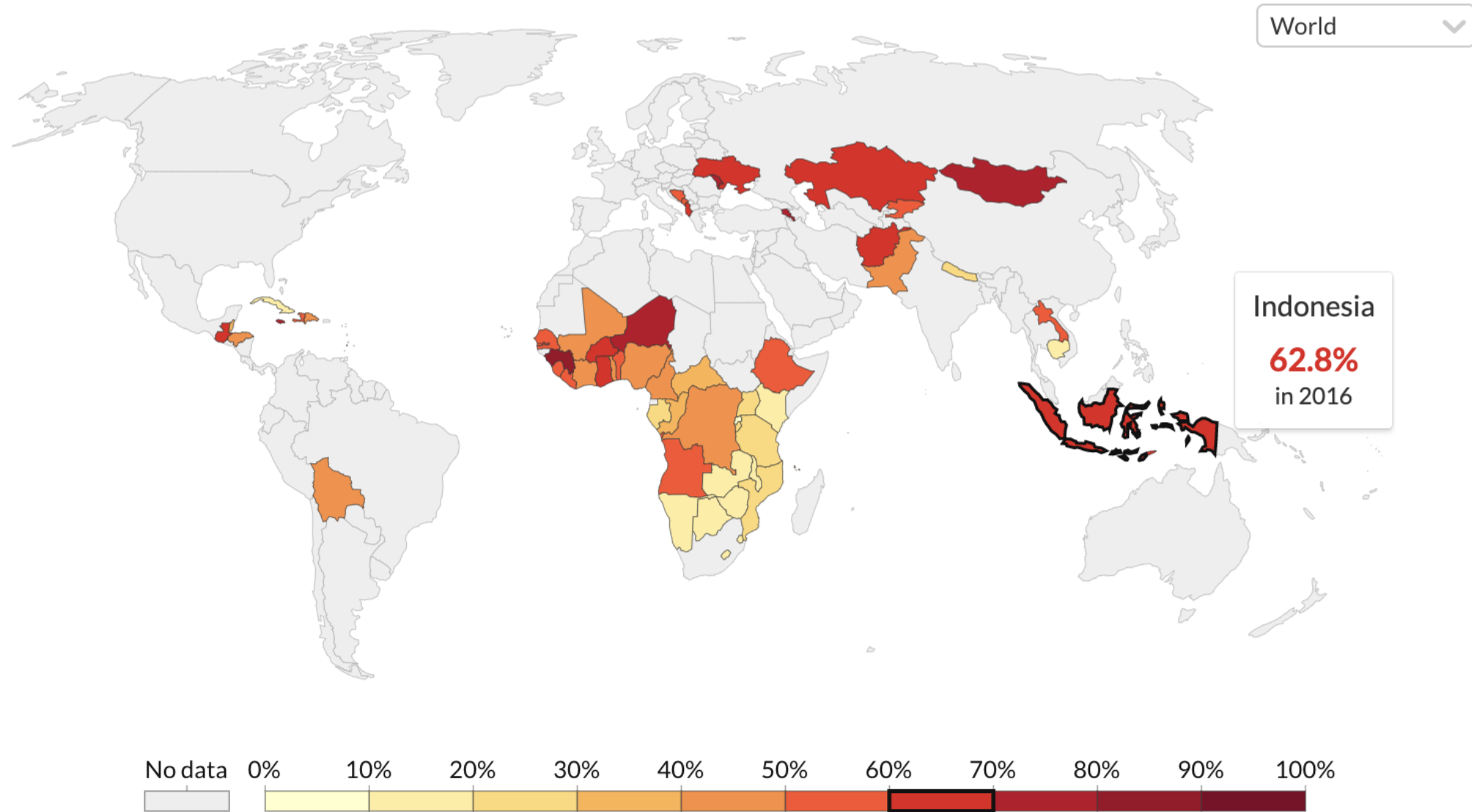
GETTY IMAGES

Criminalized sex
works/closed brothels
Narcotics
Anti-pornography (limits sex education)
Law/Internet censorship

Criminalizing Sex before marriage (established Dec 2022)
Rehabilitation law (draft 2020)
Criminalizing same-sex relationships

Discriminatory attitudes towards people living with HIV, 2016

Share of total population who hold discriminatory attitudes towards people living with HIV. This is measured as those who answer "no" to the question: "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?". This share is based only on those who have previously heard of HIV.



Indonesia passes criminal code banning sex outside marriage

Criminalized sex works/closed brothels

HIV prevalence ↗ among MSM in the last decade

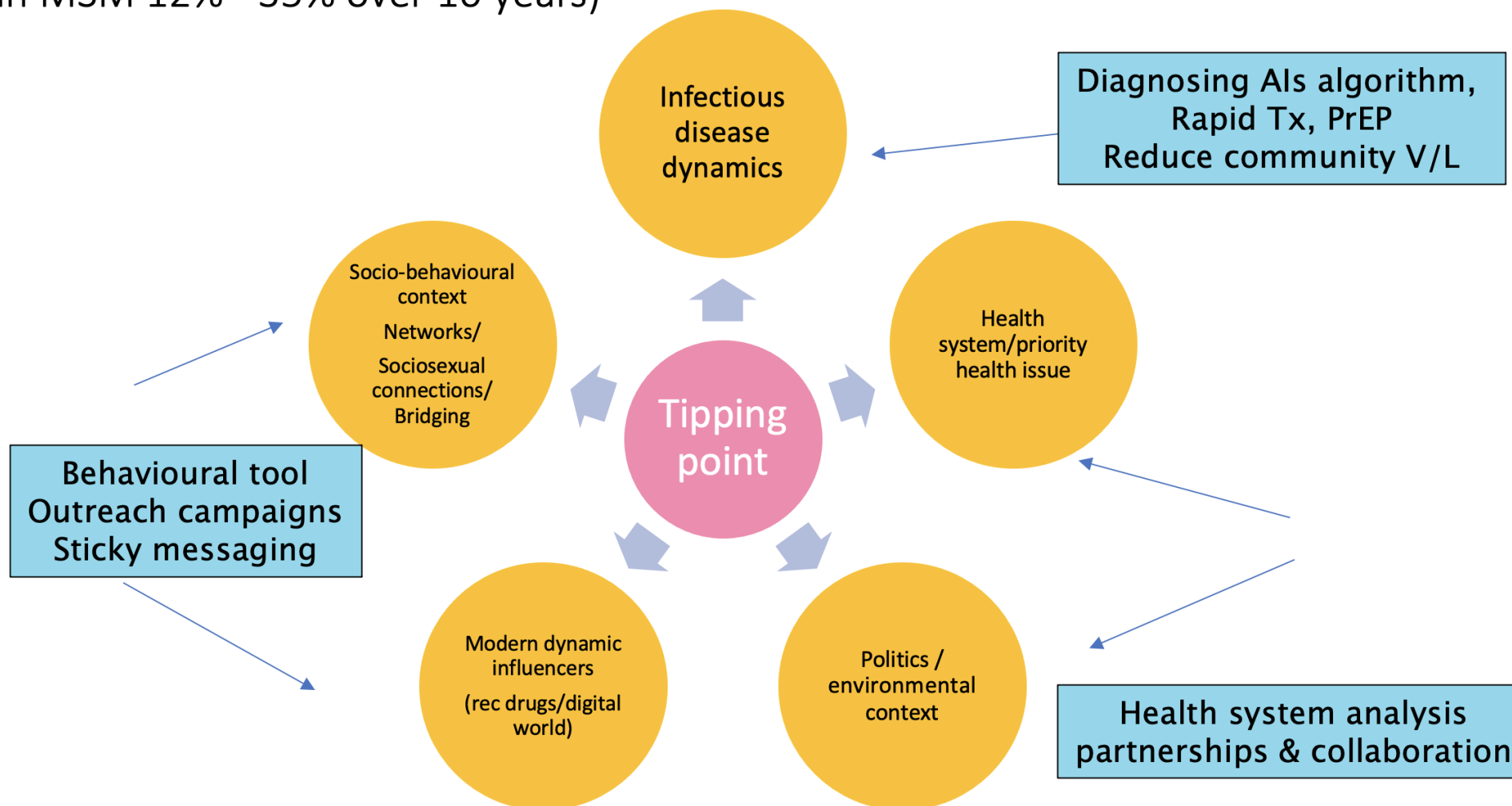
Digital advancements & (secretive) access to sex, advancing sexual networks (& acute infections)

Global trends for recreational drug use that facilitate risk **Vs** Barriers to effective public health

- Increasing rhetoric to victimise, shame and criminalize same-sex relationships
- Prohibitive laws and regulations
- Poor sexual health education/no funding for sexual health

Tipping point – how to reverse it?

Dramatic point for an 'epidemic' when everything can change all at once (HIV prev. in MSM 12% - 35% over 10 years)



Implement Impactful strategies

Testing ↑ numbers of HIV + STIs
Algorithm & POC/pooled V/L to diagnose
(& treat)
more acute HIV infections



Test & Treat
Tx-as-prevention



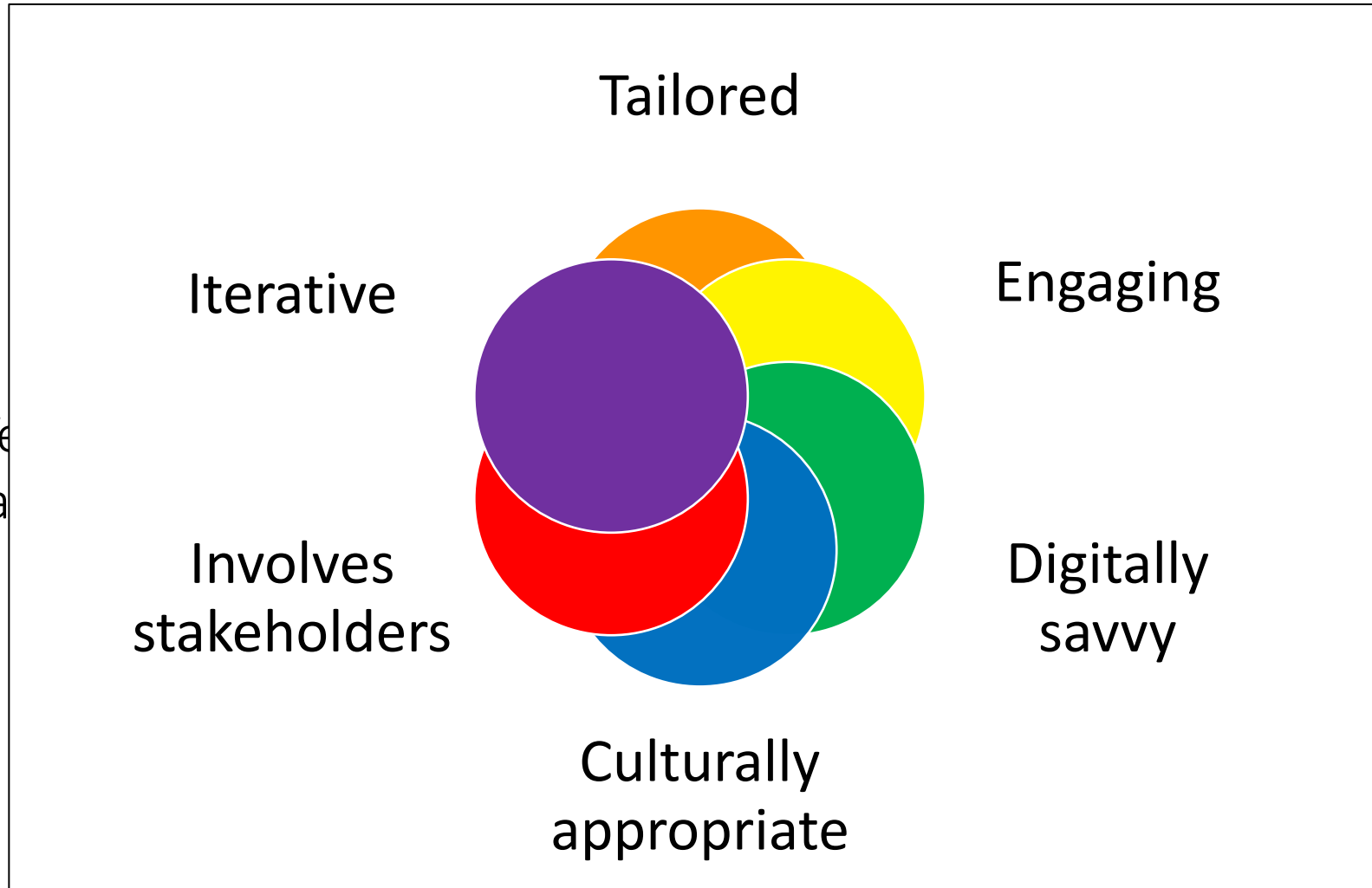
PrEP



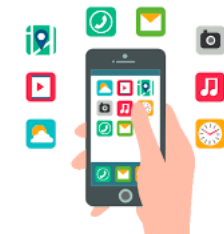
Digital resources & education
for high risk MSM
By public engagement



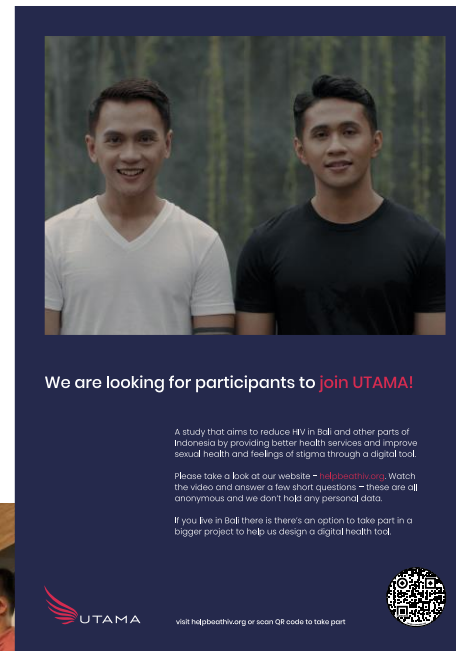
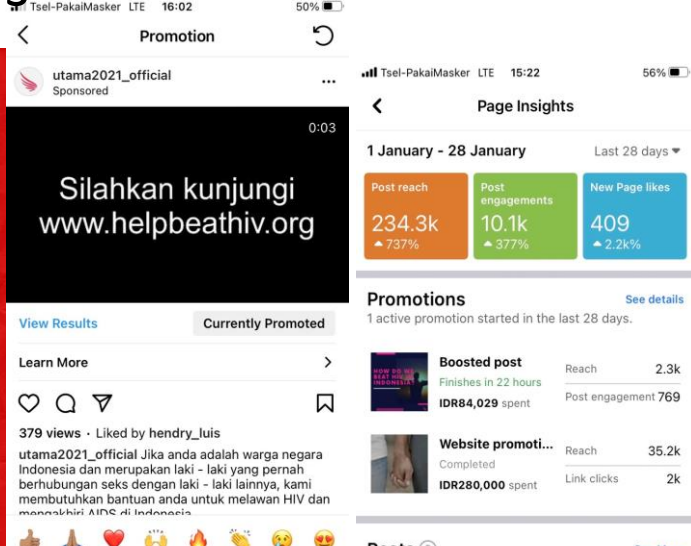
Implement Impactful strategies



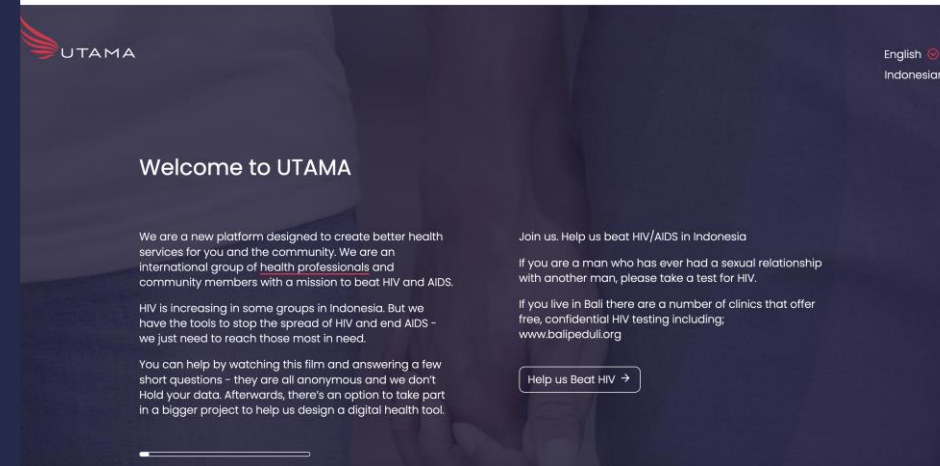
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Tx-a



UTAMA Social science study recruitment (physical outreach & social media campaign) and workshops

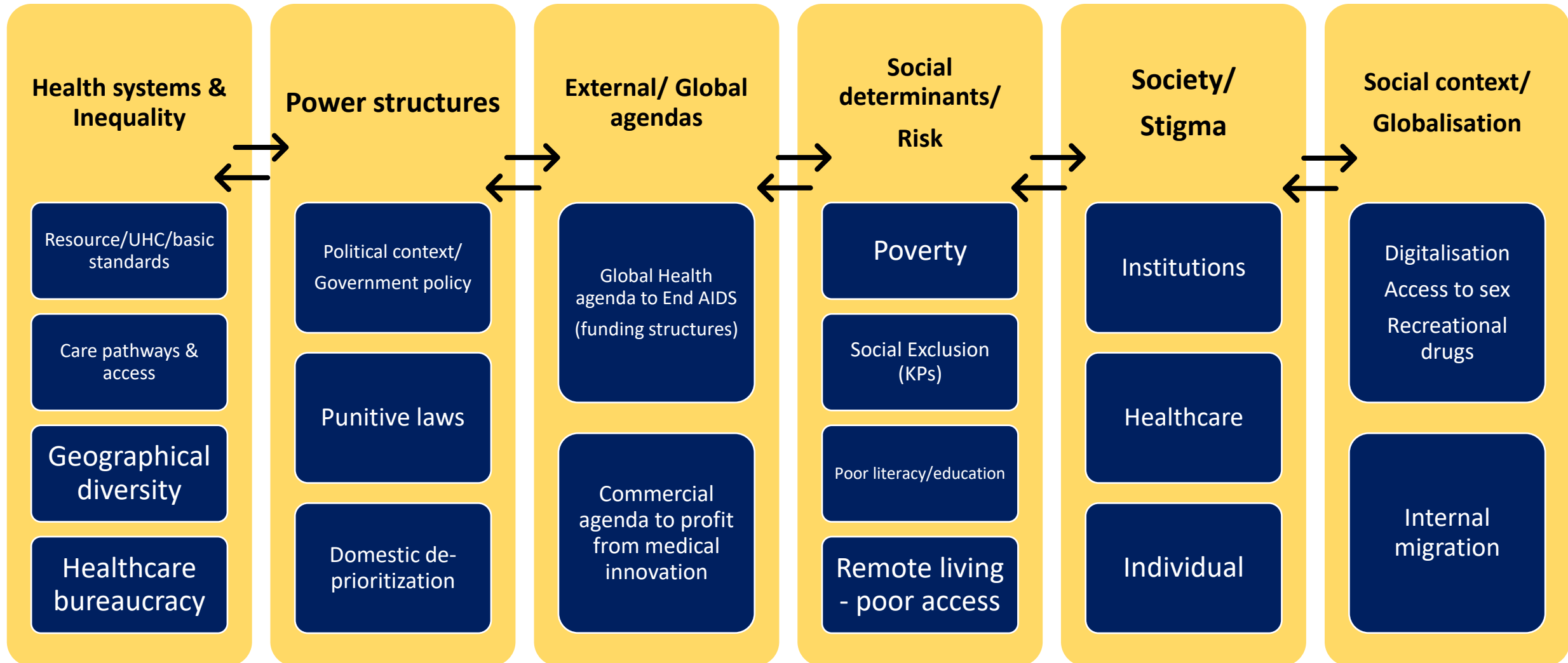


www.helpbeathiv.org
Interactive web survey



Research training/GCP
Data handling and protection
Focus group workshops

Understand what impacts HIV transmission dynamics and hinders (& promotes) the provision of public health in a given setting..



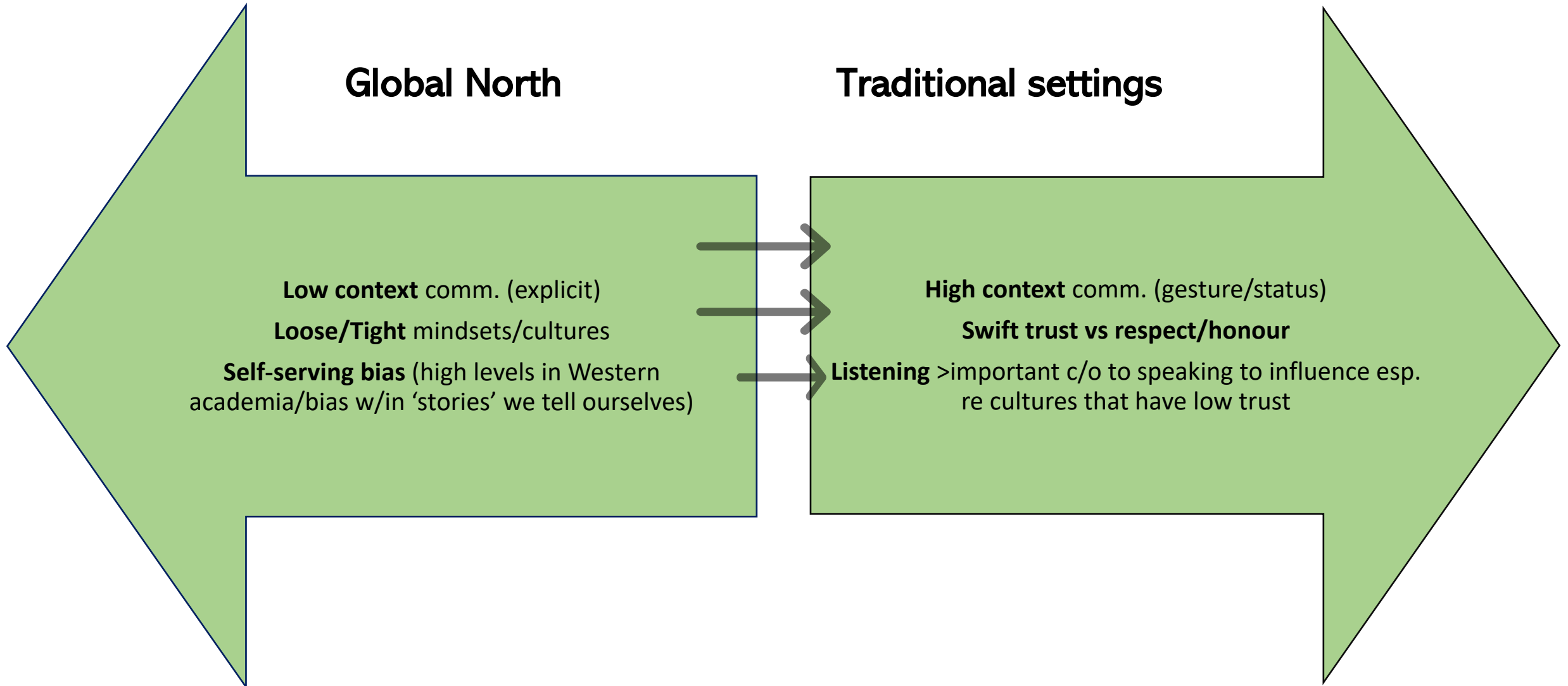
Equity (& building trust)

Balance of Power & partnership dynamic
Institutional/Research Reputation
Sustainability

Funding (financial due diligence)
Reputational elevation/value in equal
balance? (publication/career)
Responsibility post publication

Bureaucracy/Permits
Historical context (Exploitation)
Culture/Perceptions of global
north policies
Infrastructure/Systems to enable
the application in real world

Communication/Cultural intelligence (& building trust)



Communication/Cultural intelligence (& building trust)

Language translation can be complex depending on the language
Requires an investment

Related to high and low context (loose and tight) environments

Some languages do not have 'words' for things we do; how the user understands the translated content may not be how it's intended.

Do translators have the same investment in the research as we do? Do we check this (PPI)

Why Diversity?

Culture/ethnicity/profession/community/KP/neuro-diverse/gender/age..

Diversity spearheads **success** & equity in scientific/health innovation for organizations, communities/populations & yourself..

Creativity comes from the collision of apparently unrelated frames of reference.

Listening to & understanding a problem/question from someone we perceive differently can enable a far more effective solution.

Disciplines & talent involved

Clinical (clinical teams BP, GL, 56DS, OUCRU)

Academic (epidemiology/public health/ID)

Social science & Psychology (stigma/mental health/policy)

Community (clinic peer workers, local/national community groups/social media influencers & engagers)

Media & musicians (Indonesia & London)

MoH/UNAIDS/national WHO/GF recipients

Sustainability

- When funding ends, resources change, political environment shifts
- When you/people in your team move around, have high workloads or leave
- What are the sustainable solutions?
 - Benefitting the local community beyond the lifespan of the project
 - Local partnerships
 - Building the capacity of local healthcare providers with MoH agreement. Integrating in current health systems (where possible...)

Overcoming challenges

- Evolve the ***purpose, partnership & process*** as the world/environment changes – e.g. politics, health systems, global scientific progress, pandemics...
- Desired outcomes may take time.... Often it takes a bit of luck/opportunity/change in key stakeholders to drive impact
- A number of big challenges, main ones...
 - Funding (funding agreement not honoured)
 - Research permits
 - COVID19 – a need to pivot, act fast, re-build (regional comms on ART use/halt of ART procurement)
 - Public engagement & anti-pornography law
 - Law & Policy (greater pushback on public health/increasing stigma in society)

UTAMA Generation Zero Bahasa

Worlds AIDS Day – original song/collaboration

Safe House

Empowering communities to end AIDS in Indonesia through tailored medical and digital interventions

We will launch early-mid 2020

Thank you!

Any Questions?