**ADDRESSING HIV/HCV CO-INFECTION AMONG INJECTING DRUG USERS IN JAKARTA, INDONESIA USING PEER-DRIVEN INTERVENTION**

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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.

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. Participants were interviewed by trained peer fieldworkers using a structured questionnaire, provided HIV and HCV prevention, treatment and care information and materials, and offered free HIV and HCV testing and counseling.

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.

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 and referring their peers is central to achieving better HIV/HCV service coverage, reducing injecting risk behavior leading to blood borne virus transmission, and improving treatment access.