

HARM REDUCTION NOTE- INDONESIA



This information note has been compiled by Harm Reduction International (HRI) in collaboration with Rumah Cemara, to support Global Fund Grant Cycle 7 processes.

1. The draft Ministry of Health National Action Plan: HIV and STI Prevention and Control Program 2024-2026.
2. Degenhardt L, Webb P, Colledge-Frisby S, Ireland J, Wheeler A, Ottaviano S, et al. (under review), 'A global systematic review of the epidemiology of people who inject drugs: Prevalence, sociodemographic characteristics, risk environments and injecting-related harm', Lancet Glob Health estimated 204,000 people who inject drugs in Indonesia. The report is yet to be published.
3. The draft Ministry of Health National Action Plan: HIV and STI Prevention and Control Program 2024-2026.
4. Degenhardt L, Webb P, Colledge-Frisby S, Ireland J, Wheeler A, Ottaviano S, et al. (under review), 'A global systematic review of the epidemiology of people who inject drugs: Prevalence, sociodemographic characteristics, risk environments and injecting-related harm', Lancet Glob Health estimated 204,000 people who inject drugs in Indonesia. The report is yet to be published.
5. Indonesia Country Slides 2022 <https://www.aidsdatahub.org/resource/indonesia-country-slides>
6. Indonesia Republic Ministry of Health 2023. National Action Plan: HIV and STI Prevention and Control Program 2024-2026 (draft)
7. Indonesia Republic Ministry of Health 2023. National Action Plan: HIV and STI Prevention and Control Program 2024-2026
8. Indonesia Country Factsheet 2021 <https://www.unaids.org/en/regionscountries/countries/indonesia>
9. Harm Reduction International (2022) Global State of Harm Reduction 2022. London: Harm Reduction International. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>

1. Epidemiological data:

1.1 People who inject drugs and HIV

- People who inject drugs size estimate: 34,517^{1 2}
- National HIV prevalence estimate: 39.1%^{3 4}
- Sub-national HIV prevalence (2018-19): East Jakarta: 43.9%, Bekasi City (West Java): 22.3% and Makassar City: 20.9⁵, Surabaya (East Java): 35.60 (2015), Malang; 28.4 (2015)⁶
- New HIV infections amongst people who inject drugs? (HIV incidence): 13.6%.⁷
- HIV prevalence among prisoners: 0.7%⁸

Key highlight – In some parts of Indonesia, HIV prevalence among people who inject drugs is extremely high (over 20% in five cities; 43% in East Jakarta). HIV incidence is also very high at 13.6%, highlighting the need for HIV prevention among people who inject drugs to be prioritised.

1.2 People who inject drugs, viral hepatitis and co-infection

- Prevalence of hepatitis C virus (HCV) among people who inject drugs: 89.2%⁹
- Prevalence of hepatitis B virus (HBV) among people who inject drugs: No data

1.3 HIV prevention and harm reduction coverage

- Harm reduction was introduced in 2003 with the signing of a Memorandum of Understanding between the National Narcotic Board and the National AIDS Commission which aimed to prevent HIV transmission among people who inject drugs.
- Existing harm reduction services are mostly government-run and heavily tied to grants from international donors.
- By law, civil society organisations can distribute limited sterile needles and serve as point of referral for people who inject

10. Indonesia Republic Ministry of Health 2019. National Action Plan: HIV and STI Prevention and Control Program 2020-2024
 11. Indonesia Country Slides 2022 <https://www.aidsdatahub.org/resource/indonesia-country-slides>. The prevention programs is combination of OAT, needle syring exchange program, condom use and HIV knowledge.
 12. Harm Reduction International (2022) Global State of Harm Reduction 2022. London: Harm Reduction International. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>
 13. Indonesia Country Factsheet 2021 <https://www.unaids.org/en/regionscountries/countries/indonesia>
 14. Indonesia Country Factsheet 2021 <https://www.unaids.org/en/regionscountries/countries/indonesia>
 15. Indonesia Republic Ministry of Health 2023. National Action Plan: HIV and STI Prevention and Control Program 2024-2026 (draft)
 16. Indonesia Republic Ministry of Health 2019. National Action Plan: HIV and STI Prevention and Control Program 2020-2024
 17. Indonesia Country Factsheet 2021 <https://www.unaids.org/en/regionscountries/countries/indonesia>
 18. Harm Reduction International (2022) Global State of Harm Reduction 2022. London: Harm Reduction International. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>
 19. Rigoni R, Woods S, Breeksema JJ (2019) 'From opiates to methamphetamine: building new harm reduction responses in Jakarta, Indonesia', *Harm Reduct J*,16(1):67.
- drugs, they are not permitted to manage Opioid Agonist Therapy (OAT) or distribute naloxone.
 - There are no known HBV and HCV testing and treatment programmes targeted to people who use and inject drugs but they can access the treatment.
 - There are needle and syringe programmes (NSP) available in 194 facilities across 19 provinces and 72 districts/cities. Data from the 2018-2019 Integrated Bio-Behavioral Survey also showed that 37.6% of people who inject drugs had paid for injecting equipment from pharmacist while 45.3% had obtained them from NSP program. In late 2018, there were 92 OAT facilities providing methadone to 1,054 clients ¹⁰.
 - Proportion of people who inject drugs reached with prevention programmes: 53% ¹¹
 - Needles and syringes distributed per person who injects drugs per year (#): 216 ¹²
 - Safe injecting practices among people who inject drugs (2019): 89.8% ¹³
 - Methadone Maintenance Treatment (MMT) coverage (2019): 1.6% ¹⁴
 - HIV testing coverage among people who inject drugs (2022): 26.9% ¹⁵
 - Condom use among people who inject drugs (2018): 47.3% when buying sex, 43.8% when selling sex and 17.7% with non-regular partner ¹⁶
 - Access to peer-distribution of naloxone: no data
 - ART coverage within prison settings (2017): 0.3 % ¹⁷
 - Safer smoking equipment is available provided by the limited NGO for people who use methamphetamine ^{18 19}

1.3 Barriers and challenges to accessing harm reduction services

- Punitive drug laws form the predominant approach to drug use in Indonesia, with the strict implementation of a criminal justice approach.
- As a result, drug use is highly stigmatised. Fear of stigma within public health settings deters people who use drugs from accessing services, impeding the HIV response.
- The new criminal code signed on December 2022 will further perpetuate the criminalization of people who use drugs and poses a threat to the continuation of harm reduction programmes in the country. Based on the new criminal code, the government proposed to revise the Narcotics regulation and it propose to delete the article (article #56 on Narcotics Regulation 2009) that enabled and regulate the needle

20. Indonesia 2009 Narcotics Regulation
<https://luk.staff.ugm.ac.id/atur/UU35-2009Narkotika.pdf>
21. <https://reformasinarkotika.org/wp-content/uploads/2022/02/Upload-RUU-Narkotika-Pemerintah-2022.pdf>
22. Hamonangan S (pre-published) Increasing Domestic Financing for Harm Reduction - Landscape analysis on domestic financing for harm reduction in Indonesia. Harm Reduction International, London
23. This falls within the Self-Management Fund (Presidential Regulation No. 16 of 2018 on The Procurement of Government Goods and Services)

syringe exchange program^{20 21} a threat to the continuation of harm reduction programmes in the country, in particular NSP.

Key highlight – Coverage of HIV prevention programmes for people who inject drugs is low. OAT coverage is particularly low with only 1.6% of people who could benefit from these programmes receiving methadone and only 216 NSP distributed as the WHO guidance is 300 per person per year. HIV testing among people who inject drugs is also very limited at 26%.

2. Harm reduction financing:²²

- Harm reduction in Indonesia is primarily funded by international donors, with the largest contribution from the Global Fund. Domestic public financing provides limited support. In 2021, the government funded procurement of methadone at the national level. The provincial government in Kota Makassar and Bandung have provided funding for harm reduction community systems strengthening in 2022.
- In 2022, the Global Fund supported the implementation OAT (methadone), needle and syringe procurement and NSP implementation, alongside other prevention programming such as outreach, IEC materials, condoms and lubricants.
- International donor funding for OAT and NSP has reduced by half from over USD 500,000 (2019) to USD 200,000 (2022).
- There has been no domestic public financing directed towards community or civil society organisations to date. While social contracting is permitted within government regulations this has not been used as a mechanism for funding the HIV or harm reduction response in Indonesia. Indonesia's harm reduction budget advocacy roadmap is nascent but very crucial in boosting domestic public financing for these life-saving interventions.
- The Indonesian government has not shown commitment to transitioning from international donor funded to domestically funded harm reduction programmes.
- Harm reduction programmes and HIV prevention services for people who inject drugs are included within the Ministry of Health's strategic plan and the National HIV Action Plan, which indicates the acceptance of the importance of harm reduction services in reducing new HIV infections. However, domestic financing from the Ministry of Health to support harm reduction within these plans remains lacking.

Key highlight - Funding for harm reduction programmes in Indonesia has decreased over the past three years; for instance funding for OAT and NSP reduced by half over these period . HIV prevalence and HIV incidence remain high, underlining the need for increased investment and scale up of programming.

3. Key Advocacy Priorities

Prevention

- Prevention package for people who inject drugs should include oral agonist therapy (OAT), needle syringe exchange program, condoms and also PreP initiate provision for people who use and inject drugs and their sexual partners.
- OAT should be a national program to increase its coverage and reduce the high HIV incidence amongst people who inject drugs.
- Assessment of the quality and demand for the latest quantity of condoms and lubricants involving the whole community (assessment should be done for each population)
- Real-time monitoring system for all prevention logistics
- Mitigate the risk of criminalization and persecution for carrying or using condoms:
- Condoms to be included in the people who use and inject drugs outreach package as a comprehensive prevention package.
- Differentiation of distribution modalities for condoms, lubricants, IEC, and NSP differentiated pick-up points, delivery services, community-based distribution spots, etc.
- Accountability for the process of procuring preventive equipment by involvement of the community to prevent the recurrence of logistical gaps

Increasing testing coverage:

- Comprehensive integration service optimization. Non-HIV services that can be an entry point for HIV services (vice versa) i.e.: HIV- antenatal care, TB-HIV, STI-HIV, Hepatitis-HIV.

Overdose prevention

- Community involvement in policy making and planning for OST and overdose prevention:
 - Policies that support substitution services for injecting drug users (both methadone and buprenorphine) include service hours and criteria for taking home doses that are more community friendly.
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- Advocacy of the use of Buprenorphine as a national program includes the involvement of the community in planning the priority areas and needs assessment and planning in each priority implementation area.
- Policies that support community-based naloxone services

RSSH/PP: Community health workers: selection, pre-service training and certification:

- Strengthening Health Human Resources and Health Cadres (including community cadres):
 - Capacity building for people who use and inject and their partners on SRHR, STI, and Hepatitis.
 - Increase the number of HIV counselors from the people who use and inject drugs community to be able to assist the work of healthworkers at Pusyankes/PKM serving harm reduction programs

Community Led Monitoring (CLM):

Community capacity building in implementing CLM, and data-based advocacy:

- Recognizing that CLM is part of the community's assessment of the quality of services they receive.
- CLM has a legal basis under the Public Service Act that the community as a service recipient has the right to provide input for service improvement if the service provided is not in accordance with service standards

Gender based violence

- Establishing a mechanism for receiving complaints and referrals for gender-based violence for all populations

Reducing stigma and discrimination

- Legal literacy and strengthening understanding of violence (rights, protection and flow), law and basic human rights:
 - Capacity building for the community in implementing community led advocacy and response

Legal barriers and funding landscape

- Advocacy to remove the punitive laws that criminalizes the drug use resulting in human rights violation of people who inject drugs and denial to essential health services; and encourage country to adopt harm reduction in the programs.
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24. The regulation is within the *Presidential Regulation No. 16 of 2018 on The Procurement of Government Goods And Services*

Advocacy to increase the domestic funding for harm reduction including implementation of social contracting for health, HIV and harm reduction. Indonesian government has regulation (Self-Management Fund Type III ²⁴) to implement the social contracting and it's a high time to include health, HIV and harm reduction in the implementation.