

# HARM REDUCTION INFORMATION NOTE -Indonesia



This information note has been compiled by Harm Reduction International (HRI) in collaboration with Rumah Cemara to support Global Fund Grant Cycle 8 processes.

## **1. Epidemiological data:**

### 1.1 People who use drugs, HIV and Hepatitis C (HCV)

- There are an estimated 34,517 people who inject drugs living in Indonesia.<sup>1</sup>
- There is an estimated HIV prevalence of 39.1% among people who inject drugs.<sup>2</sup>
- New HIV infections amongst people who inject drugs (HIV incidence) is 13.6%.<sup>3</sup>
- The estimated prevalence of HCV among people who inject drugs it is 89.2%.<sup>4</sup>

### 1.2 Prevention and harm reduction programmes after recent funding shifts

- Opioid Agonistic Therapy (OAT) coverage remained below 5% in 2025.<sup>5</sup> US funding had an insignificant impact on access to OA due to integration of harm reduction services into primary care health services and government funded hospitals.
- Safe injecting practices among people who inject drugs in 2023 was 92%.<sup>6</sup>
- No significant impact on core harm reduction services, such as OAT and needle and syringe programmes, was documented following the US funding cuts. However, other activities, such as outreach, awareness raising and capacity-building programmes, which are crucial to ensuring access to services for people who inject drugs, were adversely affected.<sup>7</sup>
- Drug use patterns in Indonesia have witnessed a dramatic shift from opioids to methamphetamine (stimulants) and New Psychoactive Substances (NPS). 35.37% of total people who use drugs used Methamphetamine/ecstasy/amphetamine-type stimulants (ATS) in 2023.<sup>8</sup>
- Despite this shift, HIV and hepatitis C risks remain and continue to require harm reduction interventions and HIV prevention measures for sexual transmission risks, such as safer smoking kits, improved access to condoms, and additional training for counsellors and healthcare workers on providing harm reduction services to stimulant users.

## **2. Harm Reduction Financing**

- Government and the Global Fund provide majority of funding for harm reduction programmes in Indonesia. The government procures OAT drugs and have integrated harm reduction services such as needles syringe programmes, HIV testing, counselling into their primary health care centers, in several provinces, funded by the government and the Global Fund; while OAT, ART and other specialised services are referred to nearby hospitals.<sup>9</sup>
- The Global Fund allocated USD 1,379,481.4 for Grant Cycle 7 (GC7) and it was reduced to USD 805,464.17 after the GC7 reprioritisation process.<sup>10</sup> This funding reduction affected 29 organisations in 58 cities or districts, which collectively employed 46 outreach workers supporting people who inject drugs.<sup>11</sup>

- The Government allocation to harm reduction in 2023 was USD 3,583,563 and the PEPFAR allocations to harm reduction in 2024 was USD 632,500.
- Limited social contracting fund for harm reduction is reported in the province such as Bandung through pro-active advocacy led by civil society and community-led organisations.<sup>12</sup>

### **3. Recommendations for strengthening Integration of harm reduction services into broader health system<sup>13</sup>**

Indonesia has integrated harm reduction services into their primary health care (PHC), in few provinces, guided by evidence, national and provincial regulations on HIV and a specific Minister of Health Regulations on Harm Reduction. However, not all PHCs have been able to deliver the integrated harm reduction services with sufficient quality and to satisfaction of people who inject drugs.<sup>14</sup>

The integrated services are still high-threshold requiring mandatory registration, out-of-pocket (OOP) payment for those accessing services outside from PHC catchment areas, referrals for OAT, ART and numerous diagnostic services incurring (OOP). Nevertheless, the current integration model definitely offers pathways to sustainability as government fully funds the services.<sup>15</sup>

- *Sustain and scale up government funding to strengthen integration:*

Indonesia government has increased health budget allocations in 2025 to USD 15 billion with strategic emphasis on achieving universal health coverage through health insurance schemes (Jaminan Kesehatan Nasional -JKN) which covered over 98% populations in 2024-2025 and significant allocations to improve health services in the region.<sup>16</sup> Thus, Indonesia has a ripe context to further mobilise domestic resources on harm reduction through national and local government budgets (e.g., APBN/APBD), private sector contributions via corporate social responsibility (CSR) initiatives, and religious or community-based funding, such as zakat (charity) for harm reduction.<sup>17</sup>

- *Protect and resource community-led organisations:*

Communities and community-led services have remained resilient, offering crucial services to mitigate the impact of service disruption after US funding cuts. Communities bridge the gap between services and marginalised populations such as people who inject drugs, making crucial contributions to the overall health system.

The Global Fund funding request should allocate dedicated funding to community-led organisations, including support for budget advocacy to mobilise further resource and to ensure community-led service delivery is not interrupted. Community-led and civil society organisations must have sufficient resources to meaningfully engage throughout the integration process and to drive domestic resource mobilisation. Integration must not equate to the closure of community-led services.

- *Prioritise social contracting as a core integration safeguard:*

The Global Fund funding request should prioritise establishing and expanding social contracting mechanisms for community and key population organisations, recognising community systems as a critical component of the wider health system. Community-led and civil society organisations must be

engaged meaningfully throughout this process and the Global Fund should allocate resources to budget advocacy to unlock social contracting grants at national, provincial and county levels.

### **Additional notes:**

#### - Integration and the Global Fund Modular Framework

The Global Fund Modular Framework is the guide to organise proposed programme activities into standard modules and interventions for the three diseases (HIV, TB and Malaria) and RSSH (Resilient and Sustainable Systems for Health).<sup>18</sup> The framework includes a list of modules (broad programmatic area), interventions (specific programmes within modules), activities (operational activities for interventions) and standardised indicators to measure the result linked to modules.

It is useful for activists and those involved in the Global Fund country dialogues to understand the modular framework to be able to propose realistic and specific interventions, activities under each module; and also to locate and track the activities, budget and indicators in the funding request document up to and during the grant-making phase.

The most relevant activities related to integration are found within the RSSH component of the GC8 Modular Framework. There are 11 modules within RSSH and each module contains different interventions related to integration such as policy, governance, financing, community-systems, human resource, procurement, data quality etc. The list of relevant interventions with useful tips for activists to engage during country dialogue and funding request is found in an annex 1.

#### - Useful resources on integration and harm reduction

Below are some resources specific to integration and harm reduction. Some are already listed under the reference section.

- Harm Reduction International: Key Messages on Harm Reduction and Integration for Grant Cycle 8. <https://hri.global/publications/key-harm-reduction-messages-on-integration-for-grant-cycle-8/>
- Harm Reduction International and Rumah Cemara: The Impact of US Funding cuts on harm reduction in Indonesia. <https://hri.global/publications/the-impact-of-us-funding-cuts-on-harm-reduction-in-indonesia/>
- The Global Fund: Grant Cycle 8- Enabling Impact: Strengthening Sustainability. [https://resources.theglobalfund.org/media/fptatfhe/cr\\_gc8-enabling-guidance-sustainability\\_presentation\\_en.pdf](https://resources.theglobalfund.org/media/fptatfhe/cr_gc8-enabling-guidance-sustainability_presentation_en.pdf)
- International Network of People Who Use Drugs: Integration Without Erasure: Brief to the Global Fund <https://inpud.net/integration-without-erasure/>

## References

- <sup>1</sup> Global State of Harm Reduction 2024. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>
- <sup>2</sup> Global State of Harm Reduction 2024. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>
- <sup>3</sup> Indonesia Republic Ministry of Health 2023. National Action Plan: HIV and STI Prevention and Control Program 2024-2026
- <sup>4</sup> Global State of Harm Reduction 2024. <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>
- <sup>5</sup> UNAIDS 2025 Global AIDS Update 2025 <https://www.unaids.org/en/UNAIDS-global-AIDS-update-2025>
- <sup>6</sup> UNAIDS <https://aidsinfo.unaids.org/kpatlas>
- <sup>7</sup> HRI and Rumah Cemara 2026. The Impact of US funding cuts on harm reduction in Indonesia. <https://hri.global/publications/the-impact-of-us-funding-cuts-on-harm-reduction-in-indonesia/>
- <sup>8</sup> <https://puslitdatin.bnn.go.id/konten/unggahahan/2024/11/INFOGRAFIS-SURVEI-NASIONAL-PENYALAHGUNAAN-NARKOBA-2023.pdf>
- <sup>9</sup> HRI 2026. Case of Harm Reduction Integration in Bandung, Indonesia (unpublished)
- <sup>10</sup> <https://www.dataetc.org/projects/pepfar/>
- <sup>11</sup> HRI 2026. The Impact of US funding cuts on harm reduction in Indonesia. <https://hri.global/publications/the-impact-of-us-funding-cuts-on-harm-reduction-in-indonesia/>
- <sup>12</sup> Rumah Cemara, the community-led organisation based in Bandung, initiated advocacy for social contracting in Bandung and secured the funding for two harm reduction organisation. The initiative was supported by HRI with financial support from Elton John AIDS Foundation.
- <sup>13</sup> Key harm reduction messages on integration for GC8 <https://hri.global/publications/key-harm-reduction-messages-on-integration-for-grant-cycle-8/>
- <sup>14</sup> Karisma Foundation 2026. Final Report of the Research: Strengthening Integrated Services for HIV, Drug Use, and Mental Health through Collaboration of Primary and Community Health Care Systems: An Analysis of Implementation and Advocacy Strategies in Four Cities in Indonesia (unpublished)
- <sup>15</sup> HRI 2026. Case of Harm Reduction Integration in Bandung, Indonesia (unpublished)
- <sup>16</sup> <https://tracksdgs.id/en/latest-updates/healthcare-budget-in-2026-draft-state-budget-reaches-244t-for-what-purposes>
- <sup>17</sup> HRI 2026. The Impact of US funding cuts on harm reduction in Indonesia. <https://hri.global/publications/the-impact-of-us-funding-cuts-on-harm-reduction-in-indonesia/>
- <sup>18</sup> Global Fund Modular Framework- Handbook Grant Cycle 8. [https://resources.theglobalfund.org/media/mbmbjftc/cr\\_gc8-modular-framework\\_handbook\\_en.pdf](https://resources.theglobalfund.org/media/mbmbjftc/cr_gc8-modular-framework_handbook_en.pdf)

## Annex 1

Component	Module	Intervention	Additional comments
RSSH: Resilient and Sustainable Systems for Health	Health Sector Governance and Integrated people- centered services	<ul style="list-style-type: none"> <li>– National health and cross-sector policy strategy and coordination</li> <li>– Planning, management and delivery of integrated people centred-services</li> </ul>	<p>This module (and interventions) will include the integration related discussions and initiative at national (policy) level, involving different line ministries, health sectors etc.</p> <p>The country dialogues should identify measures and platform for communities to be engaged meaningfully in these policy-level discussions.</p>

Community System Strengthening	<ul style="list-style-type: none"> <li>– Community-led monitoring and advocacy</li> <li>– Community coordination and engagement in decision making</li> <li>– Organisational and leadership development</li> </ul>	<p>This module is key to strengthen and safe-guard community engagement during the integration process.</p> <p>The funding request should have adequate allocations for CSS module to be able to engage at different policy, financing, human resource planning and implementation discussions of integration.</p>
Health Financing systems	<ul style="list-style-type: none"> <li>– Health financing schemes</li> <li>– Health financing analytics, advocacy, strategies and planning</li> <li>– Social contracting</li> </ul>	<p>This module includes strategies and analytics for integration of HIV and TB services into national health financing schemes, pooling of funds, budget impact analysis and economic evaluation.</p> <p>The funding request should have funding on budget advocacy for civil society and communities to be able to engage in the financing discussions and understand how to access the social contracting.</p>
Health Products Management System	<ul style="list-style-type: none"> <li>– Policy, strategy and governance</li> </ul>	<p>The module includes integration of disease-specific vertical systems into a broader cross-program national system.</p> <p>The country dialogue should discuss the opportunity of having civil society and community-led watch-dog (accountability) mechanism to ensure smooth procurement without disruption and stock-outs of drugs and commodities. The costing of such accountability mechanism can be in-built in CSS module.</p>
Human Resources for Health and Quality of Care	<ul style="list-style-type: none"> <li>– HRH planning, management and governance including for community health workers (CHWs)</li> <li>– Pre-service training, remuneration and deployment, continuous professional development of new health workers (excluding community health workers).</li> <li>– Integrated supportive supervision for health workers (excluding CHWs)</li> </ul>	<p>Activities related to strengthening integration and sustainability of human resources for health (HRH) policy, planning and governance, including community health workers (CHWs) (all types including peer and community workers).</p> <p>The funding request should ensure that community workers from respective key populations are included in the HRH planning.</p>
Laboratory Systems	<ul style="list-style-type: none"> <li>– Laboratory-based surveillance</li> <li>– Specimen referral and transport system</li> </ul>	<p>Activities include support the establishment of integrated specimen referral and transport systems.</p>
Monitoring and Evaluation Systems	<ul style="list-style-type: none"> <li>– Data governance</li> <li>– Routine reporting and administrative data sources</li> <li>– Data quality</li> </ul>	<p>Activities include integration of data repositories and analytics platforms, disease-specific and/or integrated data quality audits/reviews, tools to monitor data quality generated through community-led monitoring mechanisms.</p>

			<p>The country dialogue should adequately discuss and have mitigation measures to safeguard data confidentiality of key populations, ability to generate disaggregated data of respective key populations and strengthen community-led monitoring.</p>
	<p>Reducing human-rights related barriers to HIV, TB and Malaria services</p>	<ul style="list-style-type: none"> <li>– Expanding Access to Quality and Discrimination-free Health Care</li> <li>– Improving health-related laws, regulations and policies to enable access to HIV, TB and malaria services</li> <li>– Preventing and responding to violence against women and girls</li> <li>–</li> </ul>	<p>This module is key to ensure that key populations access quality integrated services without any stigma and discrimination.</p> <p>The funding request should have adequate allocations for this module to mitigate potential equity risks, particularly for key populations. The CCM should consider allocating advocacy funding for decriminalisation of drug use in the context of HIV as guided by the new UNAIDS guidance note.<sup>18</sup></p>