

Harm Reduction in Indonesia Challenges and Opportunities



HIV and Drug Situation

220,000

52%

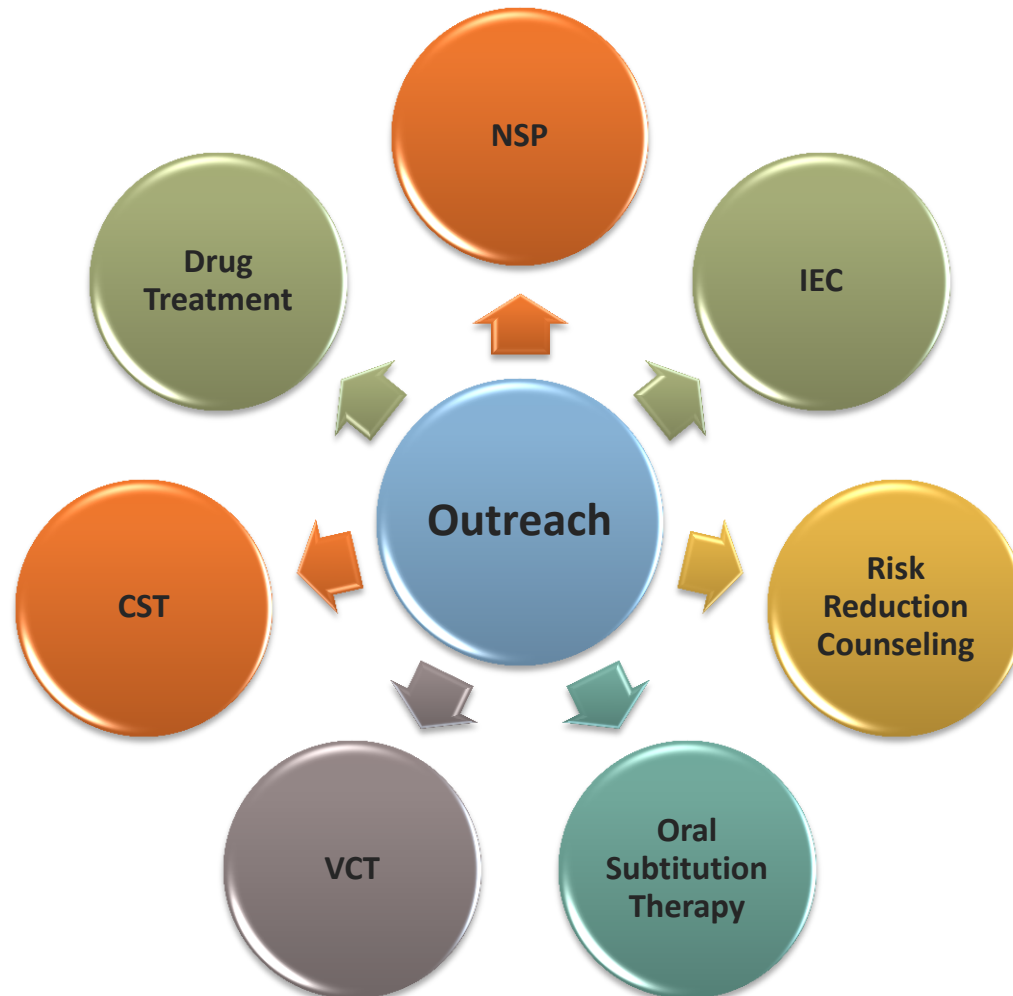
Stigma
Discrimination

Drug
Policy

Drug
Treatment

HIV care

Harm Reduction Program



Harm Reduction Policy



2001 - 2003

- Harm Reduction Projects: Jakarta, West Java, East Java, Central Java, North Sumatera, South Sumatera, South Sulawesi (ASA/FHI)
- MoU between NAC and National Narcotic Board



2003 - 2005

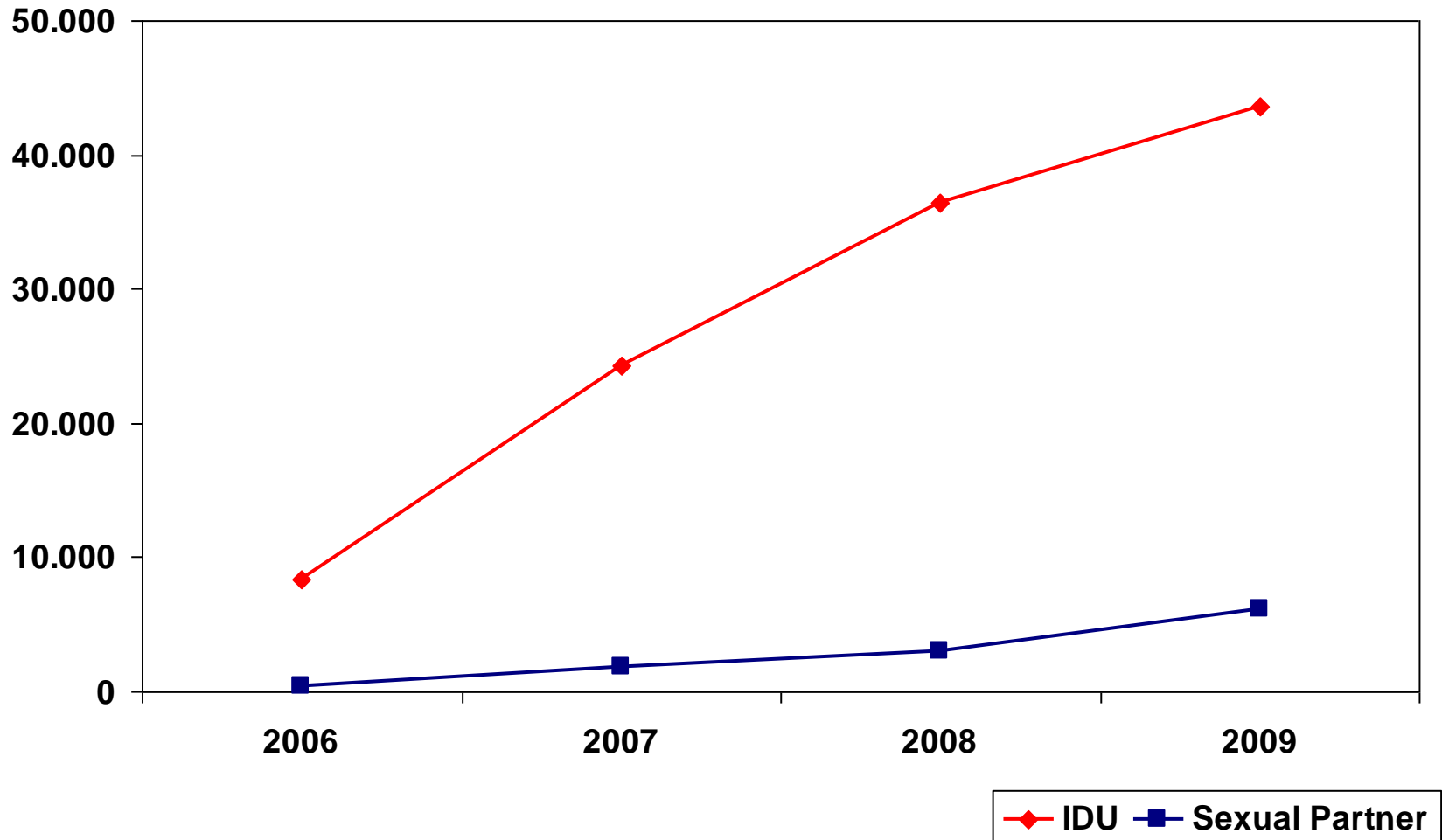
- IHPCP - AusAID
- National Strategy on AIDS, included Harm Reduction
- National Strategy for HIV prevention and care in prison



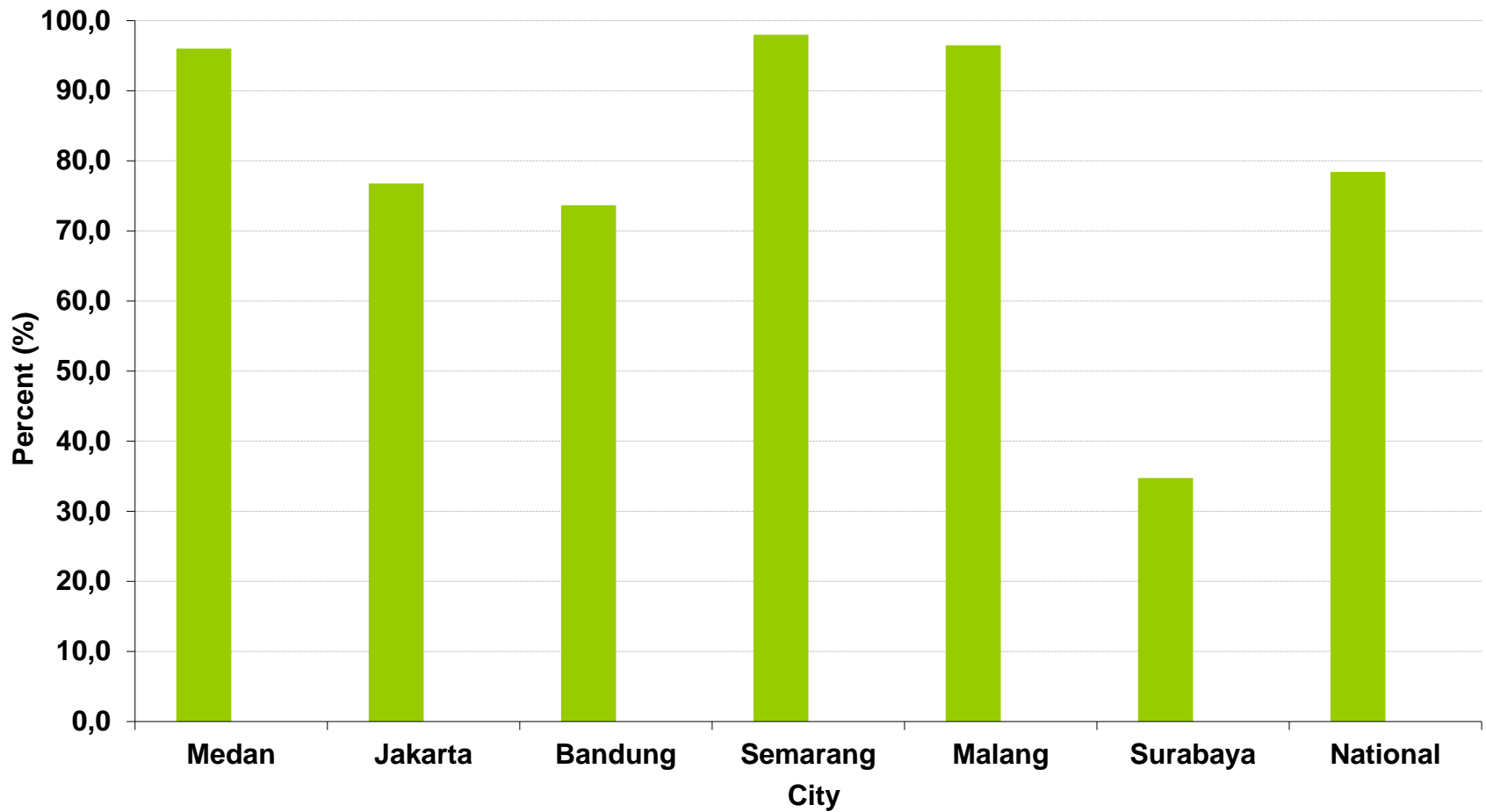
2006 - 2009

- MoH policy on NSP
- National Harm Reduction Policy (NAC): Targeting 80% coverage in 2015
- Global Fund R 8 and 9

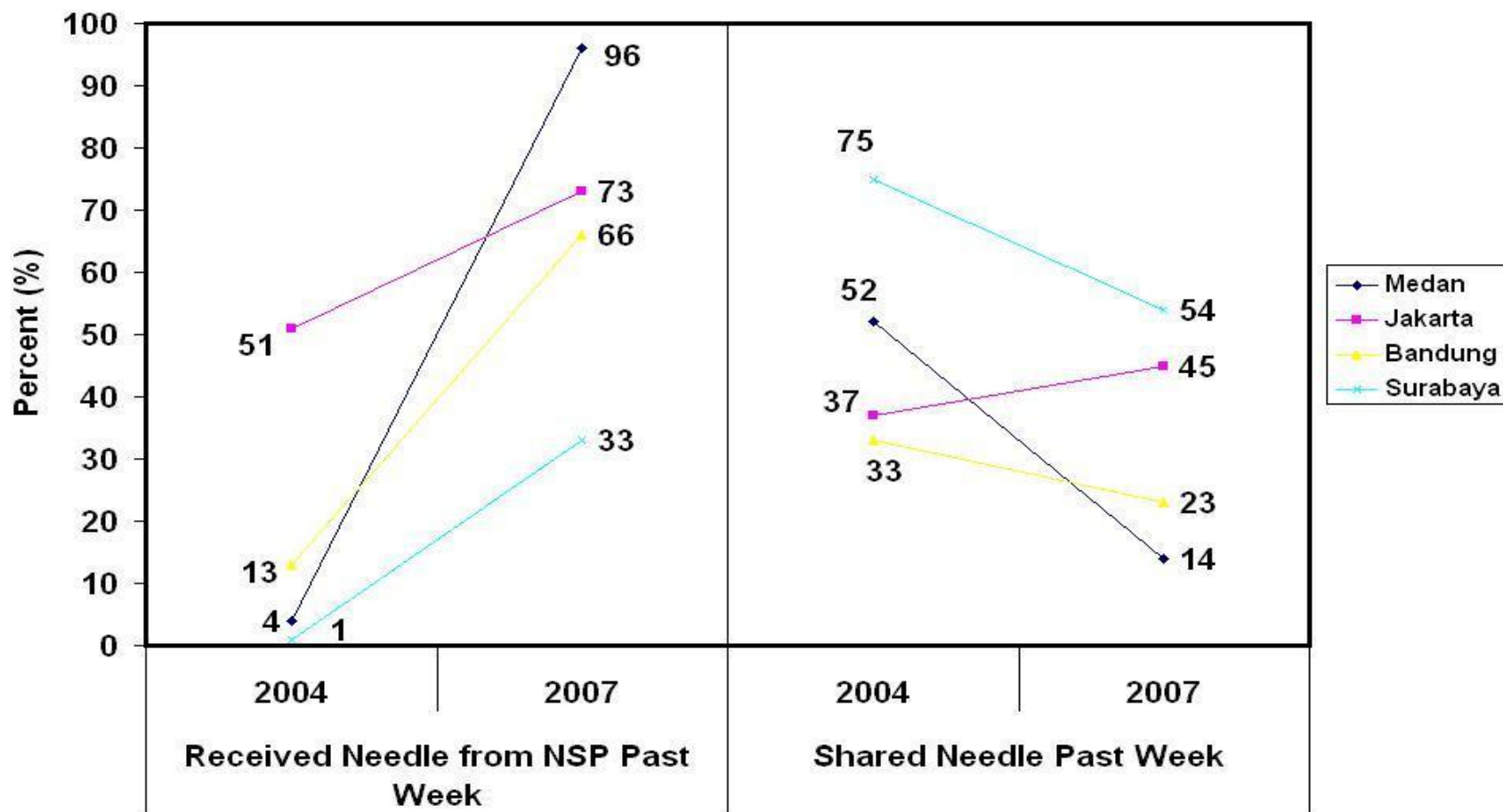
Cumulative number of IDUs and IDU sexual partners reached



Coverage of Needle-Syringe Program IBBS, MoH 2007

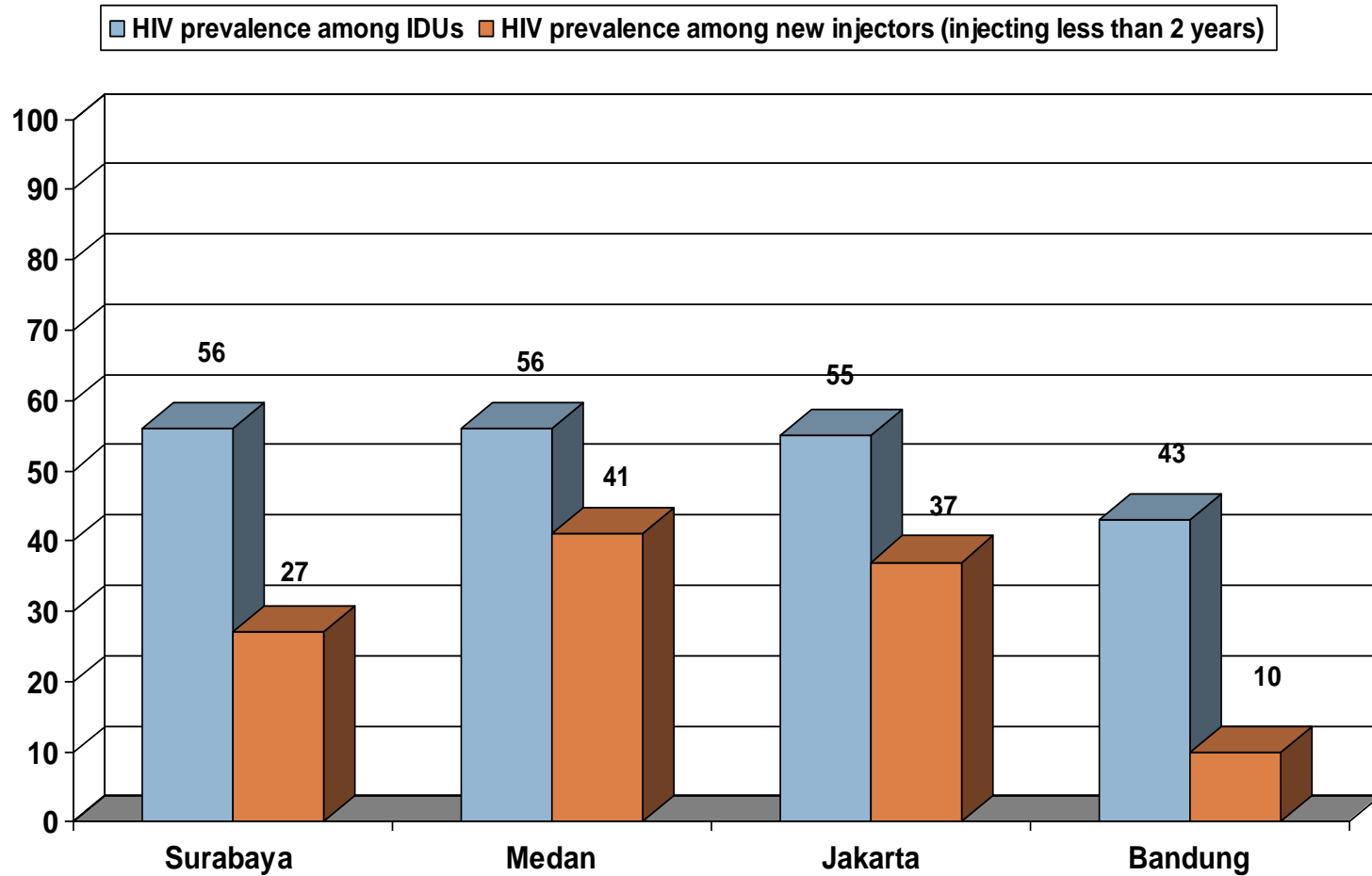


Proportion of IDU receiving Needles and sharing Needles in the past week, by city 2004 and 2007



HIV prevalence among IDUs

IBBS, MoH 2007



Potencies of Regression

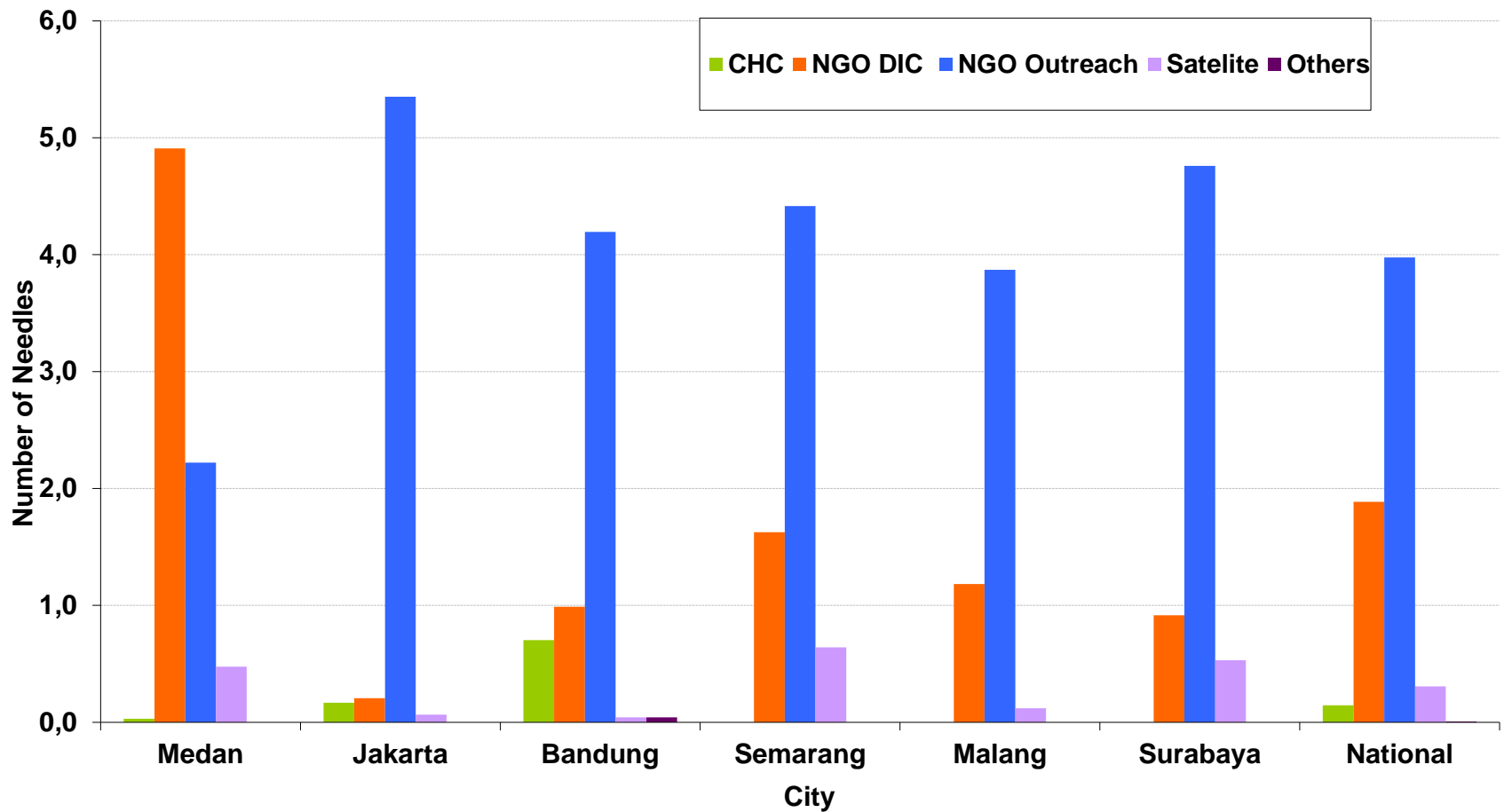
Despite of the acknowledgment as one of the developing country with progressive Harm Reduction (HR) programming, Indonesia is facing challenges that could lead to regression.

Challenges for future Harm Reduction Programming



- **Sustainability**
- **Coordination & Transparency**
- **Conflict of Interest among Civil Society Organization**
- **Human Right Violation**
- **Ignorance of existing evidence**
- **Lack of technical and Managerial Capacity**

NSP model accessed by IDU IBBS, MoH 2007



Program quality

- Limited access to drug treatment
- Insufficient number of needle-syringes distributed to IDU
- Issues within MMT
- Quality of counseling within HIV test and counseling for IDU
- Issues within ART

Opportunities

- Stronger Political commitment to HIV/AIDS program from government
- There is enough time to advocate to national and sub-national government to take over the program funding after 2014
- “Best practice” of the implementation of the program are available from previous interventions in Indonesia
- Increasing commitment of some CSOs to be “watch dog” of the HIV/AIDS related policies and implementation
- Increasing number of CSO which concern on drug policy and advocacy for drug user rights

Recommendations

- AIDS commission at national and sub-national should focus more on developing coordinating mechanism for multi sectoral players and advocacy of HIV/AIDS budgeting to legislators than on the implementation of projects
- Representative of CSOs in NAC and CCM should be more responsive to aspirations of civil society
- Program coverage is important to be achieved, but the current program should consider quality of services provided by the implementing agencies
- It is imperative to have a strong CSO network to be able to function significantly in the course of the program

Thank you

