

ACRONYMS – INDONESIA

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
ATS	Amphetamine Type Substance
AusAID	Australian Agency for International Development
BNN	National Narcotics Agency
CST	Care Support and Treatment
DAC	District AIDS Commission
FHI	Family Health International
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
IDU	Injecting Drug User(s)
IEC	Information, Education, Communication
IHPCP	Indonesian HIV Prevention and Care Project
INGO	International Non-Governmental Organization
JANGKAR	Indonesia IDU Network
KPA (NAC)	Komisi Penanggulangan AIDS (AIDS Prevention Commission)
KPAD (DAC)	Komisi Penanggulangan AIDS Daerah (District AIDS Prevention Commission)
MoH	Ministry of Health
MOJ	Ministry of Justice
NAC	National AIDS Commission
NGO	Non-Governmental Organization
NSP	Needle and Syringe Program
PAC	Province AIDS Commission
Puskesmas	Community Health Centre
STI	Sexually Transmitted Infection
UNICEF	United Nations Children’s Fund
UNODC	United Nations Office for Drugs and Crime
USAID	United States Agency for International Development
WHO	World Health Organization

1. National Program Support

	Ministry / Agency Responsible	Systems / Frameworks In Place	
		Existing	Gaps
Political Commitment	National AIDS Commission (NAC) Ministry of Health Coordinating Ministry for the People's Welfare Province Governments	Strong commitment (Sentani commitment to combat HIV/AIDS in Indonesia, 2004)	The implementation of the Sentani commitment is not optimized.
Donor Commitment	NAC External donors	Strong commitment (Global Fund, Partnership fund, FHI/USAID, IHPCP/AusAID, UN Agencies, Levi Strauss through Burnet Indonesia, ADB, World Bank)	Not fully coordinated
Costed National Strategy	NAC Contribution from Province and City Governments	National Strategic Costed Plan Built National strategies that consist of: 1. Millennium Development Goals 2. Three Ones 3. Sentani commitment	Not fully implemented in all areas
Legal Environment	NAC Involvement of National Parliament Ministry of Justice (MOJ)	<ul style="list-style-type: none"> • Pilot projects of NSP and oral substitution in several areas and closed settings • National Strategy for Prevention and Control of HIV/AIDS and Drug Abuse in Indonesian Correction and Detention Centres 2005-2009 	<ul style="list-style-type: none"> • The prevailing law on psychotropics is still in need of revision. For example, an article of the law stipulates that A-class narcotics, including methadone, are only legal for scientific research.⁷ • The BNN has highlighted a much-needed revision concerning the importance of distinguishing between drug users and dealers.⁷

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Policy Environment	The Coordinating Ministry for the People's Welfare Health Ministry NAC	<ul style="list-style-type: none"> • Universal access • Three ones • New National Policy (2006): People seeking methadone treatment or sterile needles at appointed institutions (community health posts, hospitals and penitentiaries across the country) will be protected by law and treated as patients in need of a cure, instead of criminals. The latest draft also stipulates that IDUs below the age of 18 should be treated within child protection laws.⁷ 	Not implemented in all areas
M & E Systems/Research Capacity	NAC	Joint process of a national M&E system is being built by NAC	
Surveillance Systems	National Narcotics Agency (BNN) MoH, NAC	System implemented	Quality assurance
Multi-sectoral Involvement	NAC NGOs	There are at least 36 NGOs working in the field of HR in Indonesia, besides some Universities and other organizations.	Multi-sectoral involvement is fully optimized. Concern is that the majority is based only in one donor organization.
Law enforcement involvement	BNN National Narcotics Agency (NNA) National Police National Police Academy Province Police	With the new national policy, IDUs are referred to as patients and the National Police, the BNN and the Justice and Human Rights Ministry have the obligation to refer them to health service centres.	
Involvement of IDUs in Response	NAC	JANGKAR Indonesian IDU Network	Not fully optimized and coordinated
Capacity building	INGOs, Donor agencies, NAC, MoH	Harm Reduction National meeting	Not coordinated with one another: lack of a clear overall direction

2. Barriers to Scale Up

Key Area	Barriers to Scale Up	Key Actors / Facilitators	Plans to Address Barriers
1. Political commitment	1.1 Knowledge and understanding	NAC Ministry of Social Welfare	<ul style="list-style-type: none"> • Lobbying to BNN by NAC • Audiences & lobbying at House of Representatives and political leadership
	1.2 Some resistance from BNN		
	1.3 Changes needed in Parliament		
2. Community commitment	2.1 Knowledge, ownership and understanding	Local NGOs, District AIDS Commission (DAC), local stakeholders, formal and informal leaders	Advocacy for communities' involvement in HIV & AIDS and drugs issues in their own neighbourhood
	2.2 Social stigma		
3. Legislative / policy	3.1 Narcotics Bill and Act	NAC & stakeholder Parliamentarians	Amendment of Narcotics Bills and Act to treat IDUs as victims not criminals
4. Comprehensive Services	4.1 Knowledge and understanding	NAC & Health Department	<ul style="list-style-type: none"> • Training and ongoing refresher training • Regular coordination meeting
	4.2 Coordination		
5. Resources	5.1 Budget allocation	NAC, Province AIDS Commission (PAC), DAC, local NGOs	<ul style="list-style-type: none"> • Audiences with House of Representatives • Social Mobilization • Media Mobilization
	5.2 Compilation data base		
6. Affected community involvement	6.1 Knowledge and understanding	Local NGOs, DAC, Peer Educator, JANGKAR and IDUs	Increasing knowledge and capacity through regular discussion and training
7. Commodities	7.1 Methadone provision	NAC, NGOs, MoH, Province and City Health Departments	Advocacy with the government for budget allocation
	7.2 Syringes provision		
	7.3 Condoms provision		
	7.4 Prison Comprehensive Program		
	7.5 Care, support and treatment (CST) with ARV access to IDUs		
8. Scaling up plans	8.1 Coordination	NAC, PAC, DAC, Donors, UN Agencies	<ul style="list-style-type: none"> • Regular coordination meeting • Advocacy meeting • National Scale-up 4 Year Plan (NAC PLAN) 2006: BASELINE : 10% NSP coverage 2007: 28%

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	8.2 Budget		2008: 42% 2009: 56% 2010: 70% <ul style="list-style-type: none"> • The target for 2010 is 30% of the DU population having access to methadone. Target will be 66,000 patients under methadone in 220 clinics (20 in prisons and the majority of the remaining 200 in Puskesmas).
	8.3 Resources		
9. Capacity Building	9.1 Different agencies not coordinated with one another – no clear priorities	NAC	<ul style="list-style-type: none"> • Standardization of curriculum • Coordination meeting
	9.2 Limited capacity of health personnel ⁸		

3. Program Implementation

Estimated IDU Population: 220,000 (Data 2006, agreed among all stakeholders under Coordination of MoH)

Service Coverage⁹:

	Available Data							NSP coverage
	Provincial Coverage (% or Avg)	NGOs (Number)	Govt. Health Services (Number)	# Clients Accessing Services	Needle / Syringe Distribution (Number) (B)	# Condoms Distributed	# of IEC Materials Distributed	
Outreach		At least 36, each with on average 6 outreach workers	74 Puskesmas (Public Health Centres from Province and Local Governments) working with HR. On average they have at least one outreach worker.	Around 300 clients each – currently around 20,000 total.				
Drop-in Centres								
VCT			11 Puskesmas today (baseline 2006) that are doing VCT and CST mainly for IDUs	18% of IDU (2004-2005) ⁸				
Linkage to HIV Care and Support								
ARV			12 city hospitals are offering free ARV treatment ⁶					
Primary Health Care								

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Needle and Syringe Programs	Around 10%	At least 36 (see above)	74 Puskesmas (see above)					
Substitution Programs			7 methadone clinics (4 in Hospitals, 2 in Puskesmas, 1 in prison)	300 clients per clinic				
Linkage to Rehabilitation and Detoxification								
Peer education programmes								
Targeted IEC								
Plans for Scale Up				National Scale-up Plan: 2006: 10% NSP coverage 2007: 28% 2008: 42% 2009: 56% 2010: 70% Access to methadone: 30% by 2010 (66,000 patients in 220 clinics - 20 in prisons and the majority of the remaining 200 in Puskesmas).				

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Services in Closed Settings:

Estimated Prisoner Population: 110,958 (August 2006, Department of Justice and Human Rights)

Estimated % of Drug Offenders: 25,096 (August 2006, Department of Justice and Human Rights)

Service	# of Clients Accessing Services⁶
Voluntary Counselling and Testing	Referrals available in several prisons
Needle and Syringe Programs	0
Peer Education Programs	Health education to inmates and staff in several prisons
Substitution Maintenance	1 MMT in Bali, 33 prisoners
Post-release Follow-up	n/a
Primary Health Care	Provision of ARV being initiated in several prisons; July 2006: 29 prisoners, 5 of which also receive MMT)
Condoms	In 9 prisons
Total	n/a

Workforce

Estimated Required Workforce: **Not available**

	Available Data						Standardised Training Programs in Place	Capacity Assessment (low/medium/high)
	Provincial Coverage (% or Avg)	NGOs (Staff No's)	Govt. Health Services (Staff No's)	Total	Current Workforce compared to Required Workforce (%)	% of Peers in Workforce		
Service Providers								
Plans for Scale Up								

4. Gap Analysis

1. Adequate legislation that affords protection of IDU rights and recognizes their drug use as a health issue
2. National standards for comprehensive harm reduction service provision
3. Alignment of NAC and BNN priorities and harmonization of effort
4. Local funding base to support NGO activity

5. Recommendations

1. Continued advocacy and dialogue to elicit support for amendment to prevailing legislation and policies (national and district level)
2. IHPCP (2) to support development of service provision guidelines and expanded program of capacity building / training
3. Provision of funding and technical support for the scale-up of prison health services

6. References

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- ⁵ Winarso, I, Irawati, I, Eka, B, Nevendorff, L, Handoyo, P, Salim, H, and Mesquita, F (2006). Indonesian National Strategy for HIV/AIDS control in prisons: a public health approach for prisoners, *International Journal of Prisoner Health* **2(3)**, 243-249.
- ⁶ Asian Harm Reduction Network (2006). Drug Use and HIV/AIDS News Digest Thursday - Friday, 14-15 December 2006.
- ⁷ Asian Harm Reduction Network (2006). Drug Use and HIV/AIDS News Digest Monday - Wednesday, 4-6 December 2006.
- ⁸ Republic of Indonesia, National AIDS Commission (2006). *Country Report on the Follow-up to the Declaration of Commitment on HIV/AIDS (UNGASS), Reporting Period 2005-2005*. Geneva: UNAIDS.
- ⁹ Fabio Mesquita, personal communication.