

ADDITIONAL FEATURE

Indonesian AIDS Policy: Stigma, Discrimination and Challenges

HUMAN RIGHTS AND AIDS

Indonesia recently hosted the 9th International Congress on AIDS in Asia and the Pacific (ICAAP IX) from August 9 -13 2009. In light of the terrorist bombings which struck Jakarta just a few weeks previously, it was a timely opportunity for the country to show the international community its continuing ability to hold forums of scale and importance. Furthermore, by hosting this international congress, Indonesia sent the strong message that it is still a place where pluralism and tolerance are encouraged. The congress was also an essential element in Indonesia's commitment to reducing the spread of the pandemic in the region. As the congress theme "Empowering People, Strengthening Networks" suggested, the meeting set a strong agenda in empowering people living with HIV, and highlighted the importance of supporting them through a strengthened network across Asia, the Pacific, and beyond.

Since the earliest human societies, discrimination has negatively affected the lives of people whose sex, colour, caste, etc. has been considered inferior to the dominant norm. In Indonesia, as in many other parts of the world, discrimination exists against people who live with HIV or AIDS (PLHAs). This stigma evolved through idea that AIDS was an illness brought on through deviant behaviour such as illicit drug use, men having sex with men (MSM), and premarital/extramarital sex. Unfortunately, some PLHAs are entirely ostracized from the community, adding further suffering to their lives already made difficult by the illness.

UNAIDS defines HIV-related stigma and discrimination as: "...a 'process of devaluation' of people either living with or associated with HIV and AIDS...Discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status". Stigma and discrimination are daily realities for people living with HIV and for people belonging to groups particularly vulnerable to HIV infection. Such groups include sex workers, MSMs, people who inject drugs (IDUs), prisoners, and people with tuberculosis. Members of these groups are already stigmatized, and are thus also more likely to face discrimination than others if diagnosed with HIV. This hampers prevention and treatment efforts as people attempt to hide or deny their HIV status. Lawyers Collective argues that HIV and AIDS not only make social, political, and economic disempowerment more visible, but also contribute to the vulnerability of these marginalized groups.

From the above description, it is clear that a lack of understanding about the basic facts of HIV and AIDS and how the virus can be transmitted, treated and prevented, can lead to stigma, discrimination and eventual human rights abuses. Therefore, a strategic AIDS policy to simultaneously address the national epidemic while ending stigma and discrimination is essential.

INDONESIAN NATIONAL AIDS COMMISSION: LOOKING FORWARD TO A RIGHTS-BASED APPROACH POLICY

In the developing world, which includes Indonesia, the spread of HIV is further

catalysed by poverty and migration. Poverty limits people's ability to access information, health and social services, and prevents them from purchasing the simple mechanisms which prevent HIV transmission, such as condoms and clean syringes. Migration creates communities which may be cut off from social and family networks, and are thus more vulnerable to behaviours (such as sex work or drug use) which increase their risk of HIV infection.

Indonesia's KPAN has a three-year HIV National Strategic Plan which is due to end in 2010. It is thus important to now focus on lessons learnt from past experiences to make this forthcoming plan more effective. It needs to promote human rights and public health efforts, rather than undermine them, and in particular focus on policies which will prevent the creation of laws designed to further marginalise key populations such as sex workers and IDUs. Indeed, these groups should be at the forefront of any HIV efforts since, according to the World Health Organisation, sexual contact and injecting drug use contribute 51% of all new HIV infections in Indonesia. In many other countries, laws, policies and regulations contribute to a supportive legal environment for HIV and AIDS prevention. If the policies and laws in Indonesia do not create this same environment, stigma and discrimination will persist.

Of fundamental importance is that basic human rights have to be placed at the heart of the Indonesian AIDS Policy, with every target group treated with dignity, non-discrimination, public participation and accountability. Furthermore, the HIV prevention and treatment programs enshrined in the policy should be implemented across the board, regardless of an individuals' background, social status, religion, ethnicity or sexual orientation. LBH Masyarakat believes that the KPAN should encourage broader public participation in decision making, in particular consulting with PLHA's. Finally, all programs carried out have to be monitored and those in charge held accountable.

As defined by Lawyers Collective, an AIDS Policy placed into a human rights framework means using anti-discriminatory measures to propose ethical solutions to the legal and political dilemmas raised by HIV epidemic, while maintaining longer-term goals of directing the balance of power into a more equitable system. As previously mentioned, PLHAs often face problems such as discrimination and stigma through the traditional, group-targeted approach taken by the current KPAN Strategic Plan. A rights-based approach would be a more effective alternative, as this approach considers all of an individual's vulnerabilities, not just in terms of their risks of HIV infection, but also in terms of their social and cultural environment.

Aside from laying out the above human rights norms into the National AIDS Policy, KPAN must also aim to resolve the more basic problems routinely faced by people living with HIV. First of all, KPAN needs to effectively socialise and transmit information regarding HIV and AIDS to the Indonesian people, as currently there is little awareness of what programs KPAN run or how they approach HIV prevention and treatment. This socialisation needs to facilitate the correct understanding of HIV and AIDS, and create awareness of stigma and discrimination, the harm they cause, and the benefits of reducing them. One need only compare the public awareness campaign carried out by the KPAN with that of the Indonesian National Narcotic Agency (BNN) to conclude that the KPAN is seriously lacking in the ability to spread their message to the general public.

Lack of socialisation makes it difficult to effectively combat the stigma and discrimination experienced by PLHAs. Some months ago a boy was expelled from his village in North Sumatera because his parents were discovered to be HIV positive, and the other villagers were afraid the boy would transmit the virus to the rest of the community. This sad affair was the direct result of Indonesian people's lack of awareness of how HIV is transmitted.

UNAIDS provides guidelines on how to reduce stigma and discrimination as part of a national AIDS program, guidelines which could readily be used by the KPAN. These include participatory education, with activities that encourage dialogue, interaction and critical thinking; contact strategies, which involve direct or indirect interaction between people living with HIV and key audiences, in order to dispel myths about people affected by HIV; and mass media campaigns.

These issues, however, raise a number of pertinent questions: What is the KPAN currently doing to deal with discrimination and stigma? Does it have the complaint mechanism to resolve these issues? Does its current policy provide protection and assistance to the victim if they want to file a complaint to the authorities? In all these questions, LBH Masyarakat sees the KPAN lacking in commitment.

The programs required empowering PLHA's to access legal aid; an issue of real importance as they are so vulnerable to human rights violations, are also missing from the KPAN's current strategic plan. Respect for the rights of PLHA's or those at risk of infection are critical to the prevention and successful treatment of the disease. Significant HIV and AIDS related human rights issues include advancement of the right to health, the right to education, the right to privacy, the right to equality and non-discrimination, and the right to information and education.

PLHA's rights are often ignored or violated in their daily activities, not only by the surrounding community, but also through the acts of government institutions. Tragically, many people who commit these violations are unaware that what they are doing is wrong. For example, LBH Masyarakat hears of many cases in which people with HIV are dismissed from her/his job or school/university because of their HIV status. This is a violation of their right to work and right to education, with the ILO code of practice on HIV/AIDS and the World of Work clearly stating that HIV status

cannot be a reason to dismiss someone from their job.

PLHA's also routinely face negative attitudes or prejudices from the judicial system, which impede on their human rights by restricting their access to a fair and unbiased trial. The assessment of issues such as confidentiality of HIV status and protection in cases of rape/molestation are often compromised as a result of these prejudices. The judiciary system can also contribute to stigmatization when individuals from vulnerable groups are convicted but then prevented from accessing the support needed to prevent HIV transmission within the prison.

Another major issue needing urgent attention by the KPAN is the issue of overcrowded correctional institutions, which decreases sanitation levels and subsequently increases the ease with which HIV is transmitted. Many IDU's are imprisoned without adequate drug treatment, meaning they have little support in overcoming their addiction and, as a consequence, participate in needle sharing. Furthermore, treatment for prisoners living with HIV is very limited. Thus, the overcapacity, lack of drug treatment, and inaccessible treatment for HIV positive inmates, contributes to the widespread transmission of HIV within the prison system. The KPAN, together with relevant stakeholders such as General Directorate of Correctional Institute, should move to collectively resolve this problem. The Indonesian Government must begin treating drug users as patients who need clinical treatment rather than as criminals, and increase the number of rehab facilities inside the prisons rather than perpetuate the issues.

All of the described ingredients must be integrated into the Indonesian national AIDS policy. If we are unable to do this, we won't be able to win the battle against stigma and discrimination.

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