Policy Brief

Access to HIV care in Aceh, Indonesia

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Key message

HIV incidence is rising in the Indonesian province of Aceh. To counter this trend, prevention activities need to be developed and access to care should be improved. Structural limitations to accessing care that need to be addressed are: insufficient availability of HIV care and treatment in district hospitals, anti-LGBT policy and actions, and discrimination and socio-economic precariousness of people living with HIV.

Context

In May 2018 two men convicted of having homosexual relations were publicly flogged in Aceh, the only Indonesian province that enforces Islamic criminal law. In July, two other men accused of being gay received the same sentence. The dreadful punishment of these men is part of a long row of anti-LGBT actions spreading throughout the Indonesian archipelago since 2016, and obstructing HIV prevention and care.[1] The HIV-epidemic in Indonesia is spreading especially among men who have sex with men (MSM). Adherence to ART (antiretroviral therapy) is shockingly below 20%.[2] The structural problem of access to care and medication is poignantly visible in Aceh, where HIV incidence is rising. Based on long-term qualitative research among people living with HIV (PLHIV) in Aceh, this policy brief identifies limitations to accessing HIV care in Aceh and provides recommendations for action.[3]

Aceh

Indonesia's northwesternmost province of Aceh (population 5 million) has long been known for the Islamic piety of its people. The province has been severely affected by the Indian Ocean tsunami of 26 December 2004, and by a thirty-year long civil conflict that ended in 2005. Since 2001, Islamic law has been implemented in the province. Under Islamic law, gambling, drinking alcohol, and extramarital sexual activities can be punished by caning, imprisonment or fines.

In the first ten years of HIV-testing and diagnosis in Aceh (2004-2014), around 300 people were diagnosed with HIV or AIDS.[4] In the next three years, this number doubled to over 600 diagnoses.[5] PLHIV in the province rarely publicly disclose their HIV status voluntarily. In a number of cases, involuntary disclosure has led to severe discrimination, including denial of access to work and school, abandonment by the family, and eviction from the village. Discrimination within the health care system is high.[6] Nongovernmental peer support is available in three urban areas, but activities are restricted due to limited

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[1] https://www.hrw.org/report/2018/07/01/scared-public-and-now-no-privacy/human-rights-and-public-health-impacts-indonesias

[2] http://www.unaids.org/en/regionscountries/countries/indonesia

[3] The author conducted qualitative research in Aceh from August 2013 to July 2014, including daily observations of healthcare interactions, 30 in-depth interviews with PLHIV, 15 in-depth interviews with health-care workers and government officials, observations of prevention activities, visits to 14 districts/cities, and interviews with ten peer support workers and civil society organizations. Follow-up telephone- and online conversations took place between 2014 and 2018.

[4] Data obtained with permission from the Dinas Kesehatan Propinsi Aceh, June 2014.

[5] Jawa Pos 6 March 2018 "Jumlah kasus HIV/AIDS di Aceh terus Meningkat" https://www.jawapos.com/kesehatan/06/03/2018/jumlah-kasus-hivaids-di-aceh-terus-meningkat

[6] Harapan Harapan et al 2015 "Discriminatory attitudes toward people living with HIV among health care workers in Aceh, Indonesia: a vista from a very low HIV caseload region." *Clinical Epidemiology and Global Health* 3: 29-36.

funding. A handful of nongovernmental organizations in the province engages in HIV prevention and awareness raising activities. They do so with difficulty, because the discussion of sexual behavior with youth and the promotion of condoms are interpreted to be encouraging extramarital sex, and therefore prohibited.

Access to care

Voluntary counseling and testing (VCT) in Aceh is available in district hospitals and several local clinics. However, access to care and treatment for those diagnosed with HIV remains limited to two public hospitals, causing patients to travel long distances to access medication. Health workers identify the unavailability of care and treatment in the same location where patients are diagnosed as a major obstacle to adherence to antiretroviral therapy.[7]

The health insurance referral system currently demands that a referral letter from the patients' local clinic is renewed on site every month and only applies for the particular policlinic indicated. If a specialist decides that the patient needs to be seen by another specialist, the patient has to travel back to the home village clinic to obtain a new referral letter. In-depth interviews and observations with patients and health workers reveal that the time and financial expenses of traveling, as well as the risk of public disclosure through neighbors' gossip about frequent long-distance travel, deters patients from obtaining the medical care and treatment they need.

Many PLHIV in Aceh live below the poverty line. Lack of financial means to leave work, and travel to the hospital, often prevents patients from accessing health care.

Patients express that they benefit from peer support in navigating the health care system and regret its limited availability beyond the capital, Banda Aceh.

Criminalization of LGBT-people

Since the beginning of 2016, the situation of LGBT-people in Aceh has become extremely precarious.[8] They are at risk of detainment, persecution, punishment by caning, and humiliating "re-education" programs. LGBT activism has been curbed and HIV outreach among this key population has become virtually impossible.

Experiences of discrimination in the health care system and fear of involuntary disclosure and maltreatment by state actors obstruct access to care for LGBT-people. Some of them experience difficulty in accessing health care free of charge, because they do not have identity cards (KTP) or a permanent address needed to access health insurance.

Recommendations for government action

- Make HIV Care and Treatment available in all districts. This includes the availability of antiretroviral medication in district hospitals.
- Create safe spaces for LGBT-people and take stance against discrimination and criminalization of LGBT-people.
- Increase the scope and scale of prevention and outreach activities among key populations and awareness raising activities in society at large.
- Support possibilities for accessing health care without identity card (KTP).
- Fund socio-economic assistance programs for people living with HIV. Cover transportation costs from health insurance.
- Include civil society organizations (CSO) and PLHIV in policy making.
- Increase peer support groups and activities and support local CSOs to provide care for PLHIV.

[7] Similar conclusions are drawn in research on Java and Bali, see Pande Putu Januraga et al. 2018 "The cascade of HIV care among key populations in Indonesia: a prospective cohort study." *The Lancet HIV* 5(10): PE560-68.

[8] Ferdiansyah Thajib 2018 "The making and breaking of Indonesian Muslim *queer* safe spaces." *Borderlands* 17(1). http://www.borderlands.net.au/vol17no1_2018/thajib_indonesian.pdf