

The HIV/AIDS Pandemic in West Papua

Reported HIV/AIDS cases in West Papua are dramatically increasing. This disease remains one of the deadliest threats to the survival of the West Papuan people. Reported cases do not represent the real number of sufferers. **It is important to be aware that variations in reporting of prevalence rates exist due to the difficulty in accurate data collection by the international community. All statistics reported in this document are believed to be from the most reputable sources.**

Current Situation

According to the World Health Organisation¹ the epidemic in West Papua is now regarded as generalised. WHO provides figures on HIV and AIDS cases separately. As of 31 December 2005, West Papua had reported **832 cases of AIDS**, which is a reported case rate of 40 per 100,000 individuals, or **20 times the Indonesian national average of 2 per 100,000**. The official estimated number of **HIV infections in West Papua is between 8,000 and 14,000, or about 0.6 to 1 percent of the total adult population**. Surveys of pregnant women in some areas of West Papua (Mimika and Merauke) indicated a prevalence rate of over 1%. From 1998 to 2004, prevalence of HIV in commercial sex workers increased from about 1 or 2% to 16% in Sorong, 15% in Merauke, 14% in Nabire, 9% in Timika and 5% in Jayapura. The high rates of sexually transmitted infections among commercial sex workers in West Papua (around 62%) also influence transmission of HIV.

The *Lancet*² reports HIV/AIDS *combined rates* are 40 times the Indonesian national average with increasing prostitution, low education levels and unsatisfactory prevention/treatment programmes exacerbating the crisis.

One AusAID study³ estimates that in 2005 HIV prevalence in the adult population in West Papua was 1.03% but 0.17% in the rest of Indonesia. The study predicts that, unless the response is scaled up, by 2025 adult prevalence will rise in West Papua to 7% and in the rest of Indonesia to 1.08%.

1 The World Health Organisation, (December 2006).

http://www.who.int/GlobalAtlas/predefinedReports/EFS2006/EFS_PDFs/EFS2006_ID.pdf

2 Rees, S. & Silove, D. (2007). Speaking out about human rights and health in West Papua. *The Lancet*, Vol 370, Issue 9588, pp 637-639 (based on a report by Butt, L., Numbery, G., Morin, J. (2002) The smokescreen of culture: AIDS and the Indigenous in Papua, Indonesia. In: Jones, R., Finau, SA, eds. Pacific health dialogue: Guam and health transition in the Pacific. Waimauku: Resource Books, 2002; 9L 283-89

3 Australian Gov't AusAID - HIV/AIDS Activities by Country (2007):

<http://www.ausaid.gov.au/keyaid/hiv aids/countries.cfm>

A more recent household level survey by UNAIDS⁴ reveals an adult prevalence of more than 2%. This survey suggests dynamic HIV spread in the general population through heterosexual transmission, similar to patterns seen in Papua New Guinea.

Contributing factors and those most at risk

Conditions favour HIV spread through sex work, with high rates of sexually transmitted infections (STIs) and low levels of consistent condom use. Injecting drug users are also at high risk. Political instability and civil conflict increase peoples' vulnerability due to insufficient education and poor health. The war against HIV in countries such as West Papua is hindered by reduced access to prevention programmes and funds and treatment service shortages.

A Human Rights Watch report⁵ states that mining towns are a particular focal point of HIV/AIDS transmission in West Papua. High rates of migration among mining workers, poor literacy and inadequate education campaigns all contribute to the spread of the disease.

One University of Sydney study⁶ reports that in regions rich in sandalwood the military is involved in importing HIV/AIDS affected prostitutes from Java and other parts of Indonesia. In places such as Merauke and Timika, prostitution involving infected sex workers predominantly from Java, has contributed to high rates of infection. This study also refers to the presence of illegal brothels which increase the risk of transmission. In Merauke legal brothels are in locations which are not central to the town. They are more expensive than the illegal brothels, which are located nearer the town centre. Testing for HIV is based on significantly different protocols: every month at the legal brothels, every six months at the illegal brothels.

Papuan perception of HIV/AIDS

Complex theories are held by many Papuans as to how HIV/AIDS came to West Papua. The three main theories are that it was introduced by either: 1) women who have many sex partners; 2) traditional tribal enemies, or 3) non-Papuans (ie, Indonesian sex workers, and Indonesians in general who have moved into the area). A widespread belief is that HIV/AIDS was purposely introduced to destroy the Papuan people (claim of genocide).

4 Prasada Rao, JVR (2007). UNAIDS Plenary speech at VIII International Congress on AIDS in Asia and the Pacific (ICAAP), Colombo, 2007: Overview of Epidemic and Response in Asia and the Pacific.

5 Human Rights Watch (July 2007) - Out of Sight : Endemic Abuse and Impunity in Papua's Central Highlands

6 Wing, J., & King, P. (2005) *Genocide in West Papua? The role of the Indonesian state apparatus and a current needs assessment of the Papuan people*. Centre for Peace and Conflict Studies, University of Sydney, and ELSHAM, Jayapura, Papua.

Financial support to fight HIV/AIDS in West Papua

AusAID is currently undertaking an HIV/AIDS Prevention and Care Project (Phase 2) with a contribution of \$41.1 million over a 6 year period from 2002-2008 to the entire Indonesian archipelago. Assistance focuses on vulnerable groups such as injecting drug users (IDUs), sex workers and their clients. The project is operating in six provinces including Papua.⁷

In July 2007, the \$100 million Australia-Indonesia Partnership for HIV (AIPH) was launched. The aim of this Partnership is to prevent and limit the spread of HIV through education, to improve the quality of life for people living with the virus and to alleviate its socio-economic impacts in Indonesia.⁸ In the 2007-08 period Australia will provide a total of \$14.5 million in aid specifically to Papua, with an estimated increase to \$20.2 million in 2008-09, with this money targeting health and governance.⁹

PT Freeport Indonesia has reportedly supported an HIV prevention program through the Timika health public health service¹⁰. An estimated 14000 condoms are distributed monthly, free health care and support are available, community education is ongoing, as is free diagnosis of all sexually transmitted infections.

Education - the key to prevention

It remains vitally important to promote educational programmes on safe sex for young men and women. Ignorance in this area is the most sinister obstacle to successfully fighting this epidemic.

Overcoming negative attitudes towards condom use appears to be the most difficult task, and this incorporates teaching those at risk what a condom is and how to use it. Cultural beliefs and traditional values are also reported to be potential barriers to condom acceptance.

A report by Leslie Butt and colleagues¹¹ stipulates that “condom education needs to happen in small, Papuan-run and Papuan-oriented sessions” focusing on the Papuans’ strong commitment to cultural identity and concern with well-being. Programmes need to be designed specifically to address the Papuan people, highlighting tribal protection, and using imagery and language that the Papuan people can identify with.

7&8 Australian Gov’t AusAID - HIV/AIDS Activities by Country:

<http://www.ausaid.gov.au/keyaid/hiv aids/countries.cfm>

9 Personal correspondence from Bob McMullan MP, Parliamentary Secretary for International Development Assistance, 11.2.2008

10 *Jakarta Post* Govt, NGOs, firms work together for national health, 29.12.2007

11 Butt, L., Numbery, G., Morin, J. (2002). Preventing AIDS in Papua: Revised Research Report (known as *The Papuan Sexuality Project*)

Many Papuans suspect that condoms could be part of the Indonesian government's strategy of reducing the Papuan population: thus many regard condom use with suspicion. This idea of government-induced birth control via condom use is a difficult one to overcome, especially given the low growth rate in the Papuan population already¹²

The *Lancet* report¹³ emphasises that medical professionals from the international community should be encouraged to take an active part in liaising with Papuan health professionals to augment health services. More comprehensive data gathering is needed, however, and this will only happen if the barriers are lowered between West Papua and the rest of the world, thus "breaking the prevailing silence about one of the world's least publicised human-rights crises."

12 Elmslie, J. (2007). *Demographic transition in West Papua and claims of genocide*.
Centre for Peace and Conflict Studies, University of Sydney

13 Rees, S. & Silove, D. (2007). Speaking out about human rights and health in West Papua.
The Lancet, Vol 370, Issue 9588, pp 637-639

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