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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Written statement* submitted by Child Foundation, a non- governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[10 February 2019]

* Issued as received, in the language(s) of submission only.



Pediatric HIV in Indonesia

We would like to note the concerning rise in Pediatric HIV cases in Indonesia. According to UNAIDS, in 2016 there were now an estimated 14,000 children with HIV in the country, with 3,200 new infections expected this year. The country has experienced a fast-growing HIV and AIDS epidemic over the past twenty years. This epidemic stems from having one of the lowest HIV treatment rates in the world. According to UNAIDS, only 13% of an estimated 600,000 HIV positive individuals are aware of their status and taking medication. As a result, the epidemic has been expanding out of traditional risk populations such as drug workers, female sex workers, and the LGBTQ community and into the larger public. According to Indonesia's Ministry of Health, heterosexual sexual interactions, not including sex work, now account for 50% of new infections. Married women are the fastest increasing shares of HIV infections and this has caused the rate of mother-to-child transmission of HIV to soar. Given public misconceptions, combatting this crisis has been difficult. The Ministry of Health has taken promising steps in the past couple of years but they and the government can take a number of additional actions to increase prevention services and treatment access, reinforce HIV positive children and mother's human rights, and combat stigma.

The mother-to-child transmission of HIV in pregnancy can be reduced from a 15%-45% chance to less than 1% if treated. However, Indonesian health providers do not offer HIV testing unless the mother asks for it and in some cases does not have testing, so many mothers remain unaware of their status during pregnancy. This is because antenatal HIV testing is only voluntary in Indonesia. According to UNAIDS, only 28% of mothers in Indonesia received an HIV test in pregnancy, one of the lowest rates in the world. This prevents the possibility of mothers of finding out their status and getting treatment for themselves and their children until AIDS symptoms start showing later and sometimes too late to prevent death. As young women rarely go to the doctors, HIV tests during pregnancy are not only crucial to preventing pediatric HIV, they are a crucial public health tool to get women and contacts who may be infected on treatment. Opt-out HIV tests for pregnant women, where women are administered the test unless they refuse, are a great tool for combating HIV.

Implementing antenatal testing has been a struggle since 20% of Indonesian women, many from high-risk populations, do not receive antenatal care (ANC) according to the Ministry of Health. There has been a promising increase in the number of prevention of mother-to-child transmission (PMTCT) clinics in high transmission risk areas. Increasing PMTCT access in these areas is important, but a roll-out of mandatory testing as well as a government publicity campaign highlighting the importance of ANC for maternal health would have the potential of reducing the number of transmissions significantly.

Stigma from health care providers is a huge barrier to people seeking treatment. A number of women have reported issues with discrimination upon disclosing their status to health care providers. Many have even been refused treatment, as some doctors mistakenly fear that they will get the disease by being in close proximity to them. This only compounds the HIV crisis since studies show in these situations people will not report their status out of fear of losing their coverage. Health care providers can assist in lowering the transmission rate by respecting the right of all HIV positive individuals to access confidential treatment.

Societal stigma can be just as big of a barrier as discrimination by health care providers. As the expulsion of three North Sumatran elementary school students from their school and village shows, there is a lack of broad knowledge of HIV/AIDS. The lack of awareness of the modes of transmission will continue to promote fear of the disease. This includes self-stigma by people living with HIV (PLHIV), lowering their likelihood to get tested or stay on treatment. By ensuring that every child's right to education, happiness, health and opportunity is protected, HIV testing and treatment rates would increase. A broad campaign to the public on misconceptions on HIV and AIDS would be beneficial in order to achieve this. Common misconceptions include that it is a disease that only afflicts LGBTQ people or that it is a death sentence make people even more afraid of the disease. These discourage self-testing. Similarly, a lack of promotion of sexual health measures means that many people with risky behaviors never test themselves. Jakarta's mandate requiring newly married couples to get HIV tests is an innovative measure of the sort that will encourage better sexual health among the public.

Overall maternal health and stigma remains a huge barrier to further improvement in the fight against pediatric HIV and AIDS. Further actions to educate the public, encourage and expand testing and reinforce PLHIV's rights would serve to reduce AIDS deaths, reduce transmissions, increasing testing, and promote healthy behaviors among the public.

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