Factsheet on

Access to Health Care Benefit for People Living with HIV in Indonesia

International Labour Organization

The global epidemic of HIV and AIDS hits hardest those of working age and all who depend on them. HIV and AIDS-related stigma and discrimination alter individual behaviour, damage employment and career prospects, and blight the quality of health and other social services.

In the workplace, discrimination can mean mandatory testing, quarantine, exclusion, and outright job loss. Therefore, people living with HIV (PLHIV) in Indonesia are often employed by micro and small businesses in the informal economy and depend on these to sustain themselves and their families. As a result, they are not protected by social security system and lack of access to proper health care and benefit.

PLHIV and Health Care: Condition in Indonesia

Indonesia is characterized by a significant informal sector workforce (estimates range from 40 per cent to 70 per cent). While small scale pilots have attempted to enrol members of the informal sector into Jamsostek, the state social security agency for employed persons, this sector of the workforce remains unprotected.

Despite its mandatory nature for employers with 10 or more employees or monthly payroll of 1 million rupiah, enrolment in Jamsostek falls well below targets. The healthcare benefit program of Jamsostek is estimated to cover only 5.7 per cent of formal sector workers, or 1.8 per cent of the total workforce. An "opt-out" option which allows employers to offer private insurance to employees at or above the level of benefit offered by Jamsostek, further erodes enrolment targets.

Government of Indonesia has provided free of charge treatment for people living with HIV including for Antiretroviral therapy, TB and other opportunistic infections.

Facts on HIV and AIDS Situation

- Indonesia will have almost **twice the number of people living with HIV and AIDS in 2014** as compared to 2008, rising from an estimated 227,700 to 501,400.
- HIV prevalence will **increase from 0.22 per cent (2008) to 0.37 per cent (2014)** among people with the productive aged between 15 – 49 years old.
- The need for ARV will increase **from 50,400 (2010) to 86,800 (2014)**. This increase will be larger still if the CD4 criteria for prescription of ARV rises, for example from a CD4 count of 200 to 350.
- It is estimated that approximately **70 per cent of the infected people** should **receive ARV therapy**. However, almost 30 per cent of them did not get any available therapy. Until September 2010, around 59 per cent of them were still attending the therapy, while the rest of them dropped out from the therapy with various reasons such as ceasing therapy, untracked addresses, deceased, or relocated.
- It is estimated that **around 4,000 pregnant women and 1,500 children** will need prevention to mother to child transmission programme in 2014.
- **Social Economic Impact of HIV at Individual and Houshold Levels in Indonesia - a Seven Province Study in 2010**: The loss of income among PLHIV households as a result of caring for the sick is significant. PLHIV-households spend up to five times more on medical expenses and the labour force participation rate among PLHIV households is lower, compared to other households. 45 per cent of households with People Living with HIV are unemployed.

Lack of Accessibility for PLHIV:

- Jamkesmas is non discriminatory in theory but some problem in the implementation. There is stigma and discrimination for PLHIV and treatment depends on hospital policy.
- Provincial variation in Jamkesda implementation, depending on the commitment from local government.
- Coverage of treatment of basic medical care for the eligible (poor and near poor, including PLHIV).
- Discrimination of health care coverage in state and private insurance schemes for formal sector workers – Jamsostek and private insurance providers.
- Important role of NGOs in facilitating access.

Barriers to use:

- The target group of Jamkesmas often not the actual beneficiaries, data is not accurate, updated every 5 years.
- Public schemes: lack of clarity and transparency on the administration procedures and coverage levels.
- PLHIV concern about confidentiality.
- Attitude and skill of healthcare providers toward poor, key population and PLHIV (stigma and discrimination).
- Administrative requirement (ID Card) - i.e: sex workers and transgendered people.
- Additional funds needed to access the Antiretroviral (ARV) (for example, initial treatment, transportation cost).

Opportunities and Challenges:

- Increase access to economic and social support for PLHIV, children and affected families who are living in hardship: one of the objectives of Indonesia National HIV and AIDS Strategy and Action Plan 2010 – 2014.
- The Government of Indonesia has taken the first important step in improving social security and protection for its citizens with the passage of the 2009 Healthcare Law, the 2004 National Social Security System Law and the 2011 Social Security Agency (BPJS) Law.
- Jamsostek Director's Decree: PT Jamsostek will cover dialysis, cardiovascular surgery, and treatments for cancer and HIV/AIDS as of 1 December 2011, aimed to increase the benefits for workers undergoing healthcare programs.
- ILO Social Protection Floor on provision of Social Protection for Informal Workers.

The Role of the ILO

- As stated by the ILO's World Social Security Report 2010/2011, "…social security systems are by design powerful economic and social stabilizers of economies and societies. They stabilize income of individuals who are affected by unemployment or underemployment and hence help to avoid hardship and social instability."
- ILO Recommendation 200 on HIV and AIDS in the World of Work:
  - Applies to all workers in a form of arrangements: to all workplaces, all sectors of economic activity whether public, private, formal or informal.
  - Workers, their families and dependants should have access to and benefit from prevention, treatment, care and support in relation to HIV and AIDS.
  - Measures to address HIV and AIDS in the world of work should be part of national development policies and programmes, including those related to labour, education, social protection and health.

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