



Permanent Mission
of the Republic of Indonesia to the UN, WTO,
and Other International Organizations
in Geneva

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The Permanent Mission of the Republic of Indonesia to the United Nations, WTO, and Other International Organizations in Geneva presents its compliments to the Office of the High Commissioner for Human Rights (OHCHR) and with reference to a letter from the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health of 10 May 2021, has the honour to convey the Government of Indonesia's submission to the questionnaire.

The Permanent Mission of the Republic of Indonesia to the UN, WTO, and Other International Organizations in Geneva, avails itself of this opportunity to renew to the Office of the High Commissioner for Human Rights the assurances of its highest consideration.

Geneva, 10 June 2021



**Office of the High Commissioner for Human Rights
Geneva**

The Government of Indonesia's Response to the Questionnaire of the Special Rapporteur on the Highest Attainable Standard of Physical and Mental Health

With reference to your questionnaire dated 10 May 2021, please find our elaboration regarding the Government of Indonesia (GoI) efforts to protect, respect, and fulfill the access to Sexual and Reproductive Healthcare Services during COVID-19 pandemic.

National Legal Frameworks and Policies Related to the Access to Sexual and Reproductive Healthcare Services (response to question 1 and 2)

The Government of Indonesia is committed to protect, respect, and fulfill the rights of its people. Indonesia has ratified 8 (eight) main international human rights instruments, including the International Covenant on the Economic, Social, and Cultural Rights; Convention on the Elimination of Discrimination Against Women; Convention of the Rights of the Child; Convention on the Protection of the Rights of Persons with Disabilities; as well as the two optional protocols of the CRC.

Regarding the focus of the questionnaire by the Special Rapporteur, The Government of Indonesia reiterates its commitment to ensure access to sexual and reproductive healthcare services. This is being carried out through the enactment of legal framework and its effective implementation.

At the domestic level, the main regulatory frameworks related to the access to Sexual and Reproductive Healthcare Services are, among others:

a. Law No. 36/2009 on Health.

In terms of access to reproductive healthcare, the Law on Health emphasizes the importance of access to reproductive healthcare services and family planning. Article 72 of the law stipulates that every individual shall have the rights to:

- 1) A healthy and safe reproductive life and sexual life without any coercion and/or violence with a lawful partner;
- 2) Determine his/her reproductive life and free from discrimination, coercion and/or violence that respect noble values and not degrading human dignity in accordance with religious norms;
- 3) Personally determine when and how often to reproduce in a medically healthy manner and not contradictory to religious norms; and
- 4) Obtain information, education and counselling regarding proper and accountable reproductive healthcare.

The Law on Health also mandated the provision of health information and reproductive healthcare facilities, including family planning services that are safe, adequate, and affordable.

With regard to abortion, the Law on Health stipulated that abortion can be conducted under certain condition, i.e. in case of (i) health emergencies detected during early pregnancy which may threaten the lives of both mothers and fetus, resulting to irreversible genetic diseases or disabilities which will affect the life of the baby after birth and (ii) pregnancy due to rape which pose psychological trauma of the victim.

b. **Law No. 8/2016 on Persons with Disabilities**

This Law addresses the intersectionality between access to sexual and reproductive healthcare services, and the rights of Persons with Disabilities (PwD), particularly women and children. Article 5 paragraph 2 of this Law ensures the freedom for women with disabilities to personally decide on the use of contraception, as well as to ensure protection of women with disabilities against discrimination and violence, including physical and sexual violence.

c. **Law No. 52/2009 on Population Development and Family Development**

This Law regulates the provision of reproductive healthcare services, especially contraceptive services.

d. **Government Regulation No. 61/2014 on Reproductive Health**

Government Regulation No. 61/2014 aims to ensure the provision of quality and responsible reproductive healthcare services to all person. It further elaborates the right of women for reproductive healthcare; the obligations of central government, provincial and district/city governments to organize comprehensive reproductive healthcare service facilitation; adolescent reproductive healthcare services, specifically regulated in Article 11 and Article 12; healthcare services before pregnancy, during pregnancy, childbirth and postnatal services, which guarantees that every woman is entitled to quality reproductive services, although it does not explicitly mentioned arrangements for pregnant adolescent, teenage mothers and their children.

e. **Presidential Decree No. 82/2018 on Health Insurance**

This Presidential Decree guarantees that each participant has the right to receive health insurance benefits, which include individual healthcare services for promotional, preventive, curative, and rehabilitative services. It includes services for drugs, medical supplies and consumables based on medical necessity. HIV/AIDS is also included and guaranteed by the National Health Insurance (Jaminan Kesehatan Nasional/JKN) program, while the management and provision of therapy are in accordance with applicable medical service standards.

f. **Other Relevant Regulations**

To complement the laws and regulations previously mentioned, relevant government ministries/institution has also issued implementing regulation to realize the access to sexual and health services, among others:

- Ministry of Health (MoH) Regulation No. 97/2014 on Periodic Health Services Before Pregnancy, Pregnancy, Childbirth, and After Childbirth, Implementation of Contraceptive Services and Sexual Health Services. This regulation is currently being updated, particularly on part related to Pregnancy Examination (ANC). In the update, it is proposed to change the frequency of prenatal examinations from 4 examinations during pregnancy to 6 (six) examinations, with the first examination should be conducted by a medical doctor;
- MoH Regulation No. 3/2016 on the Training and Conduct for Abortion Services on the Basis of Medical Emergency and Pregnancy due to rape;
- The Coordinating Ministry for Human Development and Culture (CMfHDC) Decree No. 1/2018 on the 2017-2019 National Action Plan on School Age and Adolescent Health.

Generally, the Gol's National Policy on Reproductive Healthcare stipulates that there are 5 (five) main components/program to reproductive healthcare services:

- a. Maternal and Child Health;
- b. Family Planning;
- c. Adolescent Reproductive Health;
- d. Prevention and Addressing Sexually Transmitted Disease, including HIV/AIDS; and
- e. Reproductive Healthcare program for adult and elderly.

With regards to the delivery of services and goods related to reproductive healthcare, the Gol continues to take efforts to: improve the supply and distribution of contraceptive devices and medicine; improve the provision of medical contraceptive services and reproductive healthcare facilities; address infrastructure problems that hinder access to health facilities in remote areas; synchronize financial framework between national and local budget for family planning program; enhance the capacity of family planning field workers to provide information, education, and communication; and maintain the participation of family who are joining the family planning program. The Gol also has a Blueprint for Corrections Service Reform that maps out reform objectives and capacity building, and includes provision of reproductive healthcare services rights and health services for women involved in law.

Furthermore, the Gol has also taken measures to increase public's awareness regarding Sexual and Reproductive Healthcare, among others through:

- **Integration of reproductive healthcare education for adolescents into school curriculum and training the teachers on the delivery on this topic.** In this regard, the MoH has developed education module on reproductive healthcare for elementary, junior high and high school (and equivalent) teachers. These modules are provided for teachers to spread knowledge, develop skills, build positive and healthy attitudes and behaviour about reproductive healthcare. The materials contained in the module includes information on reproductive healthcare including knowledge on puberty, reproductive organs, drugs, and education for healthy life skills so that adolescents will get a complete understanding as a provision to protect them from environmental influences and risky behaviour.
- **Dissemination of reproductive healthcare education through community,** involving adolescents both as a participants and counsellors.
- **Implementation of the Reproductive Healthcare Educational Program in schools.** The program contains module on sexual harassment and abuse, for teachers and students with disability to further protect the security of student with disabilities.

Sexual and Reproductive Healthcare Service Policies during COVID-19 Pandemic (response to question 3 and 4)

The Gol has implemented various measure to address and mitigate the impact of COVID-19 in its territory. The Gol is committed to ensure that COVID-19 related policy does not negatively impact access to sexual and reproductive healthcare services.

In this regard, the Gol has developed and disseminated several guidelines in response to COVID-19 pandemic to ensure the continuity of sexual and reproductive healthcare services as part of the essential healthcare services, as follows:

- a. Guideline on Family Planning and Reproductive Healthcare Services during COVID-19 Pandemic” to ensure the continuity of the sexual and reproductive healthcare services as part of the essential health services (published June 2020).

- b. Guideline for the provision of pre-marital reproductive healthcare services (both bride and groom to be) during the pandemic (July 2020).
- c. Guideline on antenatal, childbirth, postpartum, and new-born services during the pandemic (era of adaptation to new habits) (published September 2020).
- d. Primary Health Facilities guidelines for the provision of health services for school-aged children and adolescent health services during COVID-19 pandemic (published August 2020). This guidelines aims to equip the health workers in providing the appropriate information on sexual and reproductive healthcare.
- e. Protocol for HIV/AIDS services during the COVID-19 pandemic (April 2020).

Several policy frameworks and measures related to the provision of sexual and reproductive healthcare services that has been taken by the Gol during the pandemic or within the context of the COVID-19 pandemic, among others:

- a. **Joint Decree on the Synergy of Programs and Activities to Protect Women and Children during the COVID-19 Pandemic.** The Decree is issued by the Ministry of Women Empowerment and Child Protection (MoWECP), Ministry of Home Affairs (MoHA), Ministry of Village, Development of Disadvantaged Region, and Transmigration (MoVDDAT), Ministry of Social Affairs (MoSA), and the National Population and Family Planning Agency. It is carried out in collaboration with the Family Planning Offices, volunteers as well as community movements involving women and children network/forum at the village/ district level.
- b. **Mobilization of the offices of MoWECP at local level to focus on the prevention and control of the spread of COVID-19 for Women and Children and the creation of the #BerjarakMovement** (lit. 'distanced movement'). This movement aims to develop Alternative Modules of Balanced Nutrition Intake for Pregnant Women, Baby, Adolescents, the Elderly during the Covid-19 Pandemic (2020).
- c. **Strengthening of the Women's School Program by issuing the Guidelines for the Empowerment of Women in Villages.** This Guideline aims to complement and strengthen the implementation of the MoWECP's women empowerment program at the village level through the Women's School/*Sekolah Perempuan*. The women's school aims to increase women's capacity to empower them and to be resourceful when taking into account the situation, conditions and developments in their area, and to access development programs in their areas for the welfare of their families and communities. This Women's School is not a formal education but with curriculum and learning methods that are complemented through modules which covers gender, women and culture, sexual and reproductive healthcare, public health, and the economy. Furthermore, the Gol is currently in the process of preparing a National Roadmap for Women's Schools.
- d. **Issuance of Indonesia's National Action Plan on the Prevention and Control of HIV/AIDS and Sexually Transmitted Disease/Infection 2020-2024.** Indonesia aims to end HIV/AIDS in 2030, in line with the global commitment.

Challenges and Ways Forward (response to question 5 and 6)

Sexual and reproductive healthcare services are among those that are impacted by the COVID-19 pandemic. Among the main challenges to the provision and delivery of services that arises during the pandemic is the difficulties experienced by families to access Reproductive Healthcare Services due to several contributing factors:

- a. Closing and reassignment of the primary health centres to assist in COVID-19 response (mainly during the first six months of the pandemic).
- b. Reluctancy from women, particularly pregnant women and mothers to accessing the services (due to the fear of transmission).
- c. Restriction of movements ('*stay at home*' advisory).

To address this issue, the GoI is utilising online consultation platform and telemedicine to minimise contact to reduce the risk of COVID-19 exposure to the already vulnerable population. The GoI also has developed its government digital platform (*sehatpedia*) that provide live chat with health practitioners and publish articles related to a wide range of health issues, including on HIV prevention and control. For pregnant women, the GoI through the MoH has also initiated virtual classes for pregnant women.

The GoI aims to continue improving the delivery of Reproductive Healthcare/Family Planning services amidst the pandemic, among others through the establishment of national provincial and sub-national level task force of COVID-19.

Another challenge facing the provision of sexual and reproductive healthcare services is the decreasing financial support or aid in the area. Therefore, the Government of Indonesia will continue fostering the availability of financial support as well as technical support and capacity building to improve State;s capacity in the delivery of their sexual and reproductive healthcare services. One example of cooperation/assistance that has been successfully maintained amidst the pandemic, is the MoH's partnership with UNFPA in the area of maternal mortality; integration of maternal health and family planning services; and adolescent reproductive healthcare as well as their application that fully respect the culture and religious values.

In doing such partnership, including on public awareness and education actions, Indonesia will continue to provide education on sexual and reproductive healthcare in line with the Convention on the Rights of the Child, our national laws and regulations, taking into account the cultural and religious values uphelded by Indonesian community.

I trust that our explanation has addressed the salient point raised in your questionnaire. To conclude, the GoI wishes this questionnaire will resulting on more support to the universal health care agenda and member states' capacity to fulfil the right of the Highest Attainable Standard of Physical and Mental Health. We stand ready to collaborate constructively towards this end.