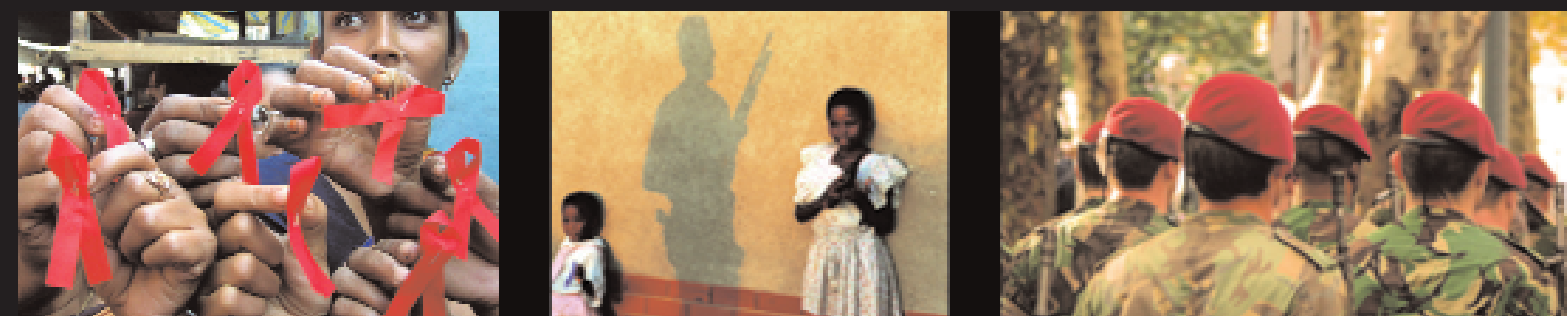


AIDS, Security and Conflict Initiative



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Indigenous welfare and HIV/AIDS risks: The impacts of government reform in the Papua region, Indonesia

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1 Introduction¹

The HIV/AIDS epidemic came relatively late to Indonesia. It was first identified in 1987 and spread slowly over the following decade. Many observers assumed Indonesia might avoid a serious epidemic and that it would be confined to several major cities. By the late 1990s two things changed, producing two very different patterns of HIV infection. First injecting drug use began to increase, and HIV infection then spread rapidly among injecting drug users, mainly affecting the major urban centres. Second, HIV infection began to spread more rapidly among the largely rural population of the Papua region (formerly known as Irian Jaya).² UNAIDS reported in 2006 a total of 210,000 people living with HIV/AIDS in Indonesia, though the official number of recorded cases was 11,000.³ While the population of the Papua region is only 2.1 million - less than one per cent of Indonesia's total population - the region contains over 30 per cent of Indonesia's recorded HIV/AIDS cases.⁴ Some accounts estimate that between five and ten per cent of the local population has HIV/AIDS, which is high even by sub-Saharan African standards.⁵

According to recent government statements, unlike patterns in other regions of Indonesia, HIV infection in the Papua region is not exclusively an urban problem nor related to conventionally defined 'high risk behaviour'. Infection has spread throughout the population, including into isolated lowland coastal and highland areas. Unlike the rest of Indonesia, where over 50 per cent of new infections are a result of injecting drug-use, over 98 per cent of new infections in the Papua region are a result of sexual transmission.⁶ The Indonesian media tends to explain the high rates of the HIV/AIDS epidemic in the Papua region by the 'risky behaviour' and cultural practices of indigenous Papuans, which are claimed to include very low condom use and multiple sexual partners.⁷ So-called 'high risk' sexual practices among the indigenous population have been identified in official government reports as special problems linked to high HIV/AIDS infection rates.⁸ Independent ethnographies have also described sexual

¹ A presentation by Dr Nafsiah Mboi, Chair of Indonesia's National Aids Commission Taskforce for Papua, on 18 May 2006 at the National University of Singapore, provided the inspiration for this paper. Special thanks to Professor Tony Barnett, ESRC Professorial Fellow, London School of Economics and Political Science, for securing funding for the background research and for his substantive inputs and support throughout. The paper was prepared for the 'AIDS, Security and Conflict Initiative', but reflects the views of the author and not the respective funding bodies. Thanks to Alex de Waal, John Sidel and Scott Guggenheim for comments on earlier drafts. Correspondence to the author at: c.q.smith@lse.ac.uk.

² This paper uses the term 'Papua region' to describe collectively Papua and West Irian Jaya provinces, created in 2003 by Presidential decree. The term 'Papua' in the paper refers specifically to Papua province, and not the whole region. There is much legal and political controversy over the naming of the region. It is referred to, variously, as '*Tanah Papua*' (land of Papua) by the National AIDS Commission; 'Papua' or 'Indonesian Papua' by government, international donor and UN agencies; and 'West Papua' by other organisations and pro-independence activists.

³ UNAIDS (2006) cited in the Jakarta Post, 19 February 2007.

⁴ Dr Nafsiah Mboi, National AIDS Commission, "New Challenges for Communities and Government in Indonesia The Twin Epidemics of HIV and Injecting Drug Use Today," National University of Singapore, 18 May 2006.

⁵ Melanie Allan, *Te Waha Nui Online*, 19 August 2006.

⁶ National AIDS Commission data (31 March 2006) cited by Dr Nafsiah Mboi, 18 May 2006.

⁷ See, for example, the article in the national newspaper *Kompas*, 18 December 2007. The article cites the 'free sex' linked to traditional practices as the main cause of HIV/AIDS in Papua.

⁸ Results of National AIDS Commission Survey (2006).

practices among the indigenous population matching standard definitions of high risk behaviour, though these were charted prior to the advent of the epidemic in the region.⁹

In contrast to these types of explanations, the National AIDS Commission (hereafter, the Commission) points to several important socio-economic dynamics in the Papua region, each closely tied to issues of governance, which may be affecting HIV/AIDS rates. The Commission particularly highlights the potential risks of local government and electoral reforms, which they believe could be responsible – at least in part - for the increasing incidence rate of the regional HIV/AIDS epidemic.¹⁰ As such, this background paper focuses on establishing how such a ‘high-risk environment’ (to use Barnett and Whiteside’s term) was established in the Papua region, and what factors may be contributing to exacerbating previous trends, rather than on the behavioural and cultural aspects or interpretations of the epidemic.¹¹

The poorest area of Indonesia, historically relying heavily on government transfers, the Papua region is also one of the richest in terms of natural resources and has the fastest regional growth rate. Between 1990 and 2005, the Papua region experienced an average annual growth rate of close to ten per cent, more than twice the national average.¹² A large share of this growth came from extractive resource industries – mining, forestry and gas - whose contribution to regional revenues came only second to central government transfers.¹³ Despite these growth rates, the Papuan region has the highest level of poverty in Indonesia, with 38 per cent of Papuans living below the poverty line in 2003, more than double the national average of 17 per cent. Nine out of ten villages have no basic health services and one third of Papuan children do not go to school.¹⁴ The survival of the OPM – a guerrilla separatist movement active in the Papua region since its annexation by Indonesia in 1969¹⁵ - despite decades of repressive military actions by the Indonesian armed forces, is arguably dependent on the social and political problems created by severe poverty and exclusion among the indigenous population, in one of the country’s resource richest and fastest growing regional economies.¹⁶ Since the Papua region’s formal incorporation into the Republic of Indonesia, successive administrations have attempted to solve the ‘Papua problem’ via different

⁹ Schneebaum’s ethnographies (1988, 2001) of the Asmat region, in the south of what was then Irian Jaya province, explore some of the cultural and sexual practices of the Asmat indigenous people. He describes the practice of permanent male partnering among men who also have wives. He also discusses the fading practice of wife-sharing (though not male partnering) in the mid 1970s, which was largely due to the work of the missions.

¹⁰ Statement by Dr Nafsiah Mboi, National University of Singapore, 18 May 2006..

¹¹ The most commonly provided explanation for high HIV/AIDS prevalence in the Papua region, as described here, reflects the standard way epidemiologists in government tend to construct epidemics. In the case of HIV/AIDS, the issue is probably less one of “practices” or numbers of partners, but rather “concurrency of partners” during the early phase of infections. Epstein (2007) makes this point in *The Invisible Cure*. It is important to understand the process by which the state “sees” the epidemic, as well as the intersection between state structures and cultural understandings of the epidemic. Hyde (2007) describes the ways the Chinese state defined Tai people on the borderlands in just these ways. Thanks to Tony Barnett for highlighting these points.

¹² World Bank (2005), p.1.

¹³ World Bank (2005), p. 1

¹⁴ World Bank (2005), p.1.

¹⁵ OPM stands for *Organisasi Papua Merdeka*, or Free Papua Movement.

¹⁶ On the politics of the OPM, see Chauvel (2005), Chauvel and Bhakti (2004), King (2004), Kivimaki (2006).

economic, social and political programmes, with varying degrees of success, the impacts of which are explored below.

In 2006, the Commission suggested that the recent increase in HIV/AIDS rates in the Papua region could be linked to the ways in which government and electoral reform policies had begun to impact local economic and social development patterns.¹⁷ Two core hypotheses were presented by the Commission to explain these links. First, local government reform (namely the implementation of special and regional autonomy, the details of which are outlined below) has led to an increase in infrastructure and urban development, which has in turn triggered greater migration to and within the region. Despite these demographic changes, concurrent increases in public services have not taken place to tackle the related increased risks of HIV/AIDS. Second, electoral reform has led to a diversion of government development funds away from health programmes – including those targeted at HIV/AIDS prevention – and towards direct election campaigns. The combination of these two processes, the Commission argued, has exacerbated the problems behind - rather than improved conditions for managing – the HIV/AIDS epidemic in the Papua region. The Commission recommended that further research take place to explore these hypotheses: this background paper is a first response to that request. The paper provides an initial literature survey to explore the logic behind these explanations of why HIV/AIDS rates are increasing in the region.

Recent papers on governance and HIV/AIDS in Africa have asserted that there is a great need to integrate our understanding of the HIV/AIDS epidemic with governance and development trends.¹⁸ The Government of Indonesia and multilateral organisations, including the World Bank and UNICEF, along with non-governmental organisations, have begun research on the epidemic from a public health perspective. Several organisations have also recently commissioned studies on the impacts of governance and development, including the impacts of the recent government reforms on economic development, public service delivery, democratisation and so on. As yet, however, no research has been commissioned on the links *between* the two processes. But if the two can be integrated, and we develop our empirical understanding of the links between the two processes, there is a much greater potential for an effective policy response to the growing problems related to the increasing HIV/AIDS epidemic, both in the Papua region and beyond.

The central objective of this background paper is to explore the rationale behind the argument that local government and electoral reform is related to increasing HIV/AIDS rates in the Papua region. The paper next considers – in Section Two - the historical and political background to the current socio-economic situation in the Papua region. In Section Three, the paper discusses the impacts of government and electoral reform, including the implementation of Special Autonomy and decentralisation (also known as regional autonomy), as well as the new direct-elections framework. Fourth, the paper considers reform era socio-economic

¹⁷ Statement made by Dr Nafsiah Mboi, National University of Singapore, 18 May 2006.

¹⁸ De Waal (2003), pp.1-23.

dynamics, focusing on the main socio-economic indicators and inequalities. The following section outlines what is currently known about HIV/AIDS in the Papua region and summarises the main and alternative accounts for the epidemic, linking these to contemporary socio-economic patterns. Sixth, the paper considers the links between recent government reforms and HIV/AIDS prevalence patterns, presenting three hypotheses. The final section concludes with the main findings of the paper and highlights how empirical research would help explore these hypotheses through fieldwork in the Papua region.

2 Political and socio-economic history of the Papua region

2.1 The colonial period (1660 to 1969)

The 141st meridian cuts one of the world's largest islands, New Guinea, into roughly equal halves, with Papua New Guinea to the East and the Indonesian region of Papua to the west. Prior to administrative changes in 2003, and following Papua's integration into Indonesia in 1969, the province formerly known as Irian Jaya was the largest in Indonesia, representing 22 per cent of the Republic's total land area over 420 thousand square kilometres.¹⁹ Aside from the more accessible coastal areas, the majority of human settlements in New Guinea had not been significantly transformed by trade, migration and other external influences prior to colonial intrusion in the late nineteenth and early twentieth century, though they had interacted with other regions - of what would later become Indonesia - since the fifteenth century.²⁰

Traditional patterns of economic life were substantially intact at the beginning of the colonial era. The island's population lived and worked in thousands of small villages, each having slight economic contact with other villages and none with the outside world.²¹

The special geography and ecology of New Guinea, combining one of the world's highest mountain ranges in the centre of the island, with enormous swamplands to the south and thickly forested throughout, made travel to and within the island very difficult. This led to a unique pattern of human settlement and the evolution of hundreds of indigenous groups speaking different languages and with different cultures. Indigenous Papuans are Melanesian, unlike the majority of Indonesians, who are, broadly speaking, Malay.²²

Early colonial administration up to the Pacific War

¹⁹ Garnaut and Manning (1974), p.1. Garnaut and Manning's seminal text on the Irian Jaya economy is one of few – if not the only - studies that focuses on the economic situation in Papua in the late twentieth century, rather than the culture or politics of the region.

²⁰ Budiarjo and Liong (1988), pp.10-12.

²¹ Garnaut and Manning (1974), p. 4.

²² One of the main reasons given for the cultural – and therefore, it is argued, political – distinctiveness of the Papua region is the highlighted distinction between Melanesian Papuans and Malay Indonesians, but the distinction is not that clear cut. Indigenous populations of islands around Papua, though not Papuan, are closer to a Melanesian than Malay identity in terms of historical ties, local languages and cultural practices. The Papuan People's Assembly, (*Majelis Rakyat Papua*) established in 2001, has also struggled with the definition of who is, or is not, an indigenous Papuan.

In the mid seventeenth century, the Dutch East India Company recognised the sovereignty of the Sultan of Tidore over the Papuan islands.²³ At this time there was little hope of commercial enterprises in the Papua region, but great fear of other European powers using Papua as a base for challenging Dutch hold over the spice trade in Maluku. While avoiding any direct company administrative expenses, this form of indirect rule also excluded other European powers from the area.²⁴ By 1848 the government of Netherlands India laid claim to the region in the name of the Sultan of Tidore, whose fictional rule formed the basis of the 1885 boundary agreement between Great Britain, as well as the 1910 agreement with Germany, over colonial territories in New Guinea.²⁵ Colonial exploration and administration spread slowly into Netherlands New Guinea and by 1937 a small colonial administration was in place, run by a combination of Dutch and lower ranking Indonesian officials largely confined to the coastal areas. In contrast to official colonial activity, Protestant and Catholic missionary organisations extended their activities into the more remote lowland coastal and highland areas. To some extent, this pattern of regional governance by non-Papuans continued after Indonesia gained independence. Extensive penetration of the interior and highlands by missions continues up to today, with a strong influence on indigenous Papuan cultures as well as the provision of public services, including health and education, in areas weakly penetrated by the Indonesian state.

Prior to the Pacific War, modern commercial activity was limited to small scale copra production and inter-island trade.²⁶ However, the size, locations and occupations of the indigenous New Guinea population were significantly affected during the twentieth century, “under the influence of new diseases, modern health practices and underlying economic change.”²⁷ Contact with early colonialists had contradictory effects on the population with a raise in death rates through exposure to new diseases, but also a rise in fertility due to societal changes, a reduction in warfare and improved medical services near major administrative and missionary centres. Immigration also increased population figures above natural rates of increase at this time.²⁸ When the Pacific War hit New Guinea in 1942, the local economy was considerably altered with the establishment and supply of military bases, particularly with the increased demand for labour and intensive infrastructure development in the form of air bases, roads and ports.²⁹ This wartime infrastructure development paved the way for a much more intensively administered Netherlands New Guinea in the immediate post-war years.

Post-war colonial rule and transfer to Indonesia (1949-1969)

After the Pacific War, West New Guinea was separated from the Moluccas residency, becoming a separate residency of the Netherlands East Indies. The 1949 Round Table

²³ Parts of the westerly reaches of the Papuan islands had long been associated through religious, cultural, family and trading ties with Tidore, accepting Tidore as their ‘overlord’. See Andaya (1993), p. 108.

²⁴ Garnaut and Manning (1974), p. 9, citing Bone (1958).

²⁵ Garnaut and Manning (1974), pp.9-10.

²⁶ Garnaut and Manning (1974), pp. 9-10.

²⁷ Garnaut and Manning (1974), p. 4.

²⁸ Garnaut and Manning, (1974), p. 6.

²⁹ Garnaut and Manning (1974), p. 11.

Conference then transferred sovereignty of the former Netherlands East Indies to Indonesia. However, authority over West New Guinea was hotly disputed: the Dutch government sought to retain the region under strong domestic pressure from mission, nationalist and Eurasian groups in the Netherlands. Indonesia, meanwhile, strongly contested Dutch post-war claims to West New Guinea, arguing that since the region had been an integral part of the colony of the Netherlands East Indies, it was therefore “inalienably part of the Republic.”³⁰ In the early 1950s bilateral negotiations broke down and Indonesia initially failed to gain support through the UN General Assembly, leading the UN to reject Indonesia’s appeal in 1957. Due to internal instability in other parts of Indonesia, the government was unable to launch direct action against the Dutch in New Guinea until late 1961. After sporadic fighting in the territory, a decline in domestic support for retention of New Guinea after 1956 in the Netherlands, and a lack of international support for either side, Indonesia eventually won out.³¹

By 1962 both the Netherlands and Indonesia accepted proposals for the UN to administer transfer of the territory – under the United Nations Temporary Executive Authority - to Indonesia by May 1963. One of the conditions for transfer was that Indonesia would carry out the Act of Free Choice, a vote to determine the future of the region by May 1969. The Act of Free Choice, held in 1969, confirmed the status of the province as part of Indonesia. Despite great controversies surrounding both the procedures and the final result of the Act of Free Choice, it was endorsed by the UN in November 1969. These controversies continue with ongoing disputes between Papuan independence organisations – both within and outside the Papua region - and the Indonesian government.³²

Following the Pacific war, and prior to UN intervention in 1962, the Dutch had expanded and intensified colonial rule in West New Guinea. In the 1930s there were only around 200 Europeans posted in the region, but by the 1950s a massive influx of colonial administrators and farmers had taken place, alongside a vast expansion of government services. Metropolitan subsidies dominated local revenues under the late colonial period. Between 1949 and 1962, nearly half of all revenues were a result of internal administrative transactions.³³ In addition to central subsidies, there was a substantial amount of spending by the military, among other Dutch government departments. These post-war Dutch expenditures mainly affected the towns. By 1961, two thirds of the indigenous wage labour force was employed in five major urban centres and the immigrant population of Europeans and Asians was also heavily concentrated in these towns.³⁴ Over half of the indigenous wage labour force was employed in government service, and a high proportion of the remainder was heavily

³⁰ Elmslie (2002), p.263. The following is taken from Garnaut and Manning (1974) pp.12-13, citing Lijphart (1966) and Bone (1958).

³¹ On the role of the US in pressuring the Netherlands to cede the territory, and securing the Indonesian claim to Dutch New Guinea, see Terrance C. Martin (1996).

³² On the transfer of the Papua region to Indonesian control and the conflict ongoing since then, see R.J. May (1986), Anti-Slavery Society (1990), Budiarto and Liong (1988), Elmslie (2002), King (2004), Osborne (1985), International Crisis Group (2006b).

³³ Garnaut and Manning (1974), p.13.

³⁴ Garnaut and Manning (1974), p.16.

dependent on government contracts. However, very few indigenous Papuans occupied government positions at or above the 'medium' level in the administration.³⁵ This dynamic of reliance on central government subsidies and external administrative control continued under the post-1969 Indonesian administration.

2.2 Changes during the New Order regime (1969-1998)

The Suharto government (1967-1998), also known as the New Order regime, implemented several national policies to develop and incorporate Irian Jaya (the official title for the Papuan region during this period) into the Republic. The New Order used three main policy instruments for Papuan economic development: first, central government transfers and administration; second, the national transmigration programme, targeted at the agricultural sector; and, third, natural resource and trade sector development. These three policies had significant and lasting impacts on the demographic and employment patterns in the Papua region, which in turn affected local political dynamics.

Following official integration into Indonesia in 1969, the Papuan economy grew at an impressive rate. McGibbon (2004), chronicling the impact of migration and economic development, cites four main reasons for rapid growth in Irian Jaya under the New Order: - first, the extension of the state into remote areas of the region, with growing government expenditures and a larger military presence; second, rapid urbanisation, particularly along the north coast; third, the introduction of new consumer goods; and fourth, above all, the influx of thousands of migrants.³⁶ McGibbon argues, "Papua became a new frontier for many Indonesians who were attracted to the economic opportunities. Settler communities began to dominate the modern sector of the economy."³⁷ As a result of in-migration, the regional population grew at over three per cent for three decades. Such large population movements and growth rates put huge pressure on the limited usable and available land and increased competition over natural resources. The Indonesian government's economic development policies were highly centralised, particularly in relation to forestry, agriculture, mining and transmigration, and did not account for or include local decision makers at this time. These centralised modernising development processes, combined with the large influx of immigrants, created the widespread 'dislocation and displacement' of indigenous Papuans over three decades.

(i) Central government transfers and administration

Once the former territory of Western New Guinea was formally incorporated into the Indonesian national administration structure in 1969, the central government established 'Irian Jaya' province, along with nine local (district and municipal) administrative bodies. Under the New Order regime, regional governments were direct branches of the central government,

³⁵ Garnaut and Manning (1974), p.16.

³⁶ McGibbon (2004), p.19.

³⁷ McGibbon (2004), p.19.

with minimal decision making authority. Under Indonesian administration, as under Dutch rule, most civil servants in regional government bodies at the middle and upper echelons were non-Papuans from outside the region.³⁸ Indonesians from other provinces also held all senior positions in the military hierarchy, which effectively controlled the local administration at this time. Although members of regional legislatures were mostly local Papuans during this period - providing one source of employment for the tiny Papuan educated elite - these offices were of minor political importance.

Under the New Order, central government grants to Irian Jaya were larger than those to the most populous provinces. In the mid 1970s, the special grants ranged between 15 and 20 per cent of total central government subsidies to provincial routine budgets. These earmarked grants provided large fiscal transfers: tax revenue shares and natural resource revenues were the second most important source of revenue to the region prior to decentralisation.³⁹ Yet these vast subsidies had little impact on improving indigenous welfare, a trend that continues in the post-Suharto era. Garnaut and Manning's observation in 1974 continues to be relevant today:

Irian Jaya receives an extraordinarily high level of national and international subsidy. In recent years it has been of a similar order of magnitude to Dutch subsidies in colonial times and not far below the per capita subsidy to Papua New Guinea from Australia. But the impact of government expenditures on provincial incomes and especially on indigenous incomes has been relatively small.⁴⁰

(ii) Transmigration policy

The influx of immigrants, both government-sponsored and spontaneous migrants, from other parts of Indonesia was the most important agent of structural change in the Irian Jaya economy in the late twentieth century. Migration also had a huge impact on local demographics and thus societal relations. Immigrants of three types arrived in the region:- (i) officials and skilled employees of the government and large companies, (ii) settler farmers brought from the inner Indonesian islands (mainly Java) under the transmigration scheme, and (iii) spontaneous migrants seeking employment on arrival. Transmigration involved the government sponsored migration of inner-island Indonesians (primarily Javanese) to outer-island Indonesia (first Sumatra and later Eastern Indonesia).

There were several motivations for this World Bank supported programme. One was to relieve population pressure in Java. A second was to improve the welfare of the transmigrants, who were predominantly the rural poor. Third, the programme aimed to aide economic growth by encouraging more productive farming methods. Finally, and most controversially for the Papua

³⁸ World Bank (2005), p.6.

³⁹ World Bank 2005: 19.

⁴⁰ Garnaut and Manning 1974: 45

region, the programme aimed to create greater assimilation and integration among Indonesia's diverse population. At first, in the 1960s, relatively few migrants moved to Irian Jaya, but, by the 1980s and 1990s, ten per cent of all transmigrants went to the region. Several challenges meant that transmigration to Papua never reached the original levels planned by the government, including the restricted supply of cultivatable land and the complex local clan system that made land acquisition more difficult than the government had anticipated.⁴¹ Nevertheless, the programme had significant effects on both the economy and demography of Irian Jaya.

By the 1990s, it was clear that the government had two problems with the transmigration programme. McGibbon (2004) shows that while economic development was certainly boosted as a result of transmigration, the positive impacts of this development only affected the migrants themselves, and not the indigenous Papuan population. Even more worrying for the Republic's internal political security, 'national unity' was increasingly threatened rather than strengthened by the policy's impacts on the indigenous population. In 1989, Manning and Rumbiak – in a follow-up regional economic and welfare assessment of Irian Jaya - concluded that most indigenous Papuans close to transmigration settlements had failed to gain economically through trade, wage labour or new farming practices. In fact, transmigration was one of the great drivers of social and economic discontent among indigenous Papuans. Despite these results, the central government continued the programme at an even faster pace. Whilst earlier in the programme, 2,500 people were trans-migrated to Irian Jaya per year, by the 1990s transmigration settlers numbered 15,000 per year.⁴² Overall, the programme resulted in the re-settlement of over 220,000 people to the Papua region between 1970 and 2000.⁴³

(iii) Trade and resource sector development

But it was spontaneous – not government sponsored - migration, primarily for work in the trade, construction and transport industries, which had the greatest impact on the demography and economy of the Papuan region. For every transmigrant resettled in the Papua region, three spontaneous migrants arrived: by 2000, 560,000 spontaneous migrants had moved to the region.⁴⁴ Immigration was fastest during the 1980s and 1990s. Unlike the transmigration programme, which focused on Java, many of the new migrants during these two decades came from South Sulawesi, along with other regions of Eastern Indonesia. Their concentration in the trade, construction and transport industries meant the new migrants came into direct "contact, contract and competition" with native Papuans:

⁴¹ McGibbon (2004), pp. 21-23.

⁴² McGibbon (2004), pp. 21-22.

⁴³ Elmslie (2002) estimates that by 1990, between 85,000 and 145,000 transmigrants had been moved to the Papua region.

⁴⁴ McGibbon (2004), p.23. Elmslie (2002) estimates that by 1990, 216,000 spontaneous migrants had arrived. If these figures are correct, then spontaneous migration was at its peak during the 1990s.

Sulawesi traders and wage labourers were in essence the foot soldiers for Indonesian frontier capitalism, introducing new consumer goods from other parts of Indonesia.⁴⁵

There were several driving forces behind mass migration to the Papua region. The main reason was the pull of Papua's rich resource base, but there were also far higher average per capita incomes available than in other parts of Indonesia, even accounting for the higher living costs. Levels of government resources - and thus government contracts, as well as government spending on services - were also much higher than in other parts of Indonesia. Migrants were also pulled in by the widespread opinion that Irian Jaya was less competitive than other areas of the country because of the low skilled local labour force.⁴⁶

The economic, social and political legacies of spontaneous migration are most striking in the region around Timika, which serves as an illustration of the impacts of migration on the indigenous population. In the 1960s Timika was a small rural settlement, with a predominantly indigenous population. By 2000, it was a diverse urban centre of over 150,000 people, largely due to the development of the Freeport copper and gold mines.⁴⁷ This influx of outside labour has sparked intense rivalry between ethnic groups over the last three decades, between both indigenous and migrant groups, and between indigenous groups themselves. By the late 1990s even Freeport referred to the social and economic problems associated with the impact of migration on the local community:

There is a wide cultural, social, institutional and technological gap between the original inhabitants and the newcomers. Economic development, industrial activity, infrastructure and urbanisation have encroached upon the land, traditions and lifestyles of the local people. All of these factors as well as widening economic disparities between groups cause resentment. This resentment erupts into violence.⁴⁸

As well as triggering rapid economic growth, the combination of government sponsored and spontaneous migration fundamentally altered the basic ethnic and religious composition of the Papuan territory's population. McGibbon (2004) observes, "This demographic shift in the course of just three decades was testament to the transformative forces unleashed by Indonesia's modernising state."⁴⁹ By the first decade of the New Order regime, in the mid-1970s, the Papua region was just beginning to feel the early impacts of modernisation, particularly along the north coast. At that time, economic development was still largely

⁴⁵ McGibbon (2004), pp. 23-24.

⁴⁶ McGibbon (2004), p. 24.

⁴⁷ Freeport is the largest goldmine in the world. On the development of the mine and related urban settlements, and on the history and politics of the Freeport mine, see Ballard (2002), Ballard and Banks (2003), Leith (2003).

⁴⁸ Freeport-commissioned LABAT-Anderson report (1997), cited in McGibbon (2004), p.33. The report was referring to the severe outbreak of violence in 1996 in Timika mining town.

⁴⁹ McGibbon (2004), p.25.

hampered by a lack of infrastructure and transportation links, both within the region and to the rest of Indonesia. By 1989, within only 15 years, dramatic economic and social changes had taken place.⁵⁰ Between 1973 and 1990, the regional economy averaged 6.3 per cent growth, half of which was in the non-mining sector. The regional economy diversified, and was no longer solely reliant on resource extraction. The massive expansion in the public budget and new opportunities created by integration into the national economy took hold by the late 1980s.⁵¹ Nearly 800,000 spontaneous and sponsored migrants had arrived by 2000, creating a huge shift in the territory's demographic make-up.

However, the economic benefits of the New Order's development policy did not apply to indigenous Papuans. Despite overall gains in growth, the social and economic changes wrought by mass migration and economic growth were contrary to the state's intended effect of economic and social integration of the Papuans into the Indonesian nation state. Ethnic distinctions between Papuans and non-Papuans were sharpened by the New Order's development strategy, in large part due to indigenous exclusion from the economic benefits of development, including access to jobs and public services. Many argue these inequalities, combined with increased military repression, came to underlie the social and political tensions resulting in several severe riots in the 1990s and the rising popularity of the OPM.⁵² With the collapse of the New Order regime in 1998, following the national financial crisis of 1997, indigenous Papuans seized the opportunity to express their economic, social and political grievances.⁵³ Several major political and administrative reforms then took place after 1999, designed by the central government to alleviate separatist pressures. The following two sections discuss the potentially mixed impacts of these reforms on the social, economic and political dynamics of the Papua region.

3 Assessing the impact of governance and electoral reform

The resignation of President Suharto in May 1998 marked the beginning of a new era of democratic and governance reforms in Indonesia. Beginning with the gradual roll back of the military from the political realm, the political system opened up to new parties and social movements, free elections took place in 1999 and 2004, and the state gradually loosened control of civil and political life, although it still played a big role in the overall economy.⁵⁴ Under B.J. Habibie's presidency, between 1998 and 1999, widespread hopes for greater

⁵⁰ Manning and Rumbiak (1989).

⁵¹ Manning and Rumbiak (1989), p.80.

⁵² McGibbon (2004), p.25. See also Golden (2000) on the social, political and spiritual meaning of the 'merdeka' movement. Although 'merdeka' is usually translated as 'independence', Golden argues that it has the wider meaning of 'spiritual liberation' from oppression, and - as such - it does not necessarily translate as implying independence from the Indonesian nation state. Kirsch (2006) also highlights distinct positions within the Papuan community, in particular between West Papuan 'returnees' (former refugees returning from exile in Papua New Guinea) as opposed to West Papuan refugees in Papua New Guinea. Returnees have argued they do not seek independence but economic and social survival, which is potentially possible within Indonesia; refugees, in contrast, argue almost unanimously (according to Kirsch) that to survive they must achieve independence (Kirsch 2006: footnote 11, p.238).

⁵³ McGibbon (2004), p.28.

⁵⁴ See Hadiz and Robison (2004) on the preservation of the state oligarchy in the post-Suharto economy.

autonomy and the reform of military rule took hold of those Indonesian regions pressing for independence. Jakarta, however, strongly resisted any move towards independence for Irian Jaya and Aceh. While East Timor achieved independence in 1999, becoming Timor Leste, the Republic simultaneously cracked down on independence movements in Irian Jaya and Aceh.

Local studies found, in the late 1990s, that the roots of the ongoing conflict in the Papua region lay in a range of collective frustrations among the indigenous population. These were based in unresolved resentment over the history of integration into Indonesia, the perception of a different cultural identity, and perceived injustices by the state against indigenous Papuans.⁵⁵ Despite Jakarta's determination to maintain control of the Papua region, it was increasingly clear by the late 1990s that military and political repression could no longer contain the problem. Nationwide, the government implemented a variety of fiscal and administrative reforms, via decentralisation, to tackle overall public sector, economic and social development problems leftover from the New Order. Alone, however, these reforms were not enough to satisfy Papuan demands for increased control of their regional economic assets and greater representation in their local government bodies.

The Indonesian Senate (*Majelis Perwakilan Rakyat*, MPR) pressured the government to grant the Papua region 'Special Autonomy' (*Otonomi Khusus*) status, in order to satisfy local demands for greater control over their resources and thereby dissolve some of the pressures for independence. Special Autonomy legislation for both the Papua and Aceh regions was passed in 2001. This section looks at the main impacts of and problems with the three main governance policies affecting the Papua region from 2001:- (i) Special Autonomy, (ii) regional autonomy (or decentralisation), and (iii) electoral reform. Particular emphasis is placed here on unpacking the socio-political and socio-economic dynamics of the reforms, in the context of weak local government capacity and high levels of local state capture of government resources.⁵⁶

3.1 Special Autonomy

The Special Autonomy law, Law No. 21/2001, reflects the central government's attempt to solve conflict within the Papua region, in particular those caused by economic problems, without enabling separation from the Republic.⁵⁷ The centrepiece of the law, the establishment of the *Majelis Rakyat Papua* (MRP), or Papuan Peoples Assembly, was intended to strengthen representation of indigenous Papuans within a formal body of government, something radically new for Papuan society.⁵⁸ However, even before implementation of the Papuan Peoples Assembly, special autonomy legislation politically divided the indigenous

⁵⁵ World Bank (2005), p.6, citing a report by the Forum of Papuan Civil Society (2000).

⁵⁶ The ambiguously worded 2005 World Bank report on public expenditure and local government in Papua implies that local government bodies are low in technical capacity (for example, in budget monitoring and management) whilst being highly skilled in state capture of resources.

⁵⁷ World Bank (2005), p.6, citing a report by the Institute for Civil Society (2005), p.11.

⁵⁸ World Bank (2005), p.7.

Papuan population. Resistance to the legislation came from certain groups (and continues today), particularly from those who demanded full independence; while other members of the political and economic elite supported greater local control of Papuan resources within a unitary Indonesian state.⁵⁹

The implementation of Special Autonomy was slow, incomplete and greatly complicated both by subsequent government legislation at the national level, and legislative confusion within the Papua region. Many controversies remain, particularly over the splitting of Papua into several provinces, the allocation of the Special Autonomy funds, and the delayed formation of the Papuan Peoples Assembly. The murder of one of the most senior indigenous leaders, Theys Eluay, by members of *Kopassus*, the Indonesian Special Forces unit, triggered great unrest, alongside several other divisive and controversial violent incidents. Following initial hopes for genuine political and economic reform, the problems with special autonomy implementation and continued military repression, particularly under President Megawati's leadership, triggered further distrust from the indigenous Papuan population towards the central government. These problems also added to increasing conflicts between indigenous and migrant groups at the local level, as well as between Papuans themselves. The paper considers here the economic, governance and welfare aspects of the impact of Special Autonomy.⁶⁰

(i) Provincial division of the Papua region

A staunch nationalist, highly distrustful of special autonomy legislation, former President Megawati passed legislation leading to the creation of several new provinces in the Papua region under Presidential Instruction No. 1/2003. This undermined the 2001 Special Autonomy legislation providing for a *unitary* Papua. Some observers argue it was a classic divide and rule strategy from Jakarta to prevent the emergence of a strong (potentially independent) Papuan government. Megawati was certainly suspicious of special autonomy and intended to undermine its influence in the Papua region.⁶¹ According to the Special Autonomy law, only when the Papuan Peoples Assembly was fully established could further administrative or governance changes take place. Megawati ignored the Special Autonomy law, and, with the strong backing of certain sectors in the Papuan elite, divided the province in three.⁶² Certain local officials, with support from their central government patrons, stood to gain much in political and economic terms from the creation of new provinces: not only would it greatly increase their access to new government funds, it would also give them greater regional and national political powers and prestige. By rallying local demands for better representation in government, and exploiting fears of local domination by the larger Papuan ethnic groups, the

⁵⁹ World Bank (2005), p.6.

⁶⁰ On the political and conflict dimensions of special autonomy, see King (2004), Mietzner (2007) and ICG (2007).

⁶¹ Statement at the Indonesia Forum, Royal Institute for International Affairs, 13 February 2008 (Chatham House rules mean that the actual speaker cannot be identified).

⁶² McGibbon (2004), pp. 50-51.

detractors presented new provinces as the solution to local problems.⁶³ Plans for several other new provinces remain in the pipeline.⁶⁴

Implementation of President Megawati's new law triggered great unrest in the Papua region. As a result of localised violence following the announcement of a new governor for the new Central Irian Jaya province, Jakarta postponed plans to officially establish this third Papuan province. As such, only two out of the three provinces established by Presidential instruction were operational by 2005.⁶⁵ Since the creation of the West Irian Jaya province in 2003, the associated new government bodies (the governor's office, provincial legislature, provincial offices of line ministries and so on) have been relatively well established. Elections for local executive positions were also held in 2006 – including gubernatorial and local executive positions. As such, the possibility of unravelling the split of West Irian Jaya from the original (singular) Papua province has been greatly reduced.⁶⁶ A great deal of confusion and conflict remains over the legal and political status of the two existing Papuan provinces – Papua and West Irian Jaya - and the suspended third province, Central Irian Jaya. This confusion feeds directly into problems of effective governance, in particular public service delivery, as the following sections explore.

(ii) Economic and welfare impact of special autonomy

Special autonomy not only led to massive administrative re-structuring and the related growth of new government bodies, it also had a significant impact on the regional economy. Overall, it led to substantive increases in central government revenue transfers to the Papua region, which were already large under the New Order government. Provincial revenues went up to Rp 700 billion (around US\$77 million) in 2001, a 50 per cent increase from 2000. By 2002, they went up again by 300 per cent, to Rp 1.95 trillion (around US\$220 million).⁶⁷ According to one source, Special Autonomy funds to Papua province were Rp 3.5 trillion (around US\$345 million) in 2006 and Rp 4 trillion (around US\$440 million) in 2007.⁶⁸ As with previous centrally designed government policies, however, special autonomy and the massive increase in funds to the region, did not necessarily translate into a positive welfare impact on the indigenous Papuan population.

Although a proportion of Special Autonomy funds were originally intended to support Papuan development priorities (namely health, education and infrastructure), the World Bank reports that actual spending patterns did not reflect this goal.⁶⁹ A major example of this was in education spending patterns. While the Special Autonomy law contained provisions that 30 per cent of central government transfers should go on education, only seven per cent of the

⁶³ McGibbon (2004), p.51.

⁶⁴ ICG (2007).

⁶⁵ World Bank (2005), p.7.

⁶⁶ See International Crisis Group (2003, 2006b).

⁶⁷ Rupiah-US Dollar conversion rates as of July 2007; 2002 figures cited in McGibbon (2004), p.43.

⁶⁸ Statement made at the Indonesia Forum, Royal Institute for International Affairs, 13 February 2008.

⁶⁹ World Bank (2005), pp. 22-25.

first provincial budget (passed in 2002), actually reached education.⁷⁰ Even within this seven per cent education budget, the provincial government focused on tertiary not basic education, and gave no attention to the severe shortages in vocational training. Therefore, as of 2005, despite some gains in elite level employment and education access, and despite overall economic gains, the education and employment prospects of the majority of the indigenous population did not appear to have improved as a result of four years of Special Autonomy.⁷¹

3.2 Decentralisation (Regional Autonomy)

Alongside Special Autonomy legislation, the nationwide regional autonomy, or decentralisation, programme, created other major changes in the regional governance system. Decentralisation aimed to improve local governance and public service delivery following decades of highly centralised planning and governance. One of its core objectives was to make local branches of government responsible for public service delivery, thus theoretically bringing the local population closer to local government. The decentralisation laws (Laws 22 and 25/1999) officially removed the hierarchy between provincial and local (district and municipal) levels of government. In theory, the reforms aimed to empower local governments to manage their own budgets and deliver public services.⁷² In practice, however, the implementation of regional autonomy faced severe challenges and has, in some cases, produced perverse side effects, sometimes because of the simultaneous application of Special Autonomy.

(i) Local government 'redistricting'

One of the side effects of decentralisation was a triggering of a wave of local government 'blooming' or 'splitting' (*pemekeran*), perhaps best understood as a process of redistricting. The Papua region experienced the most rapid redistricting in the country. Since 1999, 20 new districts have been created (an increase from nine to 29) and almost 50 new sub-districts (from 173 to 220). Nine further districts are also planned. Nationwide, between 2001 and mid 2004, 98 new district and city governments were created: with over one third of these in the Papua region.⁷³ McGibbon (2004) argues that this redistricting process encouraged ethnic elites and local officials to demand new local governments purely in order to capture state resources, thus triggering increased competition among the local political elite. The contentious politics surrounding provincial splitting were thus mirrored at the local government level. According to McGibbon's research, over 3,000 new senior-level civil service positions were created as a result of administrative redistricting. While boosting employment of the educated indigenous elite, this pattern potentially extends previous exclusionary employment patterns by only benefiting the elite sector.⁷⁴

⁷⁰ This was when 'Papua' was still a unitary province, McGibbon (2004), p. 48.

⁷¹ MSF have argued that some improvements in health policy on HIV/AIDS have been noted in Papua province as a direct result of regional autonomy, a point that is discussed further in section 4.2.

⁷² On the origins and impact of decentralisation policy, see Hofman and Kaiser (2002) and Erb et al (2005).

⁷³ ICG (2007), p. 3.

⁷⁴ Further research would be necessary to establish whether this was the case.

(ii) Revenue structure following government reform

The Papua region was one of the biggest beneficiaries of decentralisation nationwide. When aggregated to the provincial level, Papua's per capita revenues almost doubled between 1996 and 2002 in real terms.⁷⁵ However, the process of decentralisation increased rather than decreased Papua's dependency on central government grants. This was because the additional expenditure responsibilities provided for by decentralisation were not matched by local authority and capacity to mobilise 'own source' revenue.⁷⁶

3.3 Impacts of Special and Regional Autonomy

In both law and practice, the official role of the provincial level of government remains ambiguous across Indonesia. While the decentralisation laws gave authority to the local level of government over budgets and other administrative functions, the political power of the province was never completely dismantled. The situation was further complicated in the Papua region, given that the Special Autonomy law placed a strong emphasis on the political and economic role of the provincial government. More recently, a new law pertaining to local government (Law 32/2004 revising Law 22/1999) returned extensive powers to provincial governors, giving governors' power to review local government budgets, restoring a role that had been removed in the previous Law 22.⁷⁷ As such, the reformed governance system in the Papua region contains considerable complexity - if not great ambiguity - making regional budget expenditure and management, as well as regional budget analysis and monitoring, increasingly challenging.⁷⁸ This section considers the overall government transfer system and some of the controversies related to it, focusing on disputes between different levels of government, and the possible public service delivery consequences (both negative and positive) of the recent government reforms.

(i) The overall government transfer system

The revised government transfer system to the Papua region included several funds:- the General Allocation Grant (DAU), a small special purposes grant (DAK), and the Special Autonomy Fund for Papua (*Dana Otsus*).⁷⁹ Recent figures show that the Papua regional economy continues to be overwhelmingly dependent on central government transfers. In 2003, the General Allocation grant and Special Autonomy fund represented 80 per cent of total provincial and local government revenues. In 2005, the General Allocation grant financed

⁷⁵ World Bank (2005), p.19.

⁷⁶ World Bank (2005), p.19.

⁷⁷ World Bank (2005), p. 6.

⁷⁸ The World Bank's first public expenditure analysis for the Papua region was published in 2005 (World Bank 2005). The final report alludes to the complexities of analysing public expenditure during the reforms to and creation of new administrative and executive bodies in the region. World Bank advisors have privately reported problems in the administration and monitoring of local government expenditure since decentralisation, in part because of the ambiguity in the national laws governing the process (personal communication, December 2007).

⁷⁹ World Bank (2005), p. 20.

70 per cent of the region's total budget.⁸⁰ In the same year, special autonomy funds financed 60 per cent of provincial revenue and seven to 23 per cent of local government revenue.⁸¹ In contrast to government transfers, revenues from natural resources comprise only a small percentage of Papua's regional budget: seven per cent at the provincial level and between two and five per cent at the local government level.⁸²

(ii) Revenue sharing controversies

In 2005, more than half of the Special Autonomy funds remained under the control of the provincial rather than local governments. This was planned in the original legislation on Special Autonomy, and the Papua provincial government argues that as they can better enforce spending on 'priority' goals, this balance is appropriate.⁸³ At the provincial level there is widespread concern about the capacity of local governments to manage their budgets, especially in the newly established governments, which accounted for over half of all local governments in the Papua region in 2004. As such, the Papuan provincial government has decided (in certain instances) to de-concentrate government funds, rather than decentralise them. This means the province mutually agrees programmes with local governments, but then manages the funds from the provincial level.⁸⁴ Such policies do not match the original spirit of the decentralisation legislation, and have caused controversy and conflict between local and provincial government bodies – and thus also between different Papuan and other ethnic groups.

The Papuan provincial government's concern over both the capacity and the agenda of local governments may have some merit. Many of the new local governments in the Papua region evidently spend large percentages of their Special Autonomy funds – in some cases up to three quarters of their new budget - on new government building and facilities, rather than on development programmes. While this might be necessary in new towns with new government bodies, and often no buildings to house the new civil servants appointed to run local government, it does not bode well for the creation of effective public services. Indeed, in some cases Special Autonomy budgets look like a new source of revenue for local elites. Such patterns support the provincial government's argument that local government bodies are not yet ready to manage and implement their own budgets.⁸⁵ However, there is little evidence to show that the provincial level of government is substantially better at managing development budgets, particularly when measured in terms of public service provision to the most poor and remote regions.

⁸⁰ The DAU is formed by a block grant from the central government to provincial and local governments and is designed to equalise fiscal capacity across regions (World Bank 2005, p. 21).

⁸¹ World Bank (2005), p. 21.

⁸² Mimika district is exceptional as it receives almost one quarter of its revenues (27 per cent) from the Indonesia-US co-owned mining company, PT Freeport (World Bank 2005, p. 26).

⁸³ World Bank (2005), p. 25.

⁸⁴ World Bank (2005), p. 25.

⁸⁵ For example, Sorong district reportedly spent 74 per cent of its Special Autonomy fund on local government apparatus and monitoring, but it was not clear precisely what kinds of activities had been financed (World Bank 2005, p. 42).

As regional autonomy evolved, and local governments gained a political voice in the Papua region, they began to question the Special Autonomy revenue sharing agreement, whereby the provincial government receives 60 per cent of Special Autonomy revenues. In Papua province, rifts have subsequently developed between the Jayapura elites (based in the provincial capital) and local government officials. These rifts have reportedly taken on a “tribal overtone.”⁸⁶ Members of the better educated ethnic groups from the coastal regions tend to dominate the provincial government in Papua province, while members of disadvantaged ethnic groups, from the highland and interior regions, tend only to be represented in local government bodies. If provincial governments continue to receive the majority of the special autonomy funds, and the perception continues that this largely benefits only the most politically dominant ethnic groups, conflicts between indigenous Papuans is likely to be exacerbated. Section Three further explores some of these inter-group conflict dynamics among indigenous Papuans.

(iii) Public service delivery problems

Aside from local government capacity problems, the process of redistricting has created other problems for service delivery, with relation to loss of efficiency and economies of scale.⁸⁷ For example, in districts with fewer than 100,000 people, twice as much was spent per capita on civil service salaries than in districts with more than 500,000 people.⁸⁸ Even before redistricting, administrative government units in the Papua region were smaller in population terms than the average size of Indonesian districts and municipal governments. The contrast is even more exaggerated now. The average district or city government in the Papua region in 2005 had around half the population it had in 2002. Even so, district and municipal governments still have an average geographic area more than three times the national average.⁸⁹ There are several reasons why the Papua region may require a different scale of local government than other regions, for example, because of more challenging geographic conditions, poorer infrastructure and lower population densities. However, the chance of effective health and public service delivery being delivered by such low-capacity local governments remains unlikely.

As mentioned earlier, the majority of local government expenditures tend to be on routine budgets, not on improving service delivery. In 2004, half of the districts in Papua province used the largest share of their resources to set up the institutional and physical infrastructure required to run local government administration. A related problem is that local government officials frequently do not relocate to a new administrative posting until adequate public services are already established (including housing, schools and health facilities), meaning that frequently local civil servants are not actually present to run local government services.⁹⁰ In other comparable regions of Eastern Indonesia, following decentralisation, new executive

⁸⁶ McGibbon (2004), p. 50.

⁸⁷ World Bank (2005), p. 59.

⁸⁸ World Bank (2005), p. 59, citing World Bank (2003), p.19.

⁸⁹ World Bank (2005), p. 59.

⁹⁰ World Bank (2005), p. 59.

and civilian officers of local government had yet to relocate to their new local government postings over two years after the establishment of these new local government bodies.⁹¹ Comparatively, the situation is likely to be even worse in the Papua region, where facilities are poorer and regional capitals even further from the new towns, making relocation an unattractive prospect for many civil servants. Overall, then, despite the promise of better governance through regional autonomy, the evidence suggests that actual service delivery may not have improved: in some cases, it may even be worse.

(iv) Indications of governance improvements

Despite these problems, there are indications of positive change in regional government policy. Recent reports indicate that the new governor of Papua province, Barnabus Seibu, elected in March 2006, may be shifting the balance in the provincial budget from administrative costs to 'social empowerment' and infrastructure projects aimed at developing poor and remote areas of Papua. As of June 2007, Governor Seibu toured villages promising to deliver block development grants directly to the village level.⁹² Fukuyama (2007) reported favourably on the benefits of this kind of programme for local state building and development in the Papua region, in a report commissioned by AusAid and the World Bank.⁹³ While it is too early to say what the purpose or impact of these grants may be, it will be important to follow their welfare, social and political impacts on the indigenous population as they intend to directly link governance reforms with welfare improvements for the most impoverished.⁹⁴

3.4 Electoral reform

The third change to provincial and local government in the Papua region came via electoral reform, legislated in 2004 and implemented from 2005 nationwide. The reforms meant governor (provincial executive), mayor (city or municipal executive) and regent (district executive) positions were to be directly elected by the local population, as opposed to the previous system, whereby the provincial and local legislatures elected their provincial and local executives. Nationwide, the new direct election system was popular and widely perceived as being more democratic than the previous system. Under the New Order government, regional parliaments were full of pro-Jakarta loyalists, with little political autonomy at the regional level. With direct elections, regional heads would be chosen directly by the local population. This important shift from legislative to direct election was founded on the idea bringing of the population closer to government. Direct elections were particularly important for the Papua region given the problems of Special Autonomy and the continued repressive actions of the military and interventionist actions by the presidency between 2001 and 2005.⁹⁵ The first direct gubernatorial elections in the Papua region took place in 2006.⁹⁶

⁹¹ Rahmawati and Watson (2004).

⁹² Reported in the Cendrawasih Post, June 9, 2007, cited in Mietzner (2007), p.19.

⁹³ Fukuyama (2007).

⁹⁴ According to Mietzner (2007, p.19), the Indonesian intelligence agency chief is reportedly nervous about the impact of Governor Seibu's policies on the Papuan separatist movement.

⁹⁵ Mietzner (2007), pp. 3-4.

As with the special and regional autonomy legislation, several challenges and unexpected side effects appear to have come about via the implementation of the new electoral system, in particular in relation to the promise of improved service delivery.

There are several major logistical and financial challenges to holding direct elections in the Papua region, as comparative analysis of direct elections in other Eastern Indonesian provinces shows. Local elections in South Sulawesi and North Maluku, for example, incurred huge expenses for the candidates during the electioneering process.⁹⁷ Several stages in the campaign incur heavy costs: the candidate selection process, the campaigning period and election-day itself.⁹⁸ While these costs are incurred all over Indonesia, regions like Papua face particularly high costs for two reasons. One factor is geographical: travel by candidates across remote provinces with poor infrastructure requires a large campaign finance pool from which to pay for non-road travel for the campaign team (whether by speedboat, helicopter or off-road vehicles). Second, in regions with very low private sector investment, and where the state generates the biggest revenues, the local state budget tends to be used as the election treasury. Incumbents have particularly good access to state funds as they have controlled government budgets for a term or longer. Incumbents also tend to be owed favours by local contractors and other business and state clients who have benefited from the incumbent's period in office. This means incumbents can potentially generate larger donations to their campaign finance budget. Evidence from other regions of Eastern Indonesia suggests incumbents or former state officials have a particularly high chance of succeeding in direct elections in certain areas, in part because of this unchallenged access to state resources in areas with low private sector investment.⁹⁹

The Indonesian government reported that state development budgets have been used to fund direct election campaigns. The National AIDS Commission reported that special funds earmarked for HIV/AIDS programmes were allegedly used for election purposes in Papua province.¹⁰⁰ The Governor of Papua also announced in April 2005 that the provincial government would use a significant share of the special autonomy fund to pay for direct elections in the province.¹⁰¹ Presumably, as a result, less of the provincial budget was spent on health and education programmes.¹⁰² Without empirical evidence from the region, it cannot yet be established whether and how development funds were used for electoral purposes and whether this was legal. However, given the evidence from similar regions of Eastern Indonesia, combined with the local government statements, it is highly likely that portions of

⁹⁶ See ICG (2006, 2007) and Mietzner (2007) on the impact of local elections in the Papua region.

⁹⁷ See Buehler (2007) on local elections in South Sulawesi (2007) and Smith (2008) on North Maluku.

⁹⁸ Smith (2008).

⁹⁹ See Smith (2008). Mietzner (2007) and Buehler (2007) show that incumbents in Eastern Indonesia have been successfully challenged by outside candidates, but even then, the successful candidates retain close— if indirect —links to state resources.

¹⁰⁰ Statement by the National AIDS Commission, 18 May 2006.

¹⁰¹ World Bank (2005), p.42, citing Jakarta Post, April 1, 2005.

¹⁰² Empirical research would be necessary to explore this claim further.

public health and other state development budgets have been used for electoral purposes since the introduction of direct local elections.

Mixed results of governance and electoral reform

Overall, then, following regional and special autonomy, provincial revenues grew rapidly, but the results suggest that indigenous welfare has not directly improved as a result, at least for the majority. Electoral reform in 2005 has posed further challenges to improving public service delivery in the Papua region via state reallocation and state capture of development budgets for election campaign purposes. As such, the regional socio-economic patterns of the post-1998 era, while dynamic, are likely to continue to reflect many of the regional welfare and inequality problems created by the Suharto government. Above all, the majority of the indigenous population appear to be continually excluded from the economic and political benefits of government reform and increased regional revenues. As such, the combination of direct elections with the creation of new governments has potentially led to the emergence of a new indigenous leadership class focused on, “elite enrichment rather than indigenous empowerment.”¹⁰³ McGibbon (2004) argues that local administrative and electoral politics will remain a strong source of conflict in the future, rather than providing a positive source of conflict reduction and indigenous empowerment.¹⁰⁴ The following section considers how, in the context of the governance reforms outlined above, the socio-economic situation of indigenous Papuans poses particular concern in relation to the HIV/AIDS epidemic. I argue here that the high-risk environment for HIV/AIDS created by New Order government policies has potentially been exacerbated, rather than improved, by these recent government reforms.

4 Contemporary socio-economic dynamics in the Papua region.

Section Three showed how the dramatic restructuring of regional government in the Papua region created major challenges for improved and effective public service delivery. The following section outlines some of the key indicators on economic and social welfare in the region based on the 2000 Census and some more recent research. The figures show an overall pattern of marginalisation for the indigenous population from the benefits of economic reform and development, with a few notable exceptions where members of the indigenous elite have benefited. The overall figures cast a worrying light on the impacts of rapid government reform in the context of a high-risk environment for HIV/AIDS.

4.1 Key socio-economic indicators

(i) Employment indicators

By 2000 settlers outnumbered indigenous Papuans in urban areas.¹⁰⁵ In 1980 settlers comprised 30 per cent of the urban population; by 2000 they comprised 66 per cent.

¹⁰³ McGibbon (2004), p. 50.

¹⁰⁴ McGibbon (2004), p. 53.

¹⁰⁵ The following figures are taken from McGibbon’s (2004) analysis of the 2000 Census, pp. 25-26.

Indigenous Papuans remained heavily rural in 2000, with over 86 per cent of Papuans living in rural areas and the majority of the indigenous population working in agriculture. In all the rapid growth centres along the north coast of the Papua region (including the cities of Jayapura, Biak-Numfor, Manokwari and Sorong), indigenous Papuans were in the minority. For example, in Sorong, indigenous Papuans comprised less than 29 per cent of the population. Only ten per cent of the resident indigenous Papuan population lived in these rapid urban growth centres along the north coast and in Timika, the fast growing mining town on the south coast. Over 53 per cent of indigenous Papuans lived in the central highlands and the south, away from the economic growth centres, with much worse access to public services.

The 2000 Census reported that 81.5 per cent of indigenous Papuans were in agriculture, with 70 per cent involved in growing food crops. Out of approximately 600,000 Papuans involved in food crop agriculture, over 500,000 tended food crops. In contrast, the majority of settler communities working in agriculture produced crops for local and national markets. Less than three per cent of the Papuan workforce worked in the industry, trade, services and transportation sectors – the growth sectors of the economy.¹⁰⁶ The resource sector was in employment terms (though of course vital in the overall economy) with only 30,000 people employed. While this represents less than three per cent of the total workforce, less than one third of these workers were indigenous Papuans. The trade and transport sectors were predominantly occupied by settlers, comprising 90 and 75 per cent of the workforce in these two sectors respectively. These figures reflect the impact of New Order government development policy, with big gains for the migrant community, and few direct benefits for the indigenous community. Some observers use conspiracy theories to explain these exclusionary socio-economic patterns in the Papua region.¹⁰⁷ But the socio-economic factors underlying these patterns are sufficient in explaining these dynamics. McGibbon (2004) argues that the overall absence of access to education and very low vocational skills among the indigenous Papuan community has contributed to this highly stratified regional labour market.¹⁰⁸ This point is explored further below.

(ii) Health and education indicators

According to the 2000 Census, indigenous Papuans had the worse rates of illiteracy in Indonesia: over 40 per cent of rural Papuans were illiterate. On a range of educational indices, Papua had the lowest ranking by over ten percentage points.¹⁰⁹ Over 80 per cent of Papuans had only elementary level education and 62 per cent had never graduated from elementary school. Less than one per cent of Papuans had tertiary education and only 16 per cent received a high-school diploma.¹¹⁰ In contrast, nearly 50 per cent of settlers received a

¹⁰⁶ Figures taken from McGibbon (2004), pp. 43-44.

¹⁰⁷ See, for example, Elmslie (2007), who argues that the Indonesian government has directly excluded the indigenous population from the benefits of economic development, to the point of committing genocide.

¹⁰⁸ McGibbon (2004) also argues that cultural differences between the indigenous and migrant populations skews the market in favour of the migrant workers, but this argument is controversial and there is limited evidence for it, so I have excluded it here.

¹⁰⁹ BPS (2001), cited in McGibbon (2004), p. 26.

¹¹⁰ McGibbon (2004), p. 47.

tertiary level education or high-school diploma. Tertiary education graduates were 21 per cent Papuan and 79 per cent settlers.¹¹¹ Such low education levels among the indigenous population accounts in part for the low participation of Papuans in the modern economy. In the resource sector, multinational companies such as PT Freeport and BP reportedly find it hard to recruit ethnic Papuans with the required qualifications for highly-skilled employment.¹¹²

In 2000, Papua had the lowest life expectancy in Indonesia at just 40 years. Infant mortality rates for the province were the seventh highest in Indonesia, well above national average.¹¹³ The Census also showed the systematic failure of the state to provide basic health and education services to the most remote communities in the region. Only a small community of Papuans in the coastal areas enjoyed education and other public services.¹¹⁴ These indicators show an overall failure of the New Order government to provide basic facilities to the remote areas, where the majority of ethnic Papuans live.

(iii) Elite Papuan gains

While overall the indigenous population remained in severe poverty in 2000, there is mounting evidence that the indigenous elite have made several gains from the recent government reform policies. The state sector acts as one of the main sources of employment for educated ethnic Papuans and is the “main vehicle for indigenous social mobility.”¹¹⁵ As of 2000, out of the seven per cent of the Papuan workforce employed in the services sector, most were in government employment. The civil service has been the main employer of educated Papuans since the late colonial period. While under the New Order government, non-Papuans dominated the senior levels of the regional bureaucracy, Papuans found employment in the lower ranks. Papuans held successive governor positions in the 1990s, but all other senior levels were held by non-Papuans.¹¹⁶ This changed following the post-1998 reforms, with the call for the ‘Papuanisation’ of the regional state. Special Autonomy legislation formalised this process as indigenous Papuans rapidly moved into senior government positions. By 2003 virtually all *bupati* (district government administrators, or regents) were indigenous Papuans, along with the governor and vice-governorships.¹¹⁷ One of the paradoxes of the reform era is that while the majority of ethnic Papuans may continue to be excluded from state economic and welfare benefits, the state has become the key channel for economic and social mobility among ethnic Papuans.

Another benefit accruing to elite ethnic Papuans comes via the new development budgets provided by multinational companies operating in the region. As a result of greater political freedoms in the reform era, pressure was placed on the Indonesian government and their

¹¹¹ McGibbon (2004), p. 48.

¹¹² McGibbon (2004), p. 48.

¹¹³ Figure based on aggregates including non-Papuans: the ranking would likely have been worse if measuring only ethnic Papuans.

¹¹⁴ McGibbon (2004), p. 26.

¹¹⁵ McGibbon (2004), p. 49.

¹¹⁶ McGibbon (2004), p. 49.

¹¹⁷ McGibbon (2004), p. 49.

multinational partners to provide social and economic development budgets *directly* to the local community in the Papua region, in contrast to previous policies. The first example of this new policy was PT Freeport's adoption of a new social development strategy in 1997, whereby one per cent of gross annual revenues were directed towards local community development projects.¹¹⁸ Several observers report that the "one per cent fund" has not led to any significant improvements to the welfare of local communities. One analyst comments, "Ultimately the funds became a patronage vehicle for a small group of Papuans."¹¹⁹ It is not yet clear whether the new social development programmes of other multinationals operating in the Papua region have benefited the poorest sectors of the community in the reform era, but there may have been some overall gains.¹²⁰

4.2 Socio-economic divides and conflicts

In the context of the employment and other welfare indicators outlined above, solid social divides and conflicts have been documented in the Papuan population. This section outlines the ethnic and religious composition of the Papua region, based on the 2000 Census data; it then briefly explores some of the main social cleavages and conflicts identified in the reform era.

(i) Ethnic composition

Among the indigenous population, the 2000 census reported an incredibly diverse population, with a total of 312 ethnic groups in an indigenous population of less than 1.5 million. The Lani, Dani and Biak ethnic groups are the three largest, with populations of around 150,000 each. The seven largest ethnic groups total over 80 per cent of the Papuan population, with the remaining 20 per cent divided into 300 ethnic groups, of which two-thirds contain less than 1,000 people.¹²¹

The settler community is also highly diverse, making the Papuan region one of the most ethnically diverse parts of Indonesia. The 2000 Census reported that 38 per cent of settlers were Javanese, 25 per cent from Sulawesi, seven per cent from the Ambon and Kei islands, with the remaining 30 per cent from other ethnic groups. Over 50 per cent of the migrant population originates from Java and Sulawesi. While settlers dominate the urban population, they are also spread widely across rural areas. 50 per cent of all settlers reside in rural areas, with large concentrations of migrants along the coast. The highlands are the most homogenous area, comprised of 93 to 97 per cent ethnic Papuans.¹²²

¹¹⁸ On the history and politics of the Freeport company's involvement in Papua, see Ballard (2002), Ballard and Banks (2003), Leith (2003).

¹¹⁹ McGibbon (2004), p. 34.

¹²⁰ Personal communication with a journalist who had investigated several social development programmes in the Bintuni Bay area of West Irian Jaya sponsored by BP (November 2005).

¹²¹ McGibbon (2004), p. 31.

¹²² McGibbon (2004), p. 37.

(ii) Religious composition

Prior to 1971, over 90 per cent of the Papuan population was Christian. By 2000 nearly 500,000 Muslims had migrated into the Papua region. This meant that by 2000, 25 per cent of the total population was Muslim and 74 per cent Christian (one per cent of the population identified with other religions). There is a strong tendency for religious groups to also split along ethnic lines: 96 per cent of indigenous Papuans were Christian, 66 per cent of settlers were Muslim. The two largest influxes of migrants in the 20th Century were predominantly Muslim, with the main influx of Javanese in the 1970s and 1980s, and the main influx of migrants from South Sulawesi in the 1990s. Urban areas were more than 50 per cent Muslim in 2000. While these trends speak to an increasingly Muslim urban population, it is important to note several demographic subtleties, often ignored in political analyses.¹²³ First, there are long established Muslim communities in the Birds Head area of the Papua region, dating back to the arrival of Islam with Muslim traders in the pre-colonial period. As such Muslim communities are long established among the indigenous population in the Papua region. Around one third of all settlers are also Christian.¹²⁴ Ethnic tensions in the Papua region are therefore complex, arising along and between religious, ethnic and historical lines.¹²⁵

(iii) Socio-economic divides

Rapid socio-economic change under the New Order regime and since the reform era has been accompanied by increasing ethnic tensions between indigenous Papuans and non-Papuans, and within the indigenous Papuan community.¹²⁶ Growing competition over resources has also led to an increase of inter-ethnic rivalries, magnified by the dual impacts of migration and urbanisation.¹²⁷ The 2000 Census showed that Papuan ethnic groups have moved into new rural and urban areas, outside of their traditional homelands. For example, members of the highland Dani ethnic group have moved across Papua province. Coastal groups from Biak have also migrated towards the urban centres and now tend to occupy certain professions, for example local government and church organisations. Members of smaller ethnic groups, and traditional landowners, sometimes face discrimination and exclusion from within the indigenous Papuan community, not only from settler groups. While these smaller ethnic groups tend to have much worse access to government services, they have also lost natural resources to outside groups (both Papuan and non-Papuan) moving into their traditional areas.¹²⁸ Certain ethnic groups also appear to have gained more from entering the modern economy than others.¹²⁹

¹²³ Certain commentators, in particular those from pro-independence and evangelical Christian groups, regularly report an ‘invasion’ of Muslim migrants and Islamic organisations to the Papua region, overlooking the complex historical and contemporary patterns of religious composition and identification in the region. See, for example, Elmslie (2007) and Kendal (2008).

¹²⁴ McGibbon (2004).

¹²⁵ See Mietzner (2007) on the complex religious dynamics in the 2006 direct elections.

¹²⁶ Barnett’s (1979) study of social politics in Papua New Guinea in the 1970s highlights similar patterns.

¹²⁷ McGibbon (2004), p. 32.

¹²⁸ McGibbon (2004), p. 32.

¹²⁹ For example, in the Timika mining town, two local landowning ethnic groups have lost out economically to migrants from within and outside Papua. See McGibbon (2004), pp.32-33.

By 2000, aside from these smaller ethnic divisions, there were several broad socio-economic divides among indigenous Papuans. The main divides fell between coastal and highland groups, and rural and urban groups. These broader divides date to colonial times, when Christian missions and the colonial government were concentrated in urban areas along the coast, meaning coastal groups were favoured for employment and other socio-economic benefits. Socio-economic changes from the 1970s onwards reinforced these basic cleavages and intensified the disadvantages faced by the more densely populated interior communities. Government and private sector opportunities in recent decades have also tended to be concentrated on the coast, favouring the urban population.¹³⁰ A survey in 2003 confirmed the continued divided experiences of Papuan ethnic groups. Coastal ethnic groups registered far more positive responses about government services and economic opportunities than those living in remote areas. Two southern coastal ethnic groups - the Asmat and Marind, the most isolated ethnic groups - registered the most negative responses.¹³¹

Under the new democratic regime, the Papua region therefore appears to continue to be a highly diverse and unequal society, with the majority of the indigenous population excluded from economic and other development benefits, especially access to education or health services. This pattern of exclusion is a direct result of the economic development policies of the New Order government, and it is not yet clear that these inequalities have been resolved by the recent governance reforms. Although local government reforms offer greater employment and representation opportunities in local and provincial government for elite educated Papuans, they do not yet appear to have addressed structural patterns of poverty and exclusion. It also appears that public service delivery may have been undermined, rather than improved, by local government and electoral reforms. Such an environment – highly unequal, with poor service delivery to the most poor and marginalised communities– is highly conducive to the HIV/AIDS epidemic. As the following section considers, the story of social divides outlined here, with strong rural-urban, highland-coastal, and therefore migrant-indigenous inequalities, correlates with the data on HIV/AIDS prevalence rates.

5 Accounting for the HIV/AIDS epidemic in the Papua region

The conditions that facilitate rapid spread of an infectious disease are also, by and large, those that make it hard for societies to respond and ensure that impact will be severe. Rapid spread and harsh impact are only apparently distinct symptoms of the same conditions, inequality and poverty.¹³²

This section presents the official and unofficial statistics of, and accounts for, the HIV/AIDS epidemic in the Papua region. It then links reported prevalence patterns to the regional socio-

¹³⁰ McGibbon (2004), p. 34.

¹³¹ McGibbon (2004), p. 35.

¹³² Barnett and Whiteside (2002), p.15.

economic patterns described above, in particular the creation of a 'high-risk' environment for HIV/AIDS.

5.1 Official accounts of the HIV/AIDS epidemic

According to the World Bank, HIV/AIDS has been a serious problem in the Papua region since 2000, with the official number of cases tripling in three years between 2000 and 2003, from around 400 to 1,454 (although this is likely to be an underestimate).¹³³ The most recent and extensive government report on the HIV/AIDS situation in the Papua region puts overall HIV/AIDS prevalence at 2.4 per cent, representing a high rate of prevalence compared to other regions of Indonesia.¹³⁴ Government agencies and other observers claim these figures are likely to be substantial underestimates, but even at the official rates they still represent a serious problem. Prevalence rates are the highest in the most inaccessible lowland areas (3.2 per cent), then highland areas (2.9 per cent), then the more easily accessible lowland areas (1.8 per cent), reflecting the inequality patterns highlighted in the previous section.¹³⁵ The government reports that these rates are consistent with the low level of knowledge about HIV/AIDS and low condom use in the more inaccessible areas of the Papua region.¹³⁶ It is worth highlighting here that these prevalence rates map onto the differences in socio-economic status identified in Section Four.

The Ministry of Health (2006) details the following statistics: HIV/AIDS prevalence among ethnic Papuans is 2.8 per cent; this is almost twice as high as the rates among non-ethnic Papuans, at 1.5 per cent.¹³⁷ The prevalence differences by ethnic group are explained in the Ministry of Health's 2006 report as being due to different levels of knowledge about prevention and variation in high-risk behaviour.¹³⁸ These rates also map onto differences in access to education, healthcare and other public services, as highlighted in Sections Two and Three, but the Ministry report does not directly refer to these issues. Prevalence was highest among the 40 to 49 age group (3.4 per cent), followed by the 15 to 24 age group (three per cent). Prevalence was also generally higher among the male population (2.9 per cent) than among the female population (1.9 per cent). Aside from these general prevalence rates, particularly high prevalence rates of 26.5 per cent have also been recorded by the government among female sex workers in Merauke, in the south of Papua province, in 2000.¹³⁹

¹³³ World Bank (2005).

¹³⁴ Statistics Indonesia and Ministry of Health (2006), p. 49. This report presents the results of the most recent and comprehensive survey of HIV/AIDS in the Papua region.

¹³⁵ Statistics Indonesia and Ministry of Health (2006), p. 50.

¹³⁶ Statistics Indonesia and Ministry of Health (2006), p. 57.

¹³⁷ Statistics Indonesia and Ministry of Health (2006), p. 50.

¹³⁸ The report stated that the difference may also be accounted for by differences in circumcision status as only five per cent of ethnic Papuans are circumcised compared to 70 per cent of non-Papuans living in the Papuan region (Statistics Indonesia and Ministry of Health 2006, p.57). However, because of limited information available on this issue, the report did not expand on it further. Other observers have noted two other factors that may affect the variance in prevalence rates by ethnic group: first, the extensive presence of Thai fishing fleets in some remote coastal areas; second, the departure of some missionaries (who were also responsible for health care provision for the indigenous population) from remote rural areas. Further research would be necessary to substantiate these points.

¹³⁹ National AIDS Commission (2003), p. 2

The 2006 government report identified general knowledge about HIV/AIDS as very low in the Papua region, with 48 per cent of the population never having heard of it. Among those with very low levels of education (those defined as having never attended school or who did not complete primary education) 74 per cent had never heard of it, compared to 20 per cent of those who had graduated from senior high school or university. It is important to note again here that the different levels of awareness between education groups map onto the socio-economic and ethnic divisions outlined in Section Three. The government also reported that there were many and widespread misconceptions about the disease.¹⁴⁰ In terms of HIV/AIDS prevention, condoms are hard to access in all areas of the region, with only 17 per cent of the population reporting that it was easy to get condoms. Very low use of condoms was also reported, at 2.8 per cent of the population who have sex.¹⁴¹ The Ministry of Health (2006) argues that the very low levels of condom use are linked to the substantial constraints on getting hold of them; but they also link the problem to particular 'high-risk' sexual behaviours, with multiple sex partners and sexual relationships from an early age common in the region.¹⁴² The following section considers these issues in more detail.

5.2 Media and non-governmental accounts for the HIV/AIDS epidemic

The national and international media has reported the dramatic increase in HIV/AIDS in the Papua region since around 2000, as have non-governmental organisations. The reporting is varied in quality and statistical sources tend not to be clearly identified; the figures presented tend to be much higher than the official rates.¹⁴³ One frequently cited figure is the 15 to 25 per cent HIV prevalence rate among sex workers in the major urban centres.¹⁴⁴ Local newspapers report that the majority of cases affect the productive 20 to 49 age group.¹⁴⁵ Some observers allege that HIV/AIDS was imported to the Papua region via sex-workers brought in by the Indonesian military, as part of a deliberate strategy to eliminate the indigenous population.¹⁴⁶ This section summarises several of the more credible reports on HIV/AIDS in the region, to contrast with the official position cited earlier.

(i) Medicins Sans Frontieres (MSF) report on Merauke, Papua province¹⁴⁷

MSF reports that Papua contains one third of all AIDS cases in Indonesia, with most AIDS cases in the region transmitted sexually. MSF offer four explanations for why the Papua region

¹⁴⁰ Statistics Indonesia and Ministry of Health (2006), p.57.

¹⁴¹ Statistics Indonesia and Ministry of Health (2006), p.1 and p.58.

¹⁴² Statistics Indonesia and Ministry of Health (2006), p.58.

¹⁴³ See, for example, Melanie Allan, *Te Waha Nui Online*, 19 August 2006.

¹⁴⁴ For example, this figure is cited on the BP Indonesia website, in their section on HIV/AIDS awareness, but no information is provided on the source of this figure. See

<http://www.bp.com/extendedsectiongenericarticle.do?categoryId=9004763&contentId=7010574> (accessed February 29, 2008).

¹⁴⁵ Cendrawasih Post article, cited in World Bank (2005), p. 47.

¹⁴⁶ See, for example, Elmslie (2007) and Hyndman (1987). For analysis of the origins and understanding of this claim among the indigenous population, see Kirsch (2002) and Butt (2005)

¹⁴⁷ TREATAsia Report, October 2005.

is vulnerable to HIV/AIDS: (i) poverty, in particular poor healthcare, economy and education;¹⁴⁸ (ii) poor access to education materials on HIV/AIDS, with particular problems of low literacy, different languages, and the production of inappropriate materials for Papuan cultures; (iii) high rates of drinking and prostitution as well as the low use of condoms; (iv) the challenges posed by traditional beliefs, including the widespread belief that sperm is sacred, as well as other magical beliefs about sex.¹⁴⁹ MSF also accounts for why traditional ways of life restrict the success of Anti-Retroviral drugs (ARVs), even when they are provided free of charge: for example, in some cases people do not use clocks and have a different 'cultural' understanding of time, therefore they do not take their medicines at regular times of the day.¹⁵⁰ Other documented problems in tackling the epidemic include misunderstandings about the role of drug treatment and the belief that treatment equals cure. Most of MSF's prevention efforts in Papua have been targeted at sex-workers, as the most vulnerable group.

Interestingly for this study, MSF credit Special Autonomy as having led to an *improvement* in the provincial government's approach to the epidemic. They report that the provincial government in Papua province plays the key role in fighting the epidemic in the region, and that Papua is the first province in Indonesia to adopt policies backing 100 per cent condom use. In other areas of Indonesia regional governments have not yet done this. MSF argue that their greatest problem for tackling the disease is not overall government commitment, but the lack of trained doctors and nurses, which entails limited training in ARV use and high levels of discrimination from health staff towards HIV/AIDS patients.

*(ii) Reuters report in the China Daily*¹⁵¹

The Reuters news agency reports that the Papua region contains one third of Indonesia's recorded HIV/AIDS cases, with fears that five per cent of the population could be HIV positive.¹⁵² According to their interviews with teenage female sex-workers, few Papuan male users of sex-workers use condoms. The report documents that while the Papua region has Indonesia's highest prevalence of AIDS, the first HIV case was only documented in 1993 and testing facilities exist only in the big urban centres. As such, actual prevalence rates are likely to be much higher than the official reports. Reuters also reports that little testing has yet been done in the more remote areas. The report cites an HIV/AIDS non-governmental organisation in Jakarta: "We're looking at the potential for a community or a number of communities to almost disappear." The report links the rapid spread of the disease to several factors, including high levels of promiscuity, traditional rituals among some ethnic groups (for example, partner swapping), little foreplay in sex (resulting in increased abrasions), poor AIDS education and the lack of access to condoms. These are all, of course, issues for empirical

¹⁴⁸ Recent research (Barnett forthcoming) indicates that the relation between HIV infection and poverty is not at all clear. However, Barnett and Whiteside's earlier work (2002) discusses the likely relation between the two.

¹⁴⁹ Schneebaum (1988) describes similar practices and beliefs among the Asmat community in Papua.

¹⁵⁰ It may not be the lack of clocks or a different understanding of 'time' that is the issue, but prioritisation of goals in a highly marginalised community. This issue merits further research.

¹⁵¹ China Daily, 16 September 2003.

¹⁵² This figure is quoted from the head of the USAID funded network 'AksistopAIDS'.

investigation.¹⁵³ The report also quotes several Papuan community leaders, who argue that the Indonesian government deliberately imported AIDS to the Papua region in order to wipe out indigenous groups.¹⁵⁴

(iii) *Ethnographic accounts*

Several ethnographic accounts of communities in the Papua region of Indonesia and Papua New Guinea, including several conducted among 'West Papuan' refugee communities in Papua New Guinea, discuss issues of sexuality, HIV/AIDS and local politics.¹⁵⁵ In his ethnography of the Asmat region of southern Papua, Schneebaum (1988) reports that it was well known among the community he lived among and studied that the resident missionaries did not have a complete picture of community life in relation to sexual behaviour.¹⁵⁶ He argues that this was largely because local people knew their practices would be condemned, so they did not share this information with local priests and other missionaries. While by the mid 1970s some missions had successfully stopped the practice of wife sharing in the southern region of Papua, the missionaries apparently had little idea that most men still had permanent male sexual partners as well as female partners. Given that the existence of these relationships has important implications for understanding HIV/AIDS infection rates, it would be important to study them further in their contemporary context. It has particular relevance to current policy on HIV/AIDS in the region because religious organisations are currently one of the major providers of healthcare to the more remote communities in the Papua region, with the strong financial and political support of the international donor community to do so.¹⁵⁷ Unfortunately, as yet, no reports on the epidemic focus on this issue and there are limited contemporary ethnographic studies in relation to the issue. However, if religious organisations continue to lack a complete picture of sexual behaviour – as they did in the mid 1970s - it is unlikely they can successfully tackle the HIV/AIDS epidemic.

5.3 High-risk environments and the HIV/AIDS epidemic

The paper has shown that an incomplete picture of the HIV/AIDS epidemic for the Papua region exists. There are indications from both official and unofficial reports that the epidemic has more significantly impacted the indigenous population, although for contested reasons. However, understanding prevalence rates and behavioural aspects of HIV/AIDS in the Papua region can only ever be a part of the story, especially if focusing on the governance issues connected to the epidemic. Recent – socio-economically informed - approaches to the

¹⁵³ It would be necessary to build back from known risk factors to identified reports. The main issue here is one of concurrency.

¹⁵⁴ Australian-based research groups and American Christian evangelical groups also assert this claim. See Elmslie (2007) and Kendal (2007).

¹⁵⁵ On the refugees in Papua New Guinea, see Kirsch (2006, 2002); on sexuality, see Schneebaum (1988) and Butt (2005); on local perceptions of HIV/AIDS as a political weapon used by the Indonesian military, see Butt (2005) and Kirsch (2006, 2002).

¹⁵⁶ Schneebaum (1988) discusses Asmat sexual practices in several chapters.

¹⁵⁷ One of the major donors to the Papuan healthcare system via religious organisations is AusAID.

HIV/AIDS epidemic focus on determining 'risk environments.'¹⁵⁸ This concept enables us to focus on the mechanisms behind the spread of HIV/AIDS in a particular socio-economic environment, whereby the presence of the disease and certain characteristics of this environment facilitate rapid and/or frequent partner change. In certain contexts, the act of sexual intercourse then becomes itself a 'risk-behaviour'. As such, "the riskiness of the behaviour is a characteristic of the environment rather than of the individuals or the particular practices."¹⁵⁹

The many stigmas and myths surrounding HIV/AIDS in the Papua region, combined with complex political issues of race and ethnicity, makes the term 'risk behaviour' problematic. Using the 'risk environment' concept instead enables us to focus on why certain cultural practices are risky because of *environmental* rather than cultural factors. This is not to say that cultural practices and beliefs are irrelevant: they form an essential part of the picture of the epidemic in the Papua region, as the Medicins Sans Frontieres (MSF) report cited above has shown.¹⁶⁰ However, as with prevalence rates, cultural practices and beliefs are only ever one part of the picture.

An essential component of a risk environment is high levels of poverty and inequality, two of the most striking socio-economic features of the Papua region. According to international comparative studies:

The conditions that facilitate rapid spread of an infectious disease are also, by and large, those that make it hard for societies to respond and ensure that impact will be severe. Rapid spread and harsh impact are only apparently distinct symptoms of the same conditions, inequality and poverty.¹⁶¹

Eileen Stillwagon's work (2000) has also demonstrated:

that there is a strong causal relationship between poverty and epidemic spread and that the chain of causation between poverty and epidemic infection passes through a link of poor nutrition and related subsequent immuno-suppression – this even before a person is infected by HIV.¹⁶²

The World Bank's (2005) public expenditure study of Papua reported that the region has the worst levels of poverty in Indonesia alongside serious inequalities. Although this report did not address the issue of HIV/AIDS specifically, it raised various relevant concerns about the poor state of health services and the overall poverty situation. As such, the risk of epidemic infection spreading is likely to be high and has potentially severe consequences for the

¹⁵⁸ Barnett and Whiteside (2002), p. 81.

¹⁵⁹ Barnett and Whiteside (2002), p.81.

¹⁶⁰ Treat Asia report (2005).

¹⁶¹ Barnett and Whiteside (2002), p.15

¹⁶² Stillwagon (2000), p. 1006, cited in Barnett and Whiteside (2002), pp.15-16.

population. But these severe poverty levels also mean that the Papuan population has very low capacity levels to deal with the problem. According to Barnett and Whiteside, social and economic characteristics determine whether an epidemic grows more or less rapidly. They also determine whether the epidemic is concentrated in a few high risk or core groups, or becomes generalised in the wider population.¹⁶³ That the epidemic in the Papua region has now spread into the general population reflects particular social and economic characteristics of the region that have made it a high-risk environment: namely, severe poverty levels and poor access to public services.¹⁶⁴

The Papua region has the highest level of poverty in Indonesia: 38 per cent of Papuans lived below the poverty line as of 2003, more than double the national average of 17 per cent. Within the Papua region, there is great variance in poverty rates, reflecting the relative remoteness and under-development of certain regions. For example, Jayapura city (the capital of Papua province) is well connected by air and sea to other regions and has extensive government and non-governmental services. As such the local poverty rate is 23 per cent. This compares to a poverty rate of 56 per cent in Teluk Bintuni district, a newly created and remote district in West Irian Jaya province.¹⁶⁵ Overall, however, one third of Papuan children do not go to school and nine out of ten villages have no basic health services.¹⁶⁶ According to the World Bank (2005), while the aggregate numbers of health and education facilities and staff in the Papua region were similar to national averages, their distribution does not match the needs of the poor. Many *distrik* (the regional term for sub-district, an administrative collection of villages) do not have any health clinics or schools. Even if they do have the facilities, there is often a chronic staffing shortage of doctors and teachers. Poor infrastructure across the region further compounds these problems.

Indigenous Papuans also have very limited access to healthcare facilities. A high proportion of the population lacks access to clean water and there is a very high rate of child malnutrition, two reasons why the Papua region ranked so low on the UNDP Human Development Index (HDI) in 2002. But again, there is also great regional variation, whereby accessible coastal areas (with majority migrant populations) have a much higher HDI than remote highland areas (where the majority of the indigenous population live). In those villages without basic health services, 70 per cent of these have problems accessing facilities in other villages: with an average travelling distance of 75 km, which usually has to be done by foot, or, at best, by motorbike or river, and sometimes all three combined, accessing village healthcare services is

¹⁶³ Barnett and Whiteside (2002), p. 47.

¹⁶⁴ Another angle requiring further research is the link between a high-risk environment, with the frequent use of sex workers and where men have both female and male partners, and high levels of sexual violence. Gender inequalities in the Papua region are widely reported, and would likely shape the pattern of the epidemic that has evolved. Further empirical research would be necessary to explore this issue. Thank you to Jennifer Klot and Alex de Waal for highlighting this point.

¹⁶⁵ World Bank (2005), p.8.

¹⁶⁶ World Bank (2005), p.1.

highly restrictive. The highland areas are the worst off: some newly created districts have no doctors at all, even when they have almost 100,000 inhabitants.¹⁶⁷

The Papuan regional government spent more on health than any other region in Indonesia on a per capita basis, at 60,000 Rupiah per person (around US\$6.5), and on average the budget composition for health was not different to other regions, with around 8 per cent of the provincial budget and 7.5 per cent of the local government budget allocated to health expenditures.¹⁶⁸ However, large regional differences made an important difference to the impact of this expenditure. The Papua region had 2.4 million residents as of 2003.¹⁶⁹ Reported population figures for the district level are disputed, with different figures provided by the provincial statistics bureau from the national office, with discrepancies of over 10,000 in particular districts and cities.¹⁷⁰ Given these discrepancies, when regional and district budgets are determined in Jakarta, in conjunction with the provincial level of government, it is highly likely that certain regions have been vastly under-budgeted in terms of their health needs, among other problems.

Overall, although Special Autonomy was partly designed to boost spending in the health, education and infrastructure sectors, actual impact on public services for the poor appears to have been mixed. The poorest areas of the Papua region now have more money to spend, but they do not necessarily spend this money on improving service delivery. Decentralisation has also meant that HIV/AIDS prevention and management is now the responsibility of the local government. The shift from a centralised to decentralised government system, as outlined in Section Three, has transferred much of the authority for the execution of and budgeting for HIV/AIDS to the district and municipal level of administration.¹⁷¹

According to the National AIDS Commission policies on HIV/AIDS, provincial governors are now responsible for HIV/AIDS prevention, with support from government, non-government and educational institutions.¹⁷² The provincial government is also responsible for allocating resources for provincial level activities and to coordinate across provincial government agencies. While MSF have argued that Special Autonomy has improved the Papuan government's response to HIV/AIDS, which is a significant step, several challenges remain in terms of ensuring that budget composition and public service management assists the poorest communities.

At the local government level, regents (in charge of districts) and mayors (responsible for cities) are now responsible for establishing local level AIDS Commissions, allocating appropriate resources, as well as coordinating the relevant agencies. Yet in many areas of the

¹⁶⁷ World Bank (2005), p.46.

¹⁶⁸ World Bank (2005).

¹⁶⁹ Bureau of Statistics (2003), cited in World Bank (2005), p.5.

¹⁷⁰ World Bank (2005), citing BPS 2003 figures, pp. 63-64.

¹⁷¹ National AIDS Commission (2003), p.6.

¹⁷² National AIDS Commission (2003), pp. 20-21.

Papua region, local governments are not even established. Despite this problem, local executives have been made responsible for passing legislation, allocating budgets and monitoring the implementation of HIV/AIDS programmes by the local governments, even when they do not yet exist in the locations where the population live. Given the other problems of state capture of public funds and capacity, as already outlined, it is unlikely local governments have been able to fulfil these new public health responsibilities. The following section further develops these points, explicitly linking governance reforms and public service delivery problems to the high-risk environment for HIV/AIDS in the Papua region.

6 Hypothesising the links between governance reforms and the HIV/AIDS epidemic

The previous sections have highlighted how the implementation of Special Autonomy and the shift from centralised to decentralised government since 2001 has led to dramatic changes in government structures in the Papua region. Local government structures continue to shift as different factions within both West Irian Jaya and Papua provinces lobby for the creation of new district, city and provincial administrations, both within and beyond the existing boundaries.¹⁷³ The creation of new local government administrations and the challenges they face in managing public services in the context of (increasingly expensive) local electoral reforms poses several related problems for managing the HIV/AIDS epidemic. The introduction highlighted two hypotheses presented by the National AIDS Commission to explain the possible links between increasing HIV/AIDS rates and the advent of government and electoral reform in the Papua region. Here, the original hypotheses are revised, with reference to the evidence presented and discussed so far.¹⁷⁴ The main point here is that although it is not yet possible to assert whether the epidemic is increasing as a result of governance reforms - the evidence for this is not yet established - a strong case can be presented that the risk environment for HIV/AIDS may not improved as a result of the reforms. In some cases, it may even have been made worse.

First hypothesis: The 'limited health services with increased risk' thesis

Local government reform, involving the decentralisation of the authority and responsibility for public service delivery to local government bodies, has triggered widespread infrastructure development. Anecdotal evidence suggests that new employment opportunities created through these new developments have triggered greater in-migration *to* the Papua region from other parts of Indonesia, as well as greater migration *within* the Papua region to areas with new employment opportunities. Increases in the local population in some of these areas have taken place without concurrent increases in public service availability and quality. At the same time, the re-districting process has led to the establishment of new districts, which are

¹⁷³ Political factions in the South of Papua province are lobbying for the creation of new districts and a new province (ICG 2007). In West Irian Jaya, various factions are also lobbying for the division of this new province into two separate provinces (Mietzner 2007). All over the region, different groups plan new district and city administrations.

¹⁷⁴ These are not formal scientific hypotheses to be tested numerically, but open research questions to be explored through inductive fieldwork methods.

frequently without any basic health services at all. The increased risks of HIV/AIDS, caused by new interactions between different population groups— for example, between rural indigenous and new settler groups¹⁷⁵ – appear not to have been matched with improved healthcare access or provision to either the indigenous or migrant communities. The indigenous population in remote rural areas already suffer from minimal access to health services. Increased migration to these areas puts extra pressure on the health services that do exist. The HIV/AIDS risk environment has increased as a result.

Second hypothesis: The 'low local government capacity to manage the HIV/AIDS epidemic' thesis

Local levels of government have undergone significant transformation in the Papua region since the advent of Special Autonomy and decentralisation. New agencies been set up, new staff have been recruited, new legislation has been drafted, and, in some case, completely new towns are in the process of being built to house new local governments. Rapid decentralisation and re-districting has taken place without contingency planning for the continued (or improved) provision of health services to the poorest sectors of society. As such, many technically limited and weakly monitored local administrations now have direct responsibility for implementing complex public health programme. In the most recent government AIDS strategies, the central government assumes that provincial and local governments will establish, manage and implement local AIDS commissions to tackle the epidemic at the local level. In some cases, the provincial government has responded effectively to meeting their new public health service responsibilities. However, it is also likely that these new committees have not been included yet in the planning or budgeting process by *local* government bodies, and even where they have, they are unlikely to be the priority. This means an effective HIV/AIDS epidemic prevention and management strategy is unlikely to have been established at the local government level. This problem has likely added to an already weak governance environment for implementing health, education and other programmes to reduce HIV/AIDS transmission and manage the epidemic.¹⁷⁶ As a result, the risk environment for HIV/AIDS has increased.

Third hypothesis: The 'diversion of public service budgets for election campaigns' thesis

Electoral reform resulting in direct elections for local executive positions (namely Governor, Mayor and Regent) has increased the election costs for candidates, with huge sums needed for various key stages in election campaigns. At all stages, high levels of financing are required for buying the candidacies as well as the support of the population. Election campaign logistics are also comparatively expensive in the isolated Papua region with poor

¹⁷⁵ As reported by the National AIDS Commission in 2006. New interactions were reported as including those between female rural sex workers and settlers, and these sex workers and the local male population, and so on.

¹⁷⁶ These problems have been compounded by the ongoing separatist conflict with various military incursions in several areas, as well as military and police reforms that have led to problems with management in and control of the security forces. These factors may also have had a negative impact on the HIV/AIDS situation, but they fall outside of the paper's remit and would require further research.

road infrastructure. Several dangers are created by implementing expensive direct elections in the context of weak governance structures, with limited budget monitoring systems in place, namely the easy capture of development budgets for election campaigns. The local state budget is openly seen as a key source of campaign financing, mirroring already documented patterns in other regions of Eastern Indonesia. Anecdotal evidence suggests that direct election procedures have led to a specific diversion of funds away from public service delivery programmes (including those targeted at HIV/AIDS) towards the new direct election campaigns. The diversion of public funds has hampered public sector capacity for managing the HIV/AIDS epidemic, thus adding to the high-risk environment.¹⁷⁷

7 Key findings and next steps

Key findings

1. The main legacies of New Order economic development policies in the Papua region for the indigenous population were the creation of severe inequalities between indigenous and migrant communities, despite overall economic growth rates. This resulted in the most severe poverty levels in the country for the Papuan indigenous population in 2000.
2. Data from the 2000 Census and the 2005 World Bank survey indicates that since 1998, when the reform era began, the overall economic and welfare situation has not yet improved for the indigenous population and the structural patterns of ethnic exclusion continue. There have been some important improvements for the educated Papuan elite, via increased access to government jobs due to the 'Papuanisation' of local government. Overall, however, the indigenous population remain the most poor, both in terms of their economic situation and limited access to public services. The benefits of the post-1998 economic boom following regional government reforms do not yet appear to have accrued to the majority of the indigenous population.
3. A high-risk environment for HIV/AIDS was created by the economic, social and governance policies of the New Order regime, with particular reference to the exacerbation of extreme poverty and inequality among the indigenous population. The public service situation for this group, in particular their access to health care and education, has been made more complex by recent local government and electoral reforms, with some evidence for improvements (in Papua province) and possible deterioration in other cases. The majority of the most poor and remote indigenous populations do not yet appear to have seen improvements in public service delivery; and in some cases there has been total failure.

¹⁷⁷ A fourth hypothesis would also be worth exploring, namely that increased migration (both internal within the Papua region, and external from other parts of Indonesia) and increasing gender inequalities (on account of the arrival of new government employees and workers in new government centres, who are mostly male) in extremely poor areas with few employment opportunities for women, creates a high-risk environment for HIV/AIDS, irrespective of levels of spending on health. The next step would be to explore and develop this fourth hypothesis with further background and empirical research. Thanks to Alex de Waal for highlighting this inequality and its links to a high-risk environment.

4. It is arguable that the risk environment for HIV/AIDS has not yet been improved - and may even have been made worse - by local government and electoral reforms. One Papua-based health organisation (MSF) and an academic assessment (Fukuyama 2007) claim improved provincial government policy in Papua province, and this may lead to future healthcare gains for the indigenous population in the most remote areas of this province. To test these claims – both on the positive and negative impacts of government reform - further empirical evidence would be required. A deeper investigation of the impacts of government and electoral reforms on the poorest sectors of the Papuan population is necessary to properly assess their risk environment in relation to HIV/AIDS.

Next steps

The introduction highlighted that recent research on governance and HIV/AIDS in Africa has shown there is a great need to integrate understanding of the HIV/AIDS epidemic with governance and development trends.¹⁷⁸ Despite the commissioning of various important studies on public health, HIV/AIDS, governance and electoral reform in the Papua region, no research has yet been commissioned on the links *between* these processes. If research into the impact of these issues and related processes could be integrated, thereby developing empirical understanding of the links between them, there is a much greater potential for an effective policy response to the growing problems of the increasing HIV/AIDS epidemic, both in the Papua region and beyond.

As a result of this preliminary background paper, no substantive conclusions on the impacts of local government and electoral reform on the HIV/AIDS risk environment in the Papua region can yet be drawn. However, the evidence suggests that a range of problems have emerged in connection with the reforms that may have led to deterioration in public service delivery and access, as well as other risk environment factors. As such there is merit in exploring further the proposed hypotheses on the links between governance and electoral reforms and the high-risk environment for HIV/AIDS in the Papua region. In order to establish clear evidence on the impacts of government and electoral reform on the epidemic, and, from there, to develop clear policy recommendations to the Indonesian government and its donor partners, further field research is therefore necessary.

The first phase of field research would include data collection in Jakarta and the Papua and West Irian Jaya provincial capitals. Key indicators and statistics are not available from outside these locations, in particular the following: - official and unofficial migration figures to and within the Papua region; the numbers and infrastructure status of new towns, businesses and the establishment of new local governments, and the economic and social changes related to these developments; estimated HIV/AIDS rates at the provincial and local levels; and other key social and economic indicators only available from provincial government agencies.

¹⁷⁸ De Waal (2003).

Further anecdotal evidence on the main problems related to government and electoral reform and public service delivery would also be gathered, along with preliminary sampling of rural research sites.

The second phase of fieldwork would focus on qualitative field research at the local government level, in particular in the remote rural areas where local government reform appears to have had the most impact. Here participant observations, key informant interviews and informal field interviews would be used to gather further empirical evidence on the possible impacts of governance reforms. A field research proposal is in development to establish local partnerships for the research study, and to outline the full rationale behind these methods, as well as the sampling of informants and research locations. Field research would result in the publication of the first empirical research paper on the links between government and electoral reforms and the HIV/AIDS epidemic in the Papua region, offering a useful policy tool for both government and government partners working to address the HIV/AIDS epidemic.

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