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## **Suitability of the HIV / AIDS Control Program in the HIV / AIDS Control Policy in Banjarmasin to Achieve "Getting to zero"**

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### **ABSTRACT**

*Increasing HIV / AIDS infection has made Banjarmasin City government increasingly worried, so that it requires the realization of policy implementation to solve the problem because it will have an impact on regional development, budgeting and also impact on poverty. Judging from this, the prevention of HIV / AIDS in the city of Banjarmasin needs to be assessed regarding the suitability of the program with the needs in HIV / AIDS control policies.*

*Objective: To describe, analyze and interpret matters relating to the suitability of the program with the needs in implementing policies in the effort to control HIV / AIDS in the city of Banjarmasin. Method: This research is a qualitative research using a descriptive approach based on the perspective of public policy. This study seeks to present the empirical facts of the action of the Banjarmasin City government in a naturalistic manner and reveal hidden values so that it is expected to be able to illustrate the phenomenon of the implementation of government policies regarding the suitability of the program with the needs in controlling HIV / AIDS in the city of Banjarmasin. Results: Based on the results of the study, it can be concluded that the suitability of the program with the needs in the Implementation of HIV / AIDS Control Policy in the city of Banjarmasin is not going well and the incompatibility of the HIV / AIDS control program with the needs of high risk communities in the city of Banjarmasin and the lack of stakeholder support and coordination in efforts to control HIV / AIDS*

**KEYWORDS:** *Getting to zero, HIV / AIDS Control Program, HIV / AIDS, HIV / AIDS Control Policy, Regional Regulations, Banjarmasin*

### **1. INTRODUCTION**

The role of policy implementation will continue to be needed in the realization of practices to solve social problems which will affect policy formation and opinion. For the realization of a good public policy, the policy implementation must be appropriate and be able to meet the needs of the community. Implementation is mentioned in the Public Policy book, Wayne Parsons (1997: 204). the limited efforts for prevention and implementation services at different provincial and district levels affect the implementation of HIV / AIDS control policies. The increase in HIV / AIDS infections has made the government increasingly worried that the role of policy implementation will continue to be needed in the realization of

practice to solve it because it will have an impact on regional development, budgeting and also have an impact on poverty. To realize this goal, it is necessary to do various health efforts such as policies regarding the HIV / AIDS Control Program made by the Banjarmasin City Government regarding Regional Regulation No.11 of 2012 concerning HIV / AIDS control. With the HIV / AIDS Control Program, it should be able to prevent the number of HIV infections and improve the quality of life of the community. Most AIDS programs do not specifically look at and overcome obstacles to HIV / AIDS services. Providers of HIV / AIDS control services must be carried out optimally in order to achieve comprehensive and sustainable services according to the needs of the community. To achieve comprehensive and sustainable HIV / AIDS control services, the service programs provided to the community must be in accordance with the needs of the community. Thus, the services carried out by the government are able to touch directly to the community. This is consistent with Goerge C. Edwards III and Ira Sharkansky's statement in Suwitri (2009) that public policy is an act of government in the form of government programs to achieve goals or objectives. In this case the Banjarmasin City Government's actions in implementing HIV / AIDS control with the aim of suppressing the incidence of HIV / AIDS in Banjarmasin City. With the regulation that regulates the control of HIV / AIDS in the city of Banjarmasin it is hoped that it can accelerate the success of controlling HIV / AIDS in the city of Banjarmasin.

## **2. RESEARCH METHODS**

The research is a qualitative research using a descriptive approach based on the perspective of public policy. System analysis method from policy data, guidelines, and program implementation. This research seeks to present the empirical facts of the action of the Banjarmasin City government in a naturalistic manner and also seeks to reveal hidden values so that it is expected to be able to describe the phenomenon of factors that influence the implementation of government policies on HIV / AIDS prevention in Banjarmasin City

## **3. Result**

### **a. HIV / AIDS Control Policy**

Table. 1 can be seen that the results of research using the interview method and document review on the implementation of HIV / AIDS prevention policies in the city of Banjarmasin is the Banjarmasin City Health Office implementing an HIV / AIDS control policy based on the Minister of Health Regulation No. 21/2013, while the Banjarmasin City Social Service is based on Regulation of the Minister of Social Affairs Number 6 Year 2018, while for the Banjarmasin City AIDS Commission carry out activities from the budget of the Office of Health and Foreign and Private Aid. In addition, regional regulation number 11 of 2012 concerning prevention of HIV / AIDS has never been socialized, especially to agencies involved in implementing HIV / AIDS control in the city of Banjarmasin.

**Table 1**  
**HIV / AIDS Control Policy**

<b>Policy</b>	<b>Research Data</b>	<b>Results</b>	<b>Analysis</b>
	<b>Indepth Interviews</b>	<b>Review the document</b>	
-Regional Regulation Number 11 of 2012 - Minister of Health Regulation Number 21 Year 2013 - Regulation of the Minister of Social Affairs Number 6 Year 2018 - Socialization of Regional Regulation Number 11 of 2012	Most respondents stated that the policy that became a reference in the implementation of HIV / AIDS control was from the ministry of health, while for local regulations there was no socialization or guardianship.	From the results of the document review, there was no mayor's regulation as a reference for implementing HIV / AIDS control	Based on the results of interviews and document review, the policy used to control HIV / AIDS is Permenkes No. 21 of 2013, and no guardian was found to support the implementation of the program

a. Source : interview (processed by researchers), 20

**b. program suitability**

**Table 2**  
**program suitability**

<b>Policy</b>	<b>Research Data</b>	<b>Results</b>	<b>Analysis</b>
	<b>Indepth Interviews</b>	<b>Review the document</b>	
- HIV / AIDs control program in Banjarmasin City	Based on the results of interviews with respondents stated that the suitability of HIV / AIDS control programs is not in accordance with the needs of the community and does not match the facts in the field.	Based on the review of documents that there is no record of the implementation of special programs for high-risk communities, namely MSM communities	The HIV / AIDS Control Program is not focused and does not meet the needs of the risk communities.

a. Source : interview (processed by researchers), 2019

In an effort to achieve policy objectives, the policies offered should be in accordance with the needs of the target group. The policy on HIV / AIDS prevention has been accommodated regarding efforts to provide health services for people at risk of becoming infected with a virus which weakens the human immune system (Human Immunodeficiency Virus), in Presidential Regulation No. 2 of 2018 concerning minimum service standards, which stated that one type of service provided is to people at risk of HIV infection. This Presidential Regulation is clarified in Minister of Health Regulation No. 4 of 2019 concerning technical standards for fulfilling the quality of basic services at minimum service standards in the health sector. In this SPM technical standard in the health sector, it is explained in more detail about the provisions regarding the Types and Quality of Basic Services which are the Obligatory Government Affairs that are entitled to be obtained by every citizen at a minimum.

The control policies offered by the Banjarmasin City Government as stated in Regional Regulation No. 11 of 2012 are efforts that include prevention and control of HIV / AIDS. The health office together with related agencies carry out an HIV / AIDS control program in the city of Banjarmasin. This is because the increase in cases of HIV / AIDS every year is increasing significantly. One of the strategic steps taken by the Health Office is to strengthen the AIDS Commission at all levels. Following is the scope of the interview with A from the Banjarmasin City Health Office:

"..... Like we said, if the local regulation is implemented, it is white and gray, so we are unclear ... and too broad, the role of the PL in Outreach and Assistance is not comprehensive which results in incompatible with the main tasks and functions of the outreach ...." (interview 25 February 2019)

The following activities are carried out in the HIV / AIDS control program:

*Table. 5.6 HIV / AIDS Control Programs*

HIV / AIDS control based on Regional Regulation No.11 of 2012	HIV / AIDS control program from the Health Office Banjarmasin City	Fast Track Response from the Ministry of Health	Banjarmasin City AIDS Commission
a. not engaging in unhealthy and distorted sexual relations; b. loyal to one partner; c. use condoms for every sexual contact who is at risk of contracting HIV-AIDS d. transfused blood must be free of HIV; e. use of sterile and	a.VCT & VCT mobile services b. Knowledge level survey c.High-risk population outreach d. Mapping of key populations e.Partnership meeting with the related LP / LS f.Promulgation of HIV / AIDS control g. ABAT Campaign h. Increased participation of KPA	The combination of intensive control (comprehensive_ in areas of high prevalence, including: - Condom - High coverage among key populations - Pre-exposure prophylaxis for certain populations - Young women and girls - BLT - Circumcision for men	-Distribution of Condoms - HIV Intervention Program -International coordination -Coordinate Management -Coordination of Stakeholders

<p>disposable syringes; f. use of sterile medical devices; g. ODHA mothers are obliged to prevent HIV transmission to the babies they are carrying; h. removal of organs and body tissues must be free of HIV;</p>	<p>and NGOs i. Improve and develop programs by focusing on access to quality services, strengthening service networks, collaboration on HIV TB j. Improve and strengthen HR development, logistics management, M&amp;E program activities and program promotion.</p>	<p>medically and voluntarily - Focused communication and open requests by utilizing new media and digital media</p>	
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*Source : interview (processed by researchers), 2019*

Based on the data obtained during the study, the relevant agencies that carry out HIV/AIDS control seem to only carry out routine programs from the previous year's programs. The programs carried out do not seem to be in order of priority, such as the number of people living with HIV/AIDS in the majority of MSM communities, but programs specifically to prioritize HIV/AIDS control by MSM communities by distributing condoms, but condoms that are distributed not to MSM communities but in general.

#### **4. Discussion**

##### **a. HIV / AIDS Control Policy**

National government HIV / AIDS prevention efforts contained in the National AIDS Strategy 2015-2019 are a reference for HIV / AIDS prevention efforts in the city of Banjarmasin. In addition to the National HIV / AIDS Prevention Strategy, the government is also implementing an accelerated / Fast-track program in the prevention of HIV / AIDS as an intensive and comprehensive prevention effort suitable for areas of high prevalence. The issuance of Presidential Regulation number 76 of 2005 as a commitment of the government in the prevention of HIV / AIDS. The commitment of the government in the prevention of HIV / AIDS can be seen from the formation of the AIDS Commission with the issuance of Presidential Regulation Number 76 of 2005. Although in the course of the policy the changes occurred because they were informed that the validity period of the KPAN (National AIDS Commission) had expired based on Presidential Regulation Number 124 Year 2016 on 31 December 2017. Nonetheless, the efforts to prevent HIV / AIDS by the KPAN continued under the auspices of Ministry of Health in the Director General of P2P Ministry of Health.

The National HIV / AIDS Strategy is a proof of the government's commitment to tackling HIV / AIDS and this is the Blue Print to fight HIV / AIDS in Indonesia. Therefore, national, provincial and global government policies are the basis for consideration in efforts to prevent HIV / AIDS in the city of Banjarmasin. The response of the Banjarmasin City Government in efforts to prevent HIV / AIDS is by issuing Local Regulation Number 11 of 2012 concerning HIV / AIDS Control in the City of Banjarmasin. The response to the issuance of this Regional Regulation is a top-down policy model. because it is assumed to be a government

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initiative itself and is run by the government (Van Meter and Van Horn, 1975). When a policy in the form of government initiative and formulated by the government does not guarantee that the policy that has been made will run well.

The implementation of HIV / AIDS control policies in the city of Banjarmasin is inseparable from the national HIV / AIDS prevention and control policy. Efforts to prevent, control and deal with AIDS are mandated in Presidential Regulation No. 75 of 2006 to avoid major health, social, political and economic impacts.

This response effort is also contained in the National Strategy and Action Plan for the Prevention of HIV and AIDS 2015-2019 which has the general objective of accelerating 3 zero, namely zero new infections, zero deaths from AIDS, zero stigma & discrimination.

The national HIV / AIDS strategy and plan is a reference for regions to implement HIV / AIDS control and control programs. However, the success of controlling HIV / AIDS in an area will differ depending on the characteristics and conditions of the area.

As in the area of Banjarmasin City which is the highest AIDS number from 13 regencies / cities in South Kalimantan Province. From the data of the South Kalimantan Provincial Health Office in 2018, the city area of Banjarmasin has the highest accumulation of AIDS, amounting to 387 people.

The increase in HIV / AIDS cases in Banjarmasin City was in response to the Banjarmasin City government by issuing Regional Regulation No. 11/2012 on controlling HIV / AIDS in Banjarmasin City. The existence of this regulation is expected to be a legal umbrella for local governments in implementing HIV / AIDS control efforts as an effort to suppress the spread of HIV / AIDS in the city of Banjarmasin.

The rate of spread of HIV / AIDS in the city of Banjarmasin has increased from year to year, since Regional Regulation No. 11 of 2012 has been set up until now there has been an increase in the number of cases of HIV / AIDS by 787 people until 2019. This explains that with the increasing number of people with HIV / AIDS from year to year there are still many HIV / AIDS sufferers who have not yet been identified, this is because the characteristics of HIV / AIDS is an iceberg phenomenon that is identified only on the surface.

The health office, AIDS Prevention Commission and NGOs have tried to screen and collect data on people infected with HIV / AIDS, but to detect someone infected with HIV requires a considerable time of about 5-10 years. This means that if someone is infected with HIV then the symptoms of illness will appear in a long period of time.

With the increase in HIV / AIDS cases in Banjarmasin City, the government has tried to control HIV / AIDS by making regional regulation number 11 of 2012 on controlling HIV / AIDS in Banjarmasin City, but the implementation of these regional regulations has not been maximized, due to several agencies involved in the regulation the area did not know the local regulation.

In an effort to achieve the goal it is not easy, considering the increase in the number of people with HIV / AIDS is increasing and requires a long time until the onset of symptoms. This is because the spread of HIV / AIDS is like an iceberg phenomenon which suggests that there

will continue to be an increase in AIDS sufferers because it has not been identified from time to time. The table below will show the number of HIV / AIDS sufferers by age group in Banjarmasin City from 2012 to 2018.

Table.5.1 HIV / AIDS sufferers by age group in Banjarmasin City for the period 2012 - 2018

Age group	2012	2013	2014	2015	2016	2017	2018
≤ 1 years	0	0	0	0	0	0	0
1 – 4 years	1	3	4	3	1	5	3
5 – 14 years	0	0	3	0	0	1	0
15 – 19 years	0	3	2	1	4	7	3
22 – 29 years	25	22	31	48	57	78	48
30 – 39 years	34	18	29	30	54	59	43
40 – 49 years	10	7	20	14	20	20	26
50 – 59 years	6	0	1	6	6	12	13
≥ 60 years	0	2	1	1	2	0	0
Total	76	55	91	103	144	182	136

Source: 2019 Banjarmasin City Health Office (processed by researchers)

The number of people registered as HIV / AIDS sufferers was formally determined from the Banjarmasin City Health Office Report, 2019. The picture above is an explanation of the increasing number of HIV / AIDS cases in Banjarmasin City in the period 2012-2018. The increase in cases of HIV / AIDS in the city of Banjarmasin from 2012 amounted to 76 people and continues to increase until 2018 by 136 people, this has contributed to an increase in the number of sick people and increased the number of unemployed people due to the inability of HIV / AIDS sufferers to carry out activities.

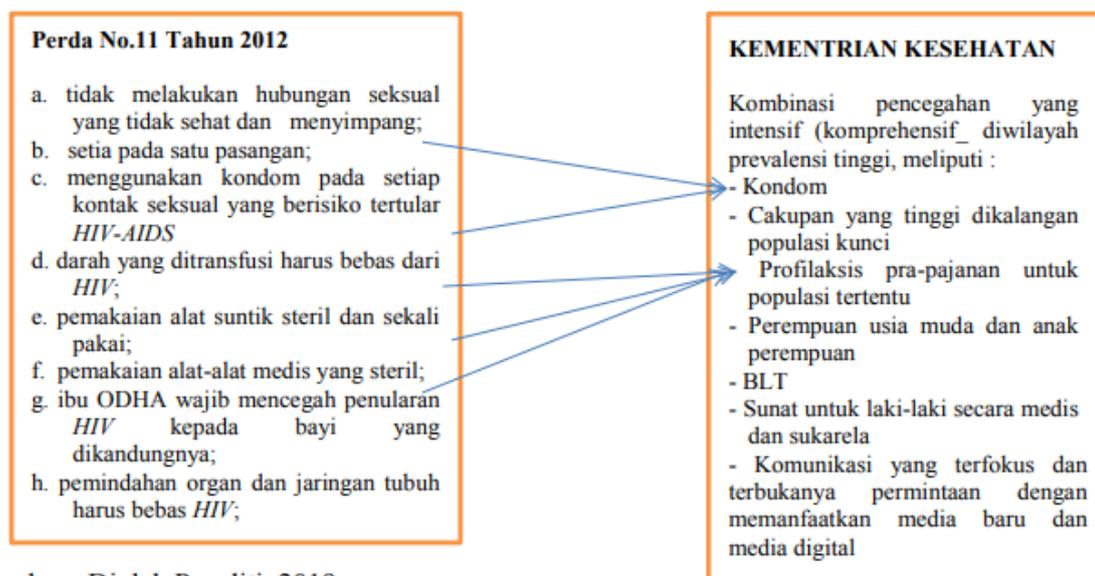
HIV / AIDS prevention efforts in the city of Banjarmasin will not be separated from the national HIV / AIDS response, while the national government's HIV / AIDS prevention efforts have been included in the National AIDS Strategy in 2015 - 2019. In addition, the National Government has also made efforts to accelerate HIV prevention / AIDS through the acceleration / Fast-track program which is an intensive and comprehensive control effort suitable for areas of high prevalence.

#### **b. Program suitability to needs**

Regional Regulation Number 11 of 2012 concerning HIV / AIDS Prevention in the city of Banjarmasin was made to achieve the stated goals. With the goals set in the regional regulation with the intention to be able to reduce the rate of transmission of HIV / AIDS cases in the city of Banjarmasin. The implementation of HIV / AIDS prevention policy cannot be separated from the values and culture that exists in the community, this will lead to conflict both personally and in groups in the community.

HIV / AIDS prevention efforts in the city of Banjarmasin that have been implemented are as follows:

Gambar 6.3 Upaya Pencegahan HIV/AIDS



Sumber : Diolah Peneliti, 2019

To find out whether the policy implementation is carried out appropriately or not, we must know the suitability of the program with the needs of the target group (Ripley, 1986). Delay or mismatch in the implementation of policies with the needs of the target will cause failure in achieving the stated policy objectives. Ripley also mentioned that what affects the implementor's compliance to run the policy is the complexity of a program that is seen from the rules of the program and seen from the dynamic implementation instructions. In addition, the compliance of the implementor to implement prevention programs is one that supports the successful implementation of policies (Ripley, 1986).

In this case the HIV / AIDS prevention policy in the city of Banjarmasin does not yet have a mayor union or technical guidelines for the implementation of HIV / AIDS prevention so the instructions for implementing the HIV / AIDS prevention policy cannot be said to be successful. HIV / AIDS prevention efforts based on regional regulation Number 11 of 2012 in Banjarmasin City aims to control AIDS in Banjarmasin City.

If seen from the prevention efforts that are carried out are still low, HIV / AIDS prevention efforts carried out only in general as a routine carried out like the previous program and not focused on the largest AIDS community target group, namely MSM. This means that more attention needs to be given to the MSM community, because apart from the MSM community it is still veiled and the possibility of spreading is higher because sexual activities can be carried out to fellow men and women alike. This situation shows that the HIV / AIDS prevention program in the MSM community has not yet become the main consideration in efforts to prevent HIV / AIDS. Therefore, the prevention program implemented by the Ministry of Health, namely fast-track or efforts to accelerate the high coverage among key

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populations can be applied in the city of Banjarmasin. In addition, prevention programs carried out by the government are not focused on one organization so it will be difficult to monitor the success of a program. Therefore we need an organization or institution that focuses on coordinating prevention, so far the role has been carried out by the AIDS Commission, but due to limited funds, the AIDS Commission in the city of Banjarmasin since the end of 2018 has not carried out activities in HIV / AIDS prevention efforts.

The compliance of HIV / AIDS prevention policy implementors in Banjarmasin City in implementing regional regulation number 11 of 2012 in Banjarmasin City is still low. This is in addition because the local regulation has not been socialized so that the implementor concerned does not feel responsible. In addition, also because it considers that HIV / AIDS prevention efforts are still not urgent (priority) because there are still more priority agency programs. The low compliance of the implementor is also due to the opinion of stakeholders that if the case of HIV / AIDS is raised it will affect the position of Banjarmasin City as a recipient of Adipura.

Efforts to prevent HIV / AIDS require the spread of information to the whole community, especially to the productive age group because the high number of HIV / AIDS sufferers in the city of Banjarmasin is focused on the productive age group. This requires communication and information focused on the target group, and also the need for the use of digital media in disseminating information. Communication through digital media is very appropriate, considering the target group is a productive age community which is very close to technological progress. Almost all members of our community are close to digital media, so it will be very easy to spread information about HIV / AIDS prevention through digital media.

## **5. Conclusion**

Based on the results of the analysis that has been presented, it can be concluded that the Implementation of HIV / AIDS Control Policy in the City of Banjarmasin is not going well because the implementation of the policy has not been effective because of the incompatibility of HIV / AIDS control programs with the needs of high risk communities in the city of Banjarmasin. And the lack of participation of many actors and coordination support in efforts to control HIV / AIDS

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### **Author's Contributions**

All co-authors have made a substansial contribution to the manuscript, they revised it critically for important content and approved the final version.

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