

RESEARCH ARTICLE

Study of HIV-AIDS Policy Implementation in the Jakarta Region

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Abstract

Background: PMK No. 23 Year 2022 mandates that the regulation of HIV, AIDS, and STI (Sexually Transmitted Infection) response aims to reduce to eliminate new HIV and STI infections; reduce to eliminate disability and death caused by AIDS-related conditions and STIs; eliminate stigmatization and discrimination against people infected with HIV and STIs; improve the health status of people infected with HIV and STIs; and reduce the social and economic impacts of HIV, AIDS, and STIs on individuals, families and communities. This policy has not been stated in detail in the DKI Jakarta Regional Regulation No. 5 of 2008.

Methods: The population in this study were all health centers in DKI Jakarta. Sampling was purposive. There were 5 participants for FGDs from Sudinkes. While interviews with health centers were conducted with 8 participants. Respondents who filled out the survey related to knowledge and implementation of programs or policies related to HIV-AIDS were 36 people from program holders in 6 (six) areas of DKI Jakarta.

Results: The program implementers at the sub-district health office and Puskesmas level expected a change in the local regulation that can overshadow every activity carried out.

Conclusions: There is a need for changes to the new DKI Jakarta Regional Regulation that is more comprehensive and refers to the PMK in 2022 with a priority on mobilizing broader partnerships.

Keywords: HIV-AIDS policy, local regulation of DKI Jakarta, PMK 2022.

1. Introduction

HIV-AIDS is a health problem that threatens Indonesia and many countries around the world. HIV (Human Immunodeficiency Virus) is a virus that attacks the human immune system which will cause AIDS. AIDS (Acquired Immuno Deficiency Syndrome) itself is a collection of disease symptoms caused by the HIV virus that damages the human immune system.

DKI Jakarta is among the top four provinces with the highest number of HIV and AIDS cases in Indonesia along with Papua, Bali and East Java. The Ministry of Health estimates that there are 109,676 PLWHA (People Living with HIV-AIDS) in Jakarta [1].

The DKI Jakarta Provincial Government has launched the 'Jakarta Memanggil' program in 2020 by collaborating with the United States Agency for International Development (USAID) and FHI 360 as one of the efforts to overcome the problem of HIV-AIDS as a public health program that aims to invite all health workers, especially at the Puskesmas and clinic levels to take action to accelerate planned and integrated HIV-AIDS prevention to realize an AIDS-Free Jakarta by 2030 [2]. This is part of strengthening cooperation with partners/NGOs that are still needed in the implementation of the program.

The 'Jakarta Memanggil' program will contribute more optimally if the City Health Office improves the

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coordination of all HIV-AIDS response efforts in their respective areas through strengthening the frontline health workers, namely Puskesmas and partner clinics. Health workers from 42 sub-district Puskesmas and 4 partner clinics in Jakarta will compete to achieve program targets in accordance with a global initiative called Fast-Track: Cities Ending the AIDS Epidemic by 2030. The Fast-Track initiative calls on all major cities in the world to achieve the 90-90-90 goal: 90% of people living with HIV know their HIV status, 90% of those diagnosed HIV positive get and stay on ARV treatment, and 90% of those on treatment achieve viral load suppression as a sign of successful treatment.

The issue of HIV among millennials in Indonesia is also an important concern. Data from the Ministry of Health notes the high risk of HIV-AIDS among this generation. The HIV-AIDS Situation Report for the first quarter of 2021 presents that until March 2021, cumulative HIV cases reported in Indonesia were 427,201 cases and tend to increase every year. The highest number of cases occurred in the millennial generation, especially in the 15-24 age group at 20.7%. The report also highlighted various risk factors such as lack of knowledge, unsafe sexual behavior, injection drug use, and stigma towards people with HIV-AIDS as the main causes of this problem. The impacts include impaired physical and mental health, decreased productivity, and significant social stigma [3]. The report emphasizes the need for a comprehensive strategy to address this issue and empower the younger generation with knowledge and preventive measures.

The UNAIDS report states that ending AIDS by 2030 is possible and requires political and financial commitment from countries and their leaders. The report highlights the progress made in the response to HIV, including the large-scale scale-up of ART, which has helped reduce new HIV infections and AIDS-related deaths. However, the report also notes that progress has been uneven, and much remains to be done to reach the 2030 targets [4,5].

Improving access to healthcare and psychosocial support for people with HIV-AIDS as well as reducing stigma and discrimination is the next focus to move past this challenge. These methods can be achieved through increased education on human and moral values. If millennials and scouts work together, this initiative is expected to support the running of HIV-AIDS prevention and control programs more efficiently and effectively. Through this collaboration,

it is hoped that the community can be more active and concerned about global health challenges, creating a healthier and more supportive environment for all. In addition, efforts to optimize the millennial generation in HIV prevention involve the use of technology, education, awareness campaigns, and collaboration with various parties to achieve HIV prevention program goals [6].

2. Aim of the work

The aim of the study was to assess policy about HIV-AIDS implementation in Jakarta, Indonesia.

3. Material and Methods

This study used a survey method where primary data collection used questionnaires through google form and interviews with HIV-AIDS program holders through online FGDs. Secondary data were obtained through literature study. The population in this study was all health centers in the DKI Jakarta area. Purposive sampling for FGDs which was adjusted to the access and budget of researchers. The sample of this study were P2P HIV-AIDS Program Holders in the Sub-Department of Health and Sub-District Health Centers in DKI Jakarta. Participants for FGDs from Sudinkes amounted to 5 people. While interviews with Puskesmas were conducted with 8 participants representing 5 DKI Jakarta Regions. Respondents who filled out the survey related to knowledge and implementation of programs or policies related to HIV-AIDS amounted to 36 people from program holders in 6 (six) regions of DKI Jakarta.

This study has also passed the ethical review by the Ethics Committee of the Poltekkes Kemenkes Jakarta III, Indonesia with No. LB.02.02/08671/2023 and has applied three basic ethical principles, namely respecting the dignity of others, not causing harm, and justice. The study began with an explanation of its purpose and obtained voluntary consent from the respondents. All data were kept confidential and used for research purposes only.

4. Results

The results of the quantitative study were analyzed univariately describing the samples taken in the working areas of DKI Jakarta, namely the Person in Charge of the HIV-AIDS Program at the Sub-District Health Office and Puskesmas. The sample size was 36 respondents. The data presented are the characteristics of respondents, characteristics of policies implemented and suggestions for HIV-AIDS programs. While the results of the qualitative

research were analyzed thematically describing the participants' experience in implementing HIV-AIDS program in the working area of DKI Jakarta, namely the person in charge of HIV-AIDS program in the

sub-district health office as many as 5 people and representatives of the sub-district health center as many as 8 people.

4.1 Overview of Respondent Characteristics

Table 1. Characteristics of respondents based on gender and length of service

Variable	n	%
Gender		
Male	4	11,1
Female	32	88,9
Length of Service as Coordinator of HIV-AIDS Program		
Less than 1 year	6	16,7
1-3 years	10	27,8
3-5 years	7	19,4
More than 5 years	13	36,1

Table 1 shows that the majority of respondents were female with a length of service as the person in charge of the HIV-AIDS program of more than 5 years at 36.1%.

4.2 Characteristics of Health Center

36 respondents came from Puskesmas of Cengkareng, Makasar, Pasar Rebo, Grogol Petamburan, Kalideres, Palmerah, Pesanggrahan, Cakung, Cempaka Putih,

Cilincing, Duren Sawit, Gambir, Jatinegara, Johar Baru, Kebon Jeruk, Sawah Besar, Cipayung, Kebayoran, Pancoran, Penjaringan, Setiabudi, Taman Sari, Tambora, Kelapa Gading, Kemayoran, Kembangan, Koja, Pademangan, Pasar Minggu, Senen, South and North Thousand Islands Health Center, Angsamerah Fatmawati Clinic, Kebayoran Baru Regional Hospital, Tebet Regional Hospital, and East Jakarta Health Department.

4.3 Characteristics of Respondents in the Existing Policy

Table 2. Characteristics of Respondents in the Existing Policy (n=36)

Variable	n	%
Part of the development & establishment team of DKI Regional Regulation Number 5/2008		
Yes	3	8,3
No	33	91,7
Involvement in Provincial (KPAP) or City/District (KPAK) HIV-AIDS Commission		
Ever	19	52,8
Never	15	41,7
Don't know	2	5,6
Involvement in the drafting of PMK Number 23/2022		
Yes	2	5,6
No	34	94,4

Table 2. shows that the characteristics of the majority of respondents were not part of the local regulation development and formation team (91.7%), while

52.8% of respondents had been involved in KPAP or KPAK and 94.4% were not involved in the preparation of PMK no. 23 of 2022.

4.4 Jakarta Memanggil 2020 Program

Table 3. Characteristics of Respondents in the 'Jakarta Memanggil Program' (n=36)

Variable	n	%
Part of the 'Jakarta Memanggil Program' Team in 2020		
Yes	21	58,3
No	15	41,7

The 'Jakarta Memanggil program' has a great impact on the community		
Disagree	1	2,8
Less agree	10	27,8
Strongly agree	25	69,4
The 'Jakarta Memanggil program' still requires additional resources at the Puskesmas		
Disagree	1	2,8
Less agree	5	13,9
Strongly agree	30	83,3

Table 3 shows that most respondents have been involved in the Jakarta Memanggil program in 2020, 58.3%. Respondents strongly agreed that the Jakarta Memanggil program had a great impact on the community and still needed additional resources at the Puskesmas.

The Jakarta Memanggil 2020 Gamification Program has resulted in Action 1 where $\geq 95\%$ of newly diagnosed PLHIV immediately enter care and Action 2 where $\geq 80\%$ of PLHIV who enter care receive rapid ART. Figure 1. Level 3 Gamification Winning Sudinkes

4.5 Respondents' Knowledge related to HIV-AIDS Policy

Table 4. Respondents' Knowledge related to HIV AIDS Policy (n=36)

Variable	n	%
DKI Jakarta targets to be free from HIV-AIDS by 2030		
False	2	5,6
True	34	94,4
DKI Jakarta Regional Regulation No. 5 of 2008 is the latest regional regulation on HIV-AIDS Response		
False	7	19,4
True	24	66,7
Don't know	5	13,9
The most recent Permenkes (PMK) on HIV, AIDS and STI Response is PMK No. 23 years 2022		
True	36	100
DKI Jakarta is in the top four provinces with the highest number of HIV and AIDS cases in Indonesia along with Papua, Bali and East Java		
False	4	11,1
True	32	88,9
The 'Jakarta Memanggil' program is one of the efforts to overcome the problem of HIV-AIDS as a public health program that aims to invite all health workers, especially at the Puskesmas level to take action to accelerate HIV-AIDS response		
True	35	97,2
Don't know	1	2,8
The regulation of HIV, AIDS, and STI response in PMK 23 of 2022 aims to reduce to eliminate new HIV and STI infections; reduce to eliminate disability and death caused by AIDS-related conditions and STIs		
True	36	100

Table 4 shows that most respondents answered correctly regarding the existing policies for HIV AIDS response programs.

4.6 Respondents' knowledge related to DKI Jakarta Regional Regulation No. 5 of 2008

Table 5. Respondents' knowledge related to DKI Jakarta Regional Regulation No. 5/2008 (n=36)

Variable	n	%
Whether the objectives or targets are clearly stated?		
Yes	24	66,7
No	2	5,6
Don't know	10	27,8
Whether the objectives or targets are clearly stated?		
Yes	19	52,8

No	3	8,3
Don't know	14	38,9
Whether the requirements for implementing the policy are clearly stated?		
Yes	22	61,1
No	2	5,6
Don't know	12	33,3
Whether the policy implementation requirements can be met with existing resources (manageable)?		
Yes	22	61,1
No	4	11,1
Don't know	10	27,8
Does the policy content explain the implementation monitoring mechanism?		
Yes	18	50,0
No	4	11,1
Don't know	14	38,9
Does the policy set indicators to assess the success of its achievement?		
Yes	20	55,6
No	5	13,9
Don't know	11	30,6
Does the policy set indicators to assess the success of its achievement?		
Yes	22	61,1
No	2	5,6
Don't know	12	33,3
Whether the policy implementation has taken place in accordance with the policy objectives or objectives is measured based on success indicators?		
Yes	17	47,2
No	4	11,1
Don't know	15	41,7
Has the policy been implemented in accordance with policy requirements?		
Yes	18	50,0
No	3	8,3
Don't know	15	41,7
Do policy activities produce policy outputs that are in accordance with policy success indicators?		
Yes	16	44,4
No	4	11,1
Don't know	16	44,4
Does the policy have an impact and influence on society?		
Yes	19	52,8
No	3	8,3
Don't know	14	38,9
Does the impact and influence of the policy contribute to solving community problems and interests?		
Yes	19	52,8
No	2	5,6
Don't know	15	41,7

Table 5 shows that most of the respondents stated that the policy of DKI Jakarta Local Regulation No. 5 of 2008 for HIV-AIDS response program gives impact and influence to the community and contributes to problem solving.

4.7 Respondents' Attitude related to DKI Jakarta Local Regulation No. 5 of 2008

Table 6. Characteristics of Respondents' Attitudes related to DKI Jakarta Regional Regulation No. 5 of 2008 (n=36)

Variable	n	%
This regulation must be updated immediately because it has been too long		
Disagree	2	5,6
Less agree	3	8,3
Strongly agree	31	86,1
The regulation must be revised because there is already a new PMK in 2022		
Less agree	2	5,6
Strongly agree	34	94,4
Local regulations need to be revised because the goal of DKI Jakarta being AIDS-free in 2030 still requires strengthening local policies		
Strongly agree	36	100
DKI's local regulations must refer to global and national demands		
Strongly agree	36	100
DKI Jakarta Regional Regulation on HIV-AIDS Response refers to the latest scientific evidence		
Strongly agree	36	100

Table 6 shows that most respondents strongly agreed if changes or revisions were made to the DKI Local Regulation No. 5/2008.

4.8 Respondents' Attitude related to a Policy

Table 7. Characteristics of Respondents' Attitudes regarding a Policy (n=36)

Variable	n	%
A policy explains the implementation monitoring mechanism		
Less agree	2	5,6
Strongly agree	34	94,4
A policy sets indicators to assess the success of its achievement		
Less agree	1	2,8
Strongly agree	35	97,2
A policy is able to solve problems		
Disagree	1	2,8
Less agree	1	2,8
Strongly agree	34	94,4
A policy provides benefits and costs that are distributed fairly and evenly to all levels of society		
Disagree	1	2,8
Strongly agree	35	97,2

Table 7 shows that most respondents strongly agree if a policy can explain the implementation monitoring mechanism, set indicators to assess success, be able to solve problems and provide benefits and costs distributed fairly and equitably.

The results of the focus group discussion (FGD) to the person in charge of HIV-AIDS in the sub-district health office and sub-district health center in DKI Jakarta region obtained one theme related to the "Jakarta Memanggil" program policy, which is very helpful, especially in terms of screening HIV patients.

Informant 1: "Ehm for the program itself, if we think it is very helpful, yes. Where there are 2 criteria for patients who are given the first 10% of ODA diagnosed with HIV and 80% of ODA who are drug dependent. That is very helpful, which if we delay it, the possibility of these patients recovering is very high, so those who are diagnosed are immediately treated and immediately if possible there is a companion. We usually contact the relevant hospital directly".

Informant 4: "Um, mom, Alhamdulillah, it has a good impact. So it also encourages friends in the service

because there are many targets to be achieved.” Informant 6: “And the Jakarta call, yes, this is actually our target that has already been set, but with the Jakarta call, it is even more important to reach the target. But actually it is the duty of each health center to achieve these targets, that’s all.”

Informant 7: “Alhamdulillah, for us Jakarta call, even before Jakarta call we were already active ehm 1 year or 2 years ago actively promoting 1000 tests per sub-district ... Heeh, so all patients at risk, including NCD patients and eh what the elderly we tested for HIV so ee indeed to achieve the target anyway. So, but thank God that way it turns out, in addition to key populations, we also get a lot of positives.”

5. Discussion

The Indonesian government is committed to achieving three zeros by 2030: zero new HIV infections, zero AIDS-related deaths, and zero stigma and discrimination. This is known as the Zero AIDS Movement 2030. The goal is supported by the Ministry of Health through various programs, one of which is accelerating access to antiretroviral therapy (ART) for people living with HIV-AIDS (PLWHA). By 2020, the ministry hopes to provide ART to 258,340 PLWHA. In addition, the government is trying to increase access to HIV prevention and treatment services, especially for certain demographic groups such as people who have sex with men, sex workers, and injecting drug users [7,8].

This stigma from the community is also one of the risk factors for high rates of HIV-AIDS among millennials in addition to lack of knowledge, unsafe sexual behavior, and injection drug use. This results in physical and mental health problems, decreased productivity, and significant social stigma. Therefore, a comprehensive strategy is needed to address this issue and empower the younger generation with knowledge and preventive measures.

The results showed that most respondents had been involved in the Jakarta Memanggil program in 2020, 58.3%. Respondents strongly agreed that the Jakarta Memanggil program has a great impact on the community and still requires additional resources at the Puskesmas. The fourth theme also found that the Jakarta Memanggil program is very helpful, especially in terms of screening HIV patients. This strengthens the results of policy-related research found that the collaborative governance process of HIV-AIDS response in DKI Jakarta has generally been running well, but there are several things that

need to be improved to encourage the collaborative governance process of the actors, including the need to increase the intensity of meetings between actors and improve the leadership role of the AIDS Commission as a collaborative institution for HIV-AIDS response in DKI Jakarta Province [9,10].

Policy evaluation is a mechanism for monitoring and assessing interventions that are being carried out or have been implemented against policies, programs, projects, and activities to ensure the entire process is goal-oriented. The need to evaluate whether the impact or influence is actually generated from the policy being evaluated and identify the benefits and effectiveness of a policy as a measure of policy impact or influence [11].

The results of the study also stated that 100% of respondents strongly agreed if the revision of Local Regulation No. 5 of 2008 was carried out because the goal of AIDS-free DKI Jakarta in 2030 still needed to strengthen regional policies. 86.1% of respondents strongly agreed to revise Local Regulation No. 5 Year 2008 because it has been too long (almost 15 years). 94.4% of respondents strongly agreed to revise Local Regulation No. 5 Year 2008 because there is already a new policy as a reference, namely Permenkes No. 23 Year 2022 [12,13]. 100% of respondents strongly agreed that the new regulation should refer to global and national demands and be based on scientific evidence. This is in accordance with the results of research that the implementation of HIV-AIDS prevention policies in DKI Jakarta Province has not been fully implemented due to low community participation, lack of financial support from the local government, weak knowledge transfer in the staff transition process, and unclear job descriptions of some KPAP (Provincial AIDS Commission) elements [14,15]. The policy of the DKI Regional Regulation of 2008 is currently incomplete when compared to the Permenkes No. 23 of 2022 [16,17].

6. Conclusions

1. DKI Jakarta Regional Regulation No. 5 Year 2008 needs improvement and refinement. The Jakarta Memanggil program still needs to be continued and improved. Permenkes No. 23 Year 2022 is a reference in the improvement of the DKI Regional Regulation related to HIV-AIDS prevention.
2. The drafting of the new DKI Jakarta Regional Regulation related to HIV-AIDS and STI Response refers to Permenkes No. 23 of 2022.
3. Strengthening, enhancing, and developing

partnerships and participation across sectors, private sector, community organizations/communities, communities and stakeholders related to improving and expanding community access to comprehensive and quality screening, diagnostic and treatment services for HIV, AIDS, and STIs through the Jak-Anter program.

4. Increased health promotion activities, prevention of transmission, surveillance, and case management.

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