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# 1 **Implementation of HIV/AIDS prevention policies: Study in** 2 **Bali Province, Indonesia**

## 3 **Abstract**

4 This paper presents an overview of the policies and efforts of the provincial  
5 government of Bali, Indonesia, to tackle the development of HIV/AIDS. This study  
6 considers the socio-cultural context and analyzes the factors that are most likely to  
7 influence its spread, the response of the community, and the local government's efforts  
8 to form an Provincial AIDS commission whose movement is supported by the village  
9 government and the community to suppress the spread of HIV/AIDS. The author  
10 observes the micro factors that most determine this program, such as attitudes,  
11 behaviors, and desires of policy-making actors, stakeholders, implementing  
12 organizations, adequacy of human resources, financial funds, information, education,  
13 communication, advocacy, regional languages, the role of students, and field workers. ,  
14 and local culture in preventing the spread of HIV/AIDS. Therefore, this research does  
15 not focus on just one dimension in efforts to deal with this outbreak. Following the  
16 application of public policy theory, all potential contributing elements must be  
17 addressed simultaneously. This requires a truly interdisciplinary and multisectoral  
18 approach that needs to be understood by policymakers in other provinces where the  
19 prevalence of HIV/AIDS is quite high. This effort also requires commitment and  
20 strong political will from levels of government.

21 **Keywords:** local government policies, HIV/AIDS prevention, advocacy,  
22 communication, regional languages, the role of students, field workers, local culture.

## 23 **Introduction**

24 Sexually transmitted diseases (STDs), Human Immunodeficiency Virus (HIV),  
25 and Acquired Immunodeficiency Syndrome (AIDS) continue to pose a threat to the  
26 world's population. According to data from the World Health Organization (WHO),  
27 in 2018, 37.9 million people were living with HIV, and the most sufferers were in  
28 Africa, with a total of 25.7 million people. In 2000 there were 1.4 million people who  
29 died, and in 2018, there were 770 thousand people who died from HIV/AIDS.  
30 According to the estimates of the Joint United Nations Program on HIV/AIDS (Ocran  
31 et al., 2022), Indonesia has the largest number of people living with HIV in Southeast  
32 Asia, namely around 540,000 people in 2021(Khodayari-Zarnaq et al.,  
33 2021)(UNAIDS, 2019).

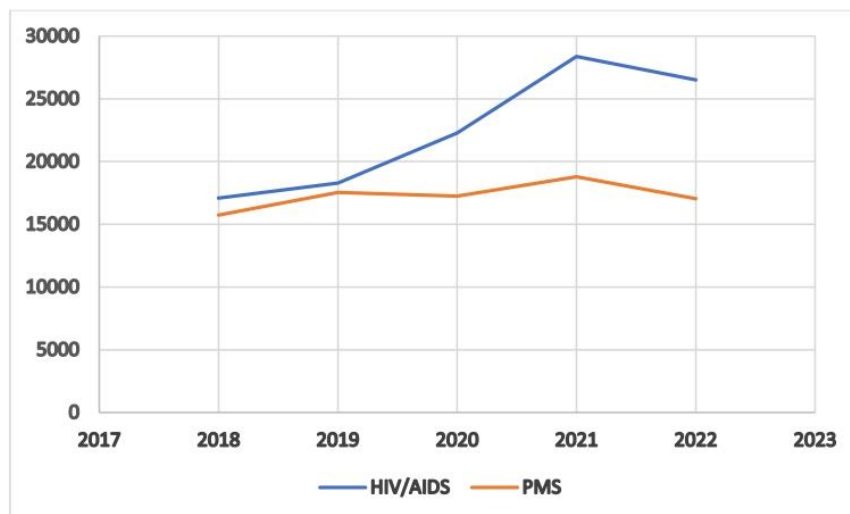
34 The Balipost newspaper reveals that HIV/AIDS was first discovered in  
35 Indonesia in 1983 on the island of Bali. News of HIV-AIDS only spread in 1987 when  
36 a Dutch foreign tourist died in Bali Province with signs of AIDS infection. News of  
37 the spread of HIV/AIDS has caused tourist visits to decline. At that time, the news  
38 about AIDS was terrifying. It was reported that the HIV/AIDS virus is a virus that  
39 attacks the immune system so that all kinds of diseases can enter the body and can  
40 cause instant death (Citta, 2019).

41 In Indonesia, HIV/AIDS is recognized as a national social health problem, and  
42 since 1994, the President of the Republic of Indonesia has established the Central  
43 AIDS Commission (CAC) by Presidential Decree No. 36 of 1994. CAC aims to carry  
44 out efforts to prevent and control AIDS. In Bali Province, CAC has proposed the

45 formation of an AIDS Commission (BAC). According to the Ministry of Health, the  
 46 development of HIV/AIDS cases has continued to increase drastically in the past five  
 47 years. This increase is because the province of Bali is a world tourism area. The  
 48 accumulation of HIV/AIDS cases during the COVID-19 pandemic is a cause for  
 49 concern and requires serious strategies and management.

50 Ministry of Health data also shows that the spread of HIV-AIDS in Bali is  
 51 happening very quickly compared to 33 other provinces in Indonesia. The reasons  
 52 include the high population growth rate due to urbanization and the visits of tourists  
 53 from abroad facilitating the transmission and spread of HIV/AIDS. To overcome this  
 54 problem, the Governor of Bali made a policy by establishing BAC based on Decree  
 55 No. 544 of 1994. However, this BAC did not run effectively because the  
 56 organizational structure was unstable and did not perform well.

57 In January 2022, the Ministry of Health released the Province of Bali, which  
 58 is in the top 10 with the most cases of HIV/AIDS. Bali occupies the sixth position with  
 59 the most cases of HIV/AIDS. Data on HIV cases in Indonesia are Jakarta Province  
 60 with 90,958 cases, East Java with 78,238 cases, West Java with 57,426 cases, Central  
 61 Java with 47,417 cases, Papua with 45,638 cases, Bali with 28,376 cases, North  
 62 Sumatra with 27,850 cases, Banten 15,167 cases, South Sulawesi 14,810 cases, and  
 63 the Islands. Riau 12,943 cases. STDS and HIV/AIDS case data in the province of Bali  
 64 are presented in the following table.



65 Source: Bali AIDS Commission, 2022

66 **Figure 1.** HIV-AIDS cases in Bali province in 2017-2022

67 The picture above is the latest data reported by the Bali AIDS Commission.  
 68 However, as STDS and HIV/AIDS experts know, this data cannot yet determine the  
 69 actual number because the number of people living with HIV/AIDS is an ice  
 70 phenomenon. Sufferers of STDs and HIV/AIDS never report their illness because they  
 71 are embarrassed and they do not want other people to know about it. The data obtained  
 72 may only be 10% of the actual data. Therefore, the government, BAC, asked the public  
 73 and sufferers of STDs and HIV/AIDS to come to the community health center or  
 74 hospital.  
 75



76 Therefore, to tackle the spread of HIV/AIDS, the Governor of Bali signed the  
77 Sanur Commitment Movement by all Governors, Regents, and Mayors. Among the  
78 contents of the Sanur Commitment is strengthening and empowering the role and  
79 function of KPA Bali.

80 In its implementation, the efforts made by the Government and KPA Bali to  
81 accelerate the prevention of the spread of HIV/AIDS have succeeded in reducing the  
82 transmission rate and promoting healthy living. The success of the Province of Bali in  
83 accelerating the handling of the transmission of STDs and HIV/AIDS won an award  
84 from the Ministry of Health in 2022. The Best Award Certificate 1 for the  
85 Achievements of the 2022 HIV/AIDS and PIMS Program for the Province of Bali was  
86 received by I Wayan Widia, Head of Disease Prevention and Control at the Provincial  
87 Health Office Bali, in Jakarta, on January 31, 2023 (Balitopnews, 2023).

88 This research seeks to find out the steps taken by the provincial government and  
89 BAC Bali so that they have succeeded in reducing HIV/AIDS cases in the Province of  
90 Bali. Therefore, it is necessary to carry out scientific studies on government policies,  
91 policy implementation, the Sanur movement, and community movements to support  
92 efforts to prevent and transmit HIV/AIDS.

## 93 **2. Literature Review**

94 Some of the literature that raises the causes of increasing cases of HIV/AIDS  
95 and STDs report their association with low socioeconomic status. This is due to reports  
96 released by developing and underdeveloped countries (Haakenstad et al., 2019). But  
97 data on the empirical relationship of SES with HIV/AIDS is mixed with other factors  
98 beyond control (Fang et al., 2008).

99 There are many reasons for the increasing cases of HIV/AIDS and STDs, for  
100 example, from migrants. Studies in China of migrant women who work in  
101 entertainment or personal service establishments, nightclubs, dance halls, barbershops,  
102 beauty salons, and massage parlors are the causes of behavior toward HIV/AIDS  
103 (Yang et al., 2005). Transmission of HIV/AIDS occurs through the oral cavity, and  
104 the effects of highly active antiretroviral therapy (ART) on the diversity of oral flora  
105 in HIV-infected/acquired immune deficiency syndrome (AIDS) patients and spread to  
106 other patients (Cao et al., 2022).

107 In connection with government policies to tackle the spread of HIV/AIDS, a  
108 study in Iran conducted by Khodayari-Zarnaq et al. (2021) revealed the  
109 multidimensional nature of HIV/AIDS, namely that there are many stakeholders  
110 involved in HIV/AIDS control, active and potential in this field. However, there is no  
111 unified system to involve all stakeholders in HIV/AIDS policy-making. Therefore, an  
112 upstream entity is needed to coordinate and mobilize all stakeholders in managing and  
113 controlling HIV/AIDS—worker studies regarding coordination that does not work  
114 between institutions.

115 The Zambia study adopted a strategic communication policy and an  
116 HIV/AIDS implementation policy. Governments rely on formal and informal channels  
117 to communicate testing and drug policy changes to all healthcare providers.  
118 Elaborating a National HIV/AIDS Action Strategy has resulted in little awareness of  
119 this policy by frontline providers. Stakeholder agreement using a top-down concept,  
120 limited training of health workers, and financing harms implementing changes to the

121 test and treat policy for all (Zakumumpa et al., 2023). In contrast to Rwanda, the HIV  
 122 self-test policy improvement program (HIVST) was successful because it was very  
 123 dependent on the involvement of relevant stakeholders. (Dzinamarira et al., 2020).

124 In Ghana, school-based comprehensive sex education (CSE) counseling has  
 125 been carried out, effectively preventing HIV among young people aged 10-24.  
 126 However, Ghana's national sexual and reproductive health education policy lacks an  
 127 overarching policy and was identified as a factor that could influence the orientation  
 128 of school-based health educators, create disharmony in sex education interventions,  
 129 introduce sex education messages that appeal to young people, and create potentially  
 130 narrow curricula to limit the overall HIV/AIDS (Ocran et al., 2022). This program is  
 131 not considered effective in its implementation. Based on the experiences of many  
 132 countries in implementing policies on the spread of HIV/AIDS prevention, we can  
 133 learn to create practical steps in the future by developing strategic plans and being  
 134 supported by the government and society.

### 135 3. Methodology

136 This research method uses a qualitative approach with phenomenological  
 137 studies, namely a type of research that seeks to explain something through the way  
 138 people experience it or the meaning of something (or phenomena) in the minds of the  
 139 audience studied by researchers (Nigar, 2020) (Khan, 2019). This method is supported  
 140 through in-depth interviews by compiling a list of interviews (DeJonckheere &  
 141 Vaughn, 2019). The author formulates various eligibility criteria for interview lists by  
 142 considering the research objectives (Ishtiaq, 2019). To compile a list of interviews, the  
 143 author explored literacy in various online media regarding the effectiveness of  
 144 implementing HIV/AIDS policies and programs and government, NGO, and  
 145 community partnerships to reduce the spread of HIV/AIDS. After compiling the list  
 146 of interviews, the writer tested the list of interviews.

147 Furthermore, researchers determine informants who understand and are  
 148 directly involved in this research topic. Researchers have access to information that  
 149 can identify participants during or after data collection. The selection of key  
 150 informants was carried out using a purposive sampling technique (Etikan, 2016).  
 151 Table 1 below shows the number of informants interviewed.

152 **Table 1.** Key informants

No	Name	Institutions
1	Mr. Yahya Anshori	BAC Provinsi Bali
2	Mr. Wayan Diana	Head of BAC Media Program Management
3	Mr. Gede Agus Suryadinata	Bali Provincial Health Office: Prevention and Control of Infectious Diseases
4	Ms. Tri Indarti	Head of Denpasar City Health Office
5	Mr. A.A.N. Gede Dhamayuda	Head of the Disease Control and Eradication Program Division of the Denpasar City Health Service
6	Mr. Made Adi Mantra	Director of the Bali Health Foundation (NGO)
7	Ms. Ni Luh Made Suwari	Paramacitta Spirit Foundation (NGO)
8	Ms. Putu Padma Praesti	Chairman of the Management Program for AIDS and Drug Concern Student Groups
9	Mr. I Gusti Putu Agung JT	Head of the Bali Province AIDS Care Village Cadre Management Program (NGO)
10	Ms. I Wayan Yuni Ambara	The District Health Office, Division of Communicable Disease Prevention and Control

11	Ms. Yurike Ferdinandus	Community Members with HIV/AIDS (people with HIV/AIDS disease (PLWHA))
12	Ms. Yuni Nengah	Community Members with HIV/AIDS Community Members with HIV/AIDS (people with HIV/AIDS disease (PLWHA))

153 Source: by researchers, 2022.

154 **4. Results**

155 (1). Adequacy of Human Resources

156 The adequacy of human resources is a significant factor in the success of a  
 157 program. Adequacy of human resources related to competence, skills, and personal  
 158 abilities to tackle the spread of STDs and HIV/AIDS. Human resources are an  
 159 essential requirement for performance in the rush skit and community health center.  
 160 Community health center is the spearhead of health services and is at the grassroots  
 161 level. In order to determine the adequacy of human resources, interviews were  
 162 conducted as follows.

163 In order to overcome these obstacles, Mr. Yahya Anshori initially BAC  
 164 prepared a strategic plan, as explained:

165 We have developed a Strategy and Action Plan at the city, district, and  
 166 village levels. The goal is that there is a standard procedure for carrying  
 167 out AIDS prevention efforts in Bali. A strategic plan needs to be made with  
 168 indicators and SOPs for handling STDs and HIV/AIDS specifically. Then,  
 169 this plan was disseminated to BAC human relation and health extension  
 170 workers.

171 Regarding the readiness of human resources, Anshori explained:

172 We have sufficient human resources in the office and field to socialize and  
 173 implement HIV/AIDS prevention policies. At the village level, BAC Bali  
 174 needs field extension workers and counselors. Therefore, additional village  
 175 extension officers are needed for the extension program and outreach to the  
 176 community to be adequately implemented. We involve students from  
 177 various tertiary institutions as field workers who do not need to be paid;  
 178 they actively provide case reports daily through the whats-up group. In the  
 179 future, we hope that there will be an easy HIV/AIDS case application for  
 180 data collection on PLHIV.

181 Ms. Putu Padma Praesti of The Management Program for AIDS and Drug  
 182 Concern Student Groups at the provincial level adds:

183 BAC has a lot of human resources, and their ability and quality are qualified,  
 184 but there are still a few who need to understand standard operating  
 185 procedures. To improve performance, BAC needs to strengthen institutional  
 186 capacity by increasing the capacity of field extension workers. Interestingly,  
 187 currently, BAC recruits field counselors from students and 1 HIV/AIDS  
 188 extension officer in each village, where they actively report cases every day  
 189 through the WhatsApp group.

190 In an interview with Ms. I Wayan Yuni Ambara, the District Health Office,  
 191 Division of Communicable Disease Prevention and Control, she explained:

192 We have HIV/AIDS prevention experts, voluntary counseling and testing (VCT)  
193 service experts, and sexually transmitted infections primary care workers.  
194 Experts make it easier for us to refer to people living with HIV/AIDS.

195 She suggested:

196 We propose that the addition of several laboratories with complete facilities at  
197 the district level is urgently needed so that the process of handling HIV/AIDS  
198 cases can run well and quickly.

199 Interviews were also conducted with community members infected with  
200 HIV/AIDS in the district. Ms. Yurike Ferdinandus explained:

201 We see STDs and HIV/AIDS service workers on standby at every health center  
202 and regional hospital. We also see there are health workers for VCT and  
203 Postmortem computed tomography (PMCT) services. We also always find  
204 extension workers who actively disseminate STD and HIV/AIDS prevention to  
205 people's homes. We consider these extension workers necessary because most  
206 people do not understand about People Infected with STDs and HIV/AIDS can  
207 transmit the disease to other people.

## 208 (2). Adequacy of Financial funds

209 In order to tackle the spread of STDs and HIV/AIDS, an adequate budget is  
210 needed. The budget is an essential thing in the HIV/AIDS prevention program. An  
211 interview with Mr. Yahya Anshori (BAC) obtained the following information.

212 In particular, the treatment of HIV/AIDS patients is different from diseases in  
213 general. The government has provided health funding assistance to purchase  
214 ambulances, vehicle maintenance costs, purchase medicines, produce IEC  
215 brochures, and socialize the prevention of STDs and HIV/AIDS to the public.  
216 The budget is IDR 1,395,861,500 (equivalent to US\$ 95,000) per month.  
217 These funds are channeled to districts and cities. At the village level,  
218 additional funds are needed for local NGOs that work with BAC. We have  
219 submitted a budget to the Provincial Government and Central BAC so that  
220 STDS and HIV/AIDS cases can be handled earlier and more quickly.

221 Head of the Provincial Level AIDS and Drug Concern Student Management  
222 Program, Ms. Putu Padma Praesti, added:

223 Field teaching from students is enough. Now we improve our capabilities, skills,  
224 and expertise. Going forward, additional funds need to be added to strengthen  
225 the implementation of the Socialization and KIE programs.

226 In an interview with Mr. Gede Dharmayuda, Head of the Disease Control and  
227 Eradication Program Division of the Denpasar City Health Service, he explained:

228 At the district and village levels (central health), additional funds are needed to  
229 procure medicines and medical devices—for example, reagents and ARVs, so  
230 that the health services for PLHIV can be appropriately handled.

231 Interviews were also conducted with community members infected with  
232 HIV/AIDS in the district. Ms. Yuni Nengah explained:

233 The government has prepared drugs for the prevention of HIV/AIDS. For  
234 example, ARV drugs can be obtained at provincial, city, and district hospitals.

235 However, the Covid-19 pandemic has hampered, and obtaining medicine has  
236 become more complex. Maybe most of the health funds were diverted to  
237 tackling the Covid-19 pandemic. However, with the end of Covid-19, the  
238 availability of ARV drugs has recovered and is easy to obtain.

### 239 (3). The Role of the Implementing Organization

240 The success factor of a policy/program lies in the role of the implementing  
241 organization, as indicated by the structure, bureaucracy, norms, and patterns of  
242 relationships that occur (Ahmad et al., 2017). In the province of Bali, patterns of  
243 community relations can be seen in norms, values, habits, and customs, which are  
244 symbols of the community always obeying the culture that has existed for generations  
245 (Gedela et al., 2020) (Basyir 2019). It turns out that a strong culture has helped the  
246 Balinese people to accelerate the prevention of the spread of STDs and HIV/AIDS  
247 (Runiari et al., 2018).

248 Interview with Mr. Yahya Anshori (BAC) Province of Bali, he explained:

249 The activities carried out so far have been organized. For example, STD and  
250 HIV/AIDS outreach programs. Pregnant women coordinated with field  
251 counseling. Thanks to the success and cooperation of the sales team, the  
252 program for pregnant women exceeded the target. In addition, the handling and  
253 administration of drugs to sufferers of STDs and HIV/AIDS cases also  
254 exceeded the target. We collaborate with cross-sectors and communities, and it  
255 is going well. The governor has instructed that efforts to tackle HIV/AIDS must  
256 be carried out comprehensively, and BAC has a role in initiating and advocating  
257 for stakeholders and the community.

258 An interview with Putu Padma Praesti, Head of the AIDS Management Program and  
259 Drug Concern Student Group at the provincial level, said:

260 BAC has played the best role, where BAC always controls the performance of  
261 hospitals and health centers through coordination with the Health Office. BAC  
262 also controls staff and field extension workers every day. Regularly encourage  
263 staff and field extension workers, for example, by mingling with field extension  
264 workers at the desk. The community feels comfortable and excited because they  
265 are cared for by BAC.

266 The results of an interview with Mr. Made Adi Mantra, Director of the Bali Health  
267 Foundation who is an Activist for Harm Reduction, an NGO in Bali, expressed his  
268 opinion:

269 HIV/AIDS prevention programs have been carried out jointly. The Bali Health  
270 Foundation is a partner of BAC. We play a role as assistants and community  
271 educators about STDs, HIV/AIDS, and pregnant women. We are always  
272 involved in cross-sectoral meetings and BAC programs and evaluate programs  
273 in the field.

274 In an interview with Mrs. I Wayan Yuni Ambara from the Communicable Disease  
275 Prevention and Control Division explained:

276 We have a role in supporting logistics, ARV drugs, and service delivery to  
277 improve the quality of life for PLWHAs. We are members of BAC meetings



278 and programs/activities, such as resource persons in seminars, webinars, and  
279 outreach at the village office.

280 (4). Actor's dispositions

281 Disposition is defined as policy actors' attitude, behavior, and desire to  
282 implement the policy (Knoepfel et al., 2011). Disposition has an essential role in  
283 implementing HIV/AIDS policy and influences the success of the HIV/AIDS program  
284 (McRobie et al., 2017) (Handayani et al., 2021).

285 Interview with Mr. Yahya Anshori (BAC) regarding the role of actors is  
286 explained as follows.

287 The provincial government always controls programs implemented by BAC.  
288 We must always pay attention to key populations and the general population  
289 and advocate, initiate, monitor, and evaluate every program that involves  
290 stakeholders. All stakeholders, such as health offices in provinces, cities,  
291 districts and hospitals, health centers, NGOs, student movements, village  
292 governments, and health educators, participate in efforts to prevent HIV/AIDS.  
293 All stakeholders have the same desire, attitude, and goals to play a role, and  
294 BAC unites their desires and needs to tackle STD and HIV/AIDS problems.

295 Ms. Interview tri Indarti, Head of Denpasar City Health Office, she explained that:

296 The city government wishes that STDs and HIV/AIDS in Denpasar and the  
297 province of Bali can be reduced. We have socialized it to traditional villages in  
298 all cities and districts in Bali. Prevention in the general population in the  
299 province of Bali has been carried out intensively because the Healthy Village  
300 program of the Ministry of Health supports it. So, all BACs in districts and  
301 cities have been formed and developed this program. We also coordinate with  
302 the Department of Culture and the Traditional Village Assembly. They  
303 budgeted aid funds for this program.

304 Furthermore, the interview was conducted at Ms. Ni Luh Made Suwari  
305 Paramacitta Spirit Foundation, Bali. She explained as follows.

306 We are STD and HIV/AIDS prevention activists, hoping that our family will be  
307 free from HIV/AIDS. Therefore, at meetings with clients, we always provide  
308 health information and education. There are many obstacles in the field, and  
309 dealing with high-risk community members is difficult. Examples are IDU  
310 users, sex workers, and sexual customers. BAC and the Bali Health Foundation  
311 have coordinated and contributed regarding the early detection of these cases  
312 and referred them to the community health center. Some of those we counsel  
313 do not care about what is said; even though it is difficult, we must keep trying  
314 because changing people's attitudes requires patience.

315 The Head of the Disease Control and Eradication Program Division of  
316 Denpasar City said:

317 In our services for STDs and people living with HIV/AIDS, we are no longer  
318 focused on quantity but on the quality of life. People living with HIV/AIDS  
319 has been routinely carrying out ARV therapy. We are currently making a  
320 policy so that PLWHAs or Balinese residents can be served. The city/regency

321 health office has a stock of ARVs for the next six months, which will be  
322 distributed by the Ministry of Health.

323 (5). Communication Factor

324 The implementation of STD and HIV/AIDS control policies and programs is  
325 determined by communication factors (Suparmi et al., 2020). Communication must be  
326 delivered accurately and consistently. Communication failures hinder policy  
327 implementers from achieving success in the STDS and HIV/AIDS prevention  
328 programs (Mehra et al., 2014) (Djellouli & Quevedo-Gómez, 2015).

329 Interview with Mr. Yahya Anshori (BAC) Province of Bali, he explained:

330 Two strategies are carried out by BAC, namely verbal and non-verbal  
331 communication. We do this verbally with correspondence, brochures, leaflets,  
332 booklets, and banners in local languages that are easier for the public to  
333 understand. As for non-verbal communication, we visit to people living with  
334 HIV/AIDS and the general public and meet places at the village office. At every  
335 activity at the provincial, city, district, traditional village, and community  
336 meetings, BAC is here to provide information with communications that are  
337 easy for them to understand. The effects, impacts, and examples of STDs and  
338 HIV/AIDS are easily understood by the public.

339 He continued his description,

340 For example, BAC invites and involves all stakeholders in commemorating the  
341 Archipelago AIDS Reflection Night and World AIDS Day. We have carried  
342 out outreach and communication on HIV/AIDS prevention through film  
343 screenings. For example, the film Nyiramang Layon has been socialized on  
344 social media and other mass media in collaboration with the Cadre of AIDS  
345 Care Journalists.

346 Mr. Made Adi Mantra, the Reduction Director of the Bali Health  
347 Foundation, added the description:

348 Information, education, and communication activities are conducted for  
349 regional officials, students, and the community. The goal is for them to know  
350 the dangers of STDs, HIV, and AIDS. To support the acceleration of  
351 information, we held socialization by distributing flyers at red lights, essential  
352 events, and the Province of Bali birthdays.

353 Mr. Gede Dharmayuda from the Health Service, Communicable Disease  
354 Prevention and Control Division said:

355 The key to success in handling HIV prevention and control lies in ongoing  
356 communication and outreach activities. At meetings discussing the HIV/AIDS  
357 program, it is necessary to insert regulations that strengthen efforts to deal with  
358 HIV/AIDS. Communication exists between stakeholders, for example, routine  
359 reporting on the results of carrying out tasks in the field, findings, reports, and  
360 difficulties in education services so that people with HIV/AIDS disease  
361 (PLWHAs) want to come to the health center and consume ARVs regularly.

362 Furthermore, he added:



363 Given the background of the various levels of community awareness and  
364 participation. In this case, it is necessary to carry out routine communication  
365 and approaches so that the public is open to providing information about the  
366 importance of self-examination for high-risk behavior. The success rate of HIV  
367 prevention can be seen if sufferers routinely consume the drug.

368 Interview with Mr. Wayan Diana, Head of the BAC Media Program  
369 Management district, he said:

370 In our experience in the field, sometimes miscommunication occurs when  
371 carrying out obligations and duties. The solution is that in public  
372 communication, we must use language easily understood by the public,  
373 accompanied by examples they understand every day.

#### 374 **4. Discussion**

375 The spread of HIV/AIDS cases is concentrated in three districts: Denpasar, Badung,  
376 and Buleleng Regencies. Of the three regencies, the highest cases were found through  
377 injecting drugs in Denpasar Regency. The average age of people living with  
378 HIV/AIDS in Denpasar ranges from 20-29 years with a total of 10,162 cases (37.9%);  
379 Aged 30-39 years with a total of 9,594 cases (33.6%) of the total cases (Triwidiyanti,  
380 2022).

381 This data shows that the young age group, especially between 20-39 years, is  
382 vulnerable to the spread of HIV/AIDS in Bali. The steps taken by the provincial  
383 government and BAC Bali to map the area are the first steps to successfully reducing  
384 HIV/AIDS cases in the Province of Bali. Mapping this area makes it very easy for  
385 BAC to reach and handle the spread of people living with HIV/AIDS in the province  
386 of Bali. Area mapping is one of the strategies included in the BAC strategic plan  
387 (Collins, 2019). These key populations are very important and can reach all the  
388 necessary information by addressing a wide range of options (Stonbraker et al., 2017).

389 In accordance with the theoretical model of public policy implementation, in  
390 order for the implementation of public policy to be successful, at least five key factors  
391 must be met, namely the adequacy of human resources, the adequacy of final funds,  
392 the role of implementing organizations, actor dispositions, and communication.  
393 (Finsterwalder et al., 2022). Other factors that support the five factors can be added,  
394 namely the involvement of field extension cadres, student involvement, the use of  
395 WhatsApp communication tools, an easy referral system, the availability of medicines,  
396 and especially the role of NGOs. (Berenguera et al., 2011).

397 In this context, the communication factor is decisive in reducing the success  
398 of the spread of HIV/AIDS (Melkote et al., 2014). Research on communication factors  
399 has been conducted by the Department for International Development UK, The Global  
400 Fund, the Ministry of Health, and the National AIDS Commission of Burkina Faso,  
401 Ghana, and Senegal. They concluded that language needs to be considered in planning  
402 HIV/AIDS-related health communications in a development context (Batchelor et al.,  
403 2019). The role of the IEC also greatly contributed to this success (Mahapatra, 2014).

404 Learn from studies in China which the causes of behavior towards HIV/AIDS  
405 (Lai et al., 2020) and the failure of HIV/AIDS prevention policies (Francis, 2012), or  
406 studies in Iran reveal that there is no unified system to involve all stakeholders in the  
407 HIV/AIDS policy-making process (Khodayari-Zarnaq et al., 2021), and studies that

408 generate little awareness of the policy by frontline providers (Simoooya et al., 2023),  
409 or the government that failed to carry out comprehensive sex education outreach to  
410 young people (Keogh et al., 2018), The Provincial Government of Bali does not want  
411 to repeat the same mistake. The Province of Bali can learn from many countries in  
412 Rwanda, which were able to implement a policy to improve the HIV self-test program,  
413 and it was implemented successfully because it depended heavily on the involvement  
414 of relevant stakeholders (Dzinamarira et al., 2020).

415         Based on the experiences of many countries in implementing policies to  
416 combat the spread of HIV/AIDS, the Province of Bali can learn to create practical  
417 steps in the future by developing strategic plans and being supported by the  
418 government and the community.

419         In the research, we conducted in the Province of Bali, Indonesia,  
420 communication from field extension workers who came to villagers' homes and  
421 students at red lights and open fields, in markets, and leaflets, booklets, and banners  
422 in Balinese felt more effective than the primary language, namely Balinese. Indonesia.  
423 Likewise, stakeholders who go down to the village hall and to the health center to  
424 advocate for the community (Koesbardiati et al., 2017), and a friendly approach to  
425 people with HIV/AIDS disease is also needed (Mohammadi et al., 2021).

426         The adequacy of human resources is a major factor in the success of an  
427 HIV/AIDS program (Owan et al., 2022). Adequacy of human resources related to  
428 competence, skills, and personal abilities to tackle the spread of STDs and HIV/AIDS.  
429 Human resources are an essential requirement for performance in hospitals and health  
430 centers. Community health center is the spearhead of health services and is at the  
431 grassroots level (Kurniawan et al., 2017). Because of this, the Bali government  
432 realizes that the success of the HIV/AIDS prevention program is not only due to strong  
433 institutions and abundant funds but coordination and involvement of all aspects of  
434 society from the top to the grassroots. Studies on coordination in the implementation  
435 of HIV/AIDS programs have been carried out by Khosla et al. (2016).

## 436 **5. Conclusion**

437         The success of HIV/AIDS prevention in the Province of Bali, Indonesia, is due  
438 to many factors. These include reforming the institutional system by establishing the  
439 Provincial AIDS Commission, inter-stakeholder coordination and cross-sector  
440 collaboration, regional mapping activities, involvement of NGOs, mobilization of  
441 students and field officers to accelerate understanding of the dangers of STDs and  
442 HIV/AIDS, adequacy and capacity of human resources and field workers, adequate  
443 funds, advocacy, and good communication and easily understood by the community,  
444 an easy referral system, monitoring the performance of field staff, the use of  
445 WhatsApp to speed up the handling of STDs and PLHIV.

446         The most important activity in developing countries for government programs  
447 to be successful is to disseminate useful causes through communication, information,  
448 and education to grassroots communities. IEC activities are very useful because Bali  
449 is a world tourism area, and many grassroots people are illiterate or do not understand  
450 the impact of HIV/AIDS. Dissemination of IEC activities for HIV/AIDS through field  
451 counseling, university activities, and continuous support from public actors in the  
452 villages is an important aspect of the success of this program.

453 **Declaration of Interest Statement**

454 The authors declare no competing interests.

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## 2. Bukti Konfirmasi Review dan Hasil Review Pertama(21 Agustus 2023)

[JIPD] Article-2287 Major Revision Request External Inbox x



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Ula Du <ula.du@ep-pub.net>  
to me, Azhari ▾

Mon, Aug 21, 2023, 5:03 PM ☆ ↶ ⋮

Dear authors,

Thank you for submitting the following manuscript to Journal of Infrastructure, Policy and Development:

Manuscript ID: JIPD-2287  
Title: Implementation of HIV/AIDS prevention policies: Study in Bali Province, Indonesia  
Authors: I Made Sumada, Azhari Aziz Samudra

It has been reviewed by experts in the field and we request that you make major revisions before it is processed further. Please find the review reports attached.

Please revise the manuscript according to the reviewers' comments and email me the revised file before 4th September. Any revisions should be clearly highlighted, for example using the "Track Changes" function in Microsoft Word, so that changes are easily visible to the editors and reviewers. Please provide a cover letter to explain point-by-point the details of the revisions in the manuscript and your responses to the reviewers' comments. Please include in your rebuttal if you found it impossible to address certain comments. The revised version will be inspected by the editors and reviewers.

If the reviewers have suggested that your manuscript should undergo extensive English editing, please address this during revision. We suggest that you have your manuscript checked by a native English speaking colleague or use a professional English editing service.

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Do not hesitate to contact us if you have any questions regarding the revision of your manuscript.

We look forward to hearing from you soon.

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Best regards,  
Ms. Ula Du  
Assistant Editor



# 1 **Implementation of HIV/AIDS prevention policies: Study in** 2 **Bali Province, Indonesia**

## 3 **Abstract**

4 This paper presents an overview of the policies and efforts of the provincial  
5 government of Bali, Indonesia, to tackle the development of HIV/AIDS. This study  
6 considers the socio-cultural context and analyzes the factors that are most likely to  
7 influence its spread, the response of the community, and the local government's efforts  
8 to form an Provincial AIDS commission whose movement is supported by the village  
9 government and the community to suppress the spread of HIV/AIDS. The author  
10 observes the micro factors that most determine this program, such as attitudes,  
11 behaviors, and desires of policy-making actors, stakeholders, implementing  
12 organizations, adequacy of human resources, financial funds, information, education,  
13 communication, advocacy, regional languages, the role of students, and field workers. ,  
14 and local culture in preventing the spread of HIV/AIDS. Therefore, this research does  
15 not focus on just one dimension in efforts to deal with this outbreak. Following the  
16 application of public policy theory, all potential contributing elements must be  
17 addressed simultaneously. This requires a truly interdisciplinary and multisectoral  
18 approach that needs to be understood by policymakers in other provinces where the  
19 prevalence of HIV/AIDS is quite high. This effort also requires commitment and  
20 strong political will from levels of government.

21 **Keywords:** local government policies, HIV/AIDS prevention, advocacy,  
22 communication, regional languages, the role of students, field workers, local culture.

## 23 **Introduction**

24 Sexually transmitted diseases (STDs), Human Immunodeficiency Virus (HIV),  
25 and Acquired Immunodeficiency Syndrome (AIDS) continue to pose a threat to the  
26 world's population. According to data from the World Health Organization (WHO),  
27 in 2018, 37.9 million people were living with HIV, and the most sufferers were in  
28 Africa, with a total of 25.7 million people. In 2000 there were 1.4 million people who  
29 died, and in 2018, there were 770 thousand people who died from HIV/AIDS.  
30 According to the estimates of the Joint United Nations Program on HIV/AIDS (Ocran  
31 et al., 2022), Indonesia has the largest number of people living with HIV in Southeast  
32 Asia, namely around 540,000 people in 2021(Khodayari-Zarnaq et al.,  
33 2021)(UNAIDS, 2019).

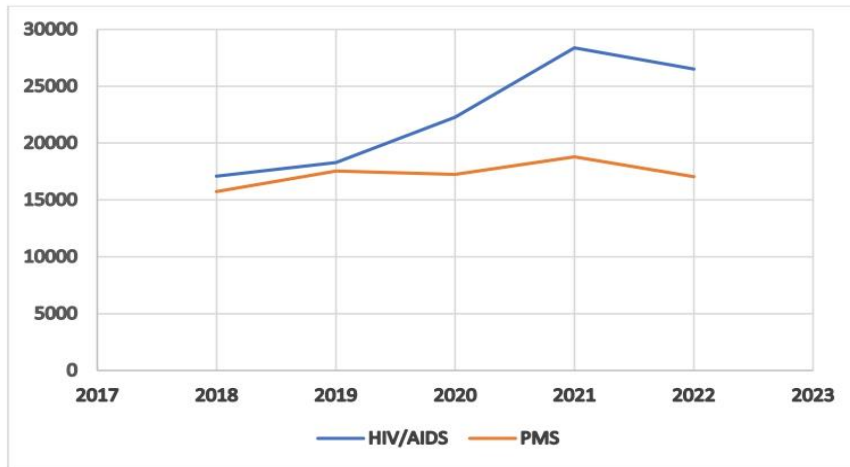
34 The Balipost newspaper reveals that HIV/AIDS was first discovered in  
35 Indonesia in 1983 on the island of Bali. News of HIV-AIDS only spread in 1987 when  
36 a Dutch foreign tourist died in Bali Province with signs of AIDS infection. News of  
37 the spread of HIV/AIDS has caused tourist visits to decline. At that time, the news  
38 about AIDS was terrifying. It was reported that the HIV/AIDS virus is a virus that  
39 attacks the immune system so that all kinds of diseases can enter the body and can  
40 cause instant death (Citta, 2019).

41 In Indonesia, HIV/AIDS is recognized as a national social health problem, and  
42 since 1994, the President of the Republic of Indonesia has established the Central  
43 AIDS Commission (CAC) by Presidential Decree No. 36 of 1994. CAC aims to carry  
44 out efforts to prevent and control AIDS. In Bali Province, CAC has proposed the

45 formation of an AIDS Commission (BAC). According to the Ministry of Health, the  
46 development of HIV/AIDS cases has continued to increase drastically in the past five  
47 years. This increase is because the province of Bali is a world tourism area. The  
48 accumulation of HIV/AIDS cases during the COVID-19 pandemic is a cause for  
49 concern and requires serious strategies and management.

50 Ministry of Health data also shows that the spread of HIV/AIDS in Bali is  
51 happening very quickly compared to 33 other provinces in Indonesia. The reasons  
52 include the high population growth rate due to urbanization and the visits of tourists  
53 from abroad facilitating the transmission and spread of HIV/AIDS. To overcome this  
54 problem, the Governor of Bali made a policy by establishing BAC based on Decree  
55 No. 544 of 1994. However, this BAC did not run effectively because the  
56 organizational structure was unstable and did not perform well.

57 In January 2022, the Ministry of Health released the Province of Bali, which  
58 is in the top 10 with the most cases of HIV/AIDS. Bali occupies the sixth position with  
59 the most cases of HIV/AIDS. Data on HIV cases in Indonesia are Jakarta Province  
60 with 90,958 cases, East Java with 78,238 cases, West Java with 57,426 cases, Central  
61 Java with 47,417 cases, Papua with 45,638 cases, Bali with 28,376 cases, North  
62 Sumatra with 27,850 cases, Banten 15,167 cases, South Sulawesi 14,810 cases, and  
63 the Islands. Riau 12,943 cases. STDS and HIV/AIDS case data in the province of Bali  
64 are presented in the following table.



65 Source: Bali AIDS Commission, 2022

66 **Figure 1.** HIV/AIDS cases in Bali province in 2017-2022

67  
68 The picture above is the latest data reported by the Bali AIDS Commission.  
69 However, as STDS and HIV/AIDS experts know, this data cannot yet determine the  
70 actual number because the number of people living with HIV/AIDS is an ice  
71 phenomenon. Sufferers of STDs and HIV/AIDS never report their illness because they  
72 are embarrassed and they do not want other people to know about it. The data obtained  
73 may only be 10% of the actual data. Therefore, the government, BAC, asked the public  
74 and sufferers of STDs and HIV/AIDS to come to the community health center or  
75 hospital.

76 Therefore, to tackle the spread of HIV/AIDS, the Governor of Bali signed the  
77 Sanur Commitment Movement by all Governors, Regents, and Mayors. Among the  
78 contents of the Sanur Commitment is strengthening and empowering the role and  
79 function of KPA Bali.

80 In its implementation, the efforts made by the Government and KPA Bali to  
81 accelerate the prevention of the spread of HIV/AIDS have succeeded in reducing the  
82 transmission rate and promoting healthy living. The success of the Province of Bali in  
83 accelerating the handling of the transmission of STDs and HIV/AIDS won an award  
84 from the Ministry of Health in 2022. The Best Award Certificate 1 for the  
85 Achievements of the 2022 HIV/AIDS and PIMS Program for the Province of Bali was  
86 received by I Wayan Widia, Head of Disease Prevention and Control at the Provincial  
87 Health Office Bali, in Jakarta, on January 31, 2023 (Balitopnews, 2023).

88 This research seeks to find out the steps taken by the provincial government and  
89 BAC Bali so that they have succeeded in reducing HIV/AIDS cases in the Province of  
90 Bali. Therefore, it is necessary to carry out scientific studies on government policies,  
91 policy implementation, the Sanur movement, and community movements to support  
92 efforts to prevent and transmit HIV/AIDS.

## 93 **2. Literature Review**

94 Some of the literature that raises the causes of increasing cases of HIV/AIDS  
95 and STDs report their association with low socioeconomic status. This is due to reports  
96 released by developing and underdeveloped countries (Haakenstad et al., 2019). But  
97 data on the empirical relationship of SES with HIV/AIDS is mixed with other factors  
98 beyond control (Fang et al., 2008).

99 There are many reasons for the increasing cases of HIV/AIDS and STDs, for  
100 example, from migrants. Studies in China of migrant women who work in  
101 entertainment or personal service establishments, nightclubs, dance halls, barbershops,  
102 beauty salons, and massage parlors are the causes of behavior toward HIV/AIDS  
103 (Yang et al., 2005). Transmission of HIV/AIDS occurs through the oral cavity, and  
104 the effects of highly active antiretroviral therapy (ART) on the diversity of oral flora  
105 in HIV-infected/acquired immune deficiency syndrome (AIDS) patients and spread to  
106 other patients (Cao et al., 2022).

107 In connection with government policies to tackle the spread of HIV/AIDS, a  
108 study in Iran conducted by Khodayari-Zarnaq et al. (2021) revealed the  
109 multidimensional nature of HIV/AIDS, namely that there are many stakeholders  
110 involved in HIV/AIDS control, active and potential in this field. However, there is no  
111 unified system to involve all stakeholders in HIV/AIDS policy-making. Therefore, an  
112 upstream entity is needed to coordinate and mobilize all stakeholders in managing and  
113 controlling HIV/AIDS—worker studies regarding coordination that does not work  
114 between institutions.

115 The Zambia study adopted a strategic communication policy and an  
116 HIV/AIDS implementation policy. Governments rely on formal and informal channels  
117 to communicate testing and drug policy changes to all healthcare providers.  
118 Elaborating a National HIV/AIDS Action Strategy has resulted in little awareness of  
119 this policy by frontline providers. Stakeholder agreement using a top-down concept,  
120 limited training of health workers, and financing harms implementing changes to the

121 test and treat policy for all (Zakumumpa et al., 2023). In contrast to Rwanda, the HIV  
 122 self-test policy improvement program (HIVST) was successful because it was very  
 123 dependent on the involvement of relevant stakeholders. (Dzinamarira et al., 2020).

124 In Ghana, school-based comprehensive sex education (CSE) counseling has  
 125 been carried out, effectively preventing HIV among young people aged 10-24.  
 126 However, Ghana's national sexual and reproductive health education policy lacks an  
 127 overarching policy and was identified as a factor that could influence the orientation  
 128 of school-based health educators, create disharmony in sex education interventions,  
 129 introduce sex education messages that appeal to young people, and create potentially  
 130 narrow curricula to limit the overall HIV/AIDS (Ocran et al., 2022). This program is  
 131 not considered effective in its implementation. Based on the experiences of many  
 132 countries in implementing policies on the spread of HIV/AIDS prevention, we can  
 133 learn to create practical steps in the future by developing strategic plans and being  
 134 supported by the government and society.

### 135 3. Methodology

136 This research method uses a qualitative approach with phenomenological  
 137 studies, namely a type of research that seeks to explain something through the way  
 138 people experience it or the meaning of something (or phenomena) in the minds of the  
 139 audience studied by researchers (Nigar, 2020) (Khan, 2019). This method is supported  
 140 through in-depth interviews by compiling a list of interviews (DeJonckheere &  
 141 Vaughn, 2019). The author formulates various eligibility criteria for interview lists by  
 142 considering the research objectives (Ishtiaq, 2019). To compile a list of interviews, the  
 143 author explored literacy in various online media regarding the effectiveness of  
 144 implementing HIV/AIDS policies and programs and government, NGO, and  
 145 community partnerships to reduce the spread of HIV/AIDS. After compiling the list  
 146 of interviews, the writer tested the list of interviews.

147 Furthermore, researchers determine informants who understand and are  
 148 directly involved in this research topic. Researchers have access to information that  
 149 can identify participants during or after data collection. The selection of key  
 150 informants was carried out using a purposive sampling technique (Etikan, 2016).  
 151 Table 1 below shows the number of informants interviewed.

152 **Table 1.** Key informants

No	Name	Institutions
1	Mr. Yahya Anshori	BAC Provinsi Bali
2	Mr. Wayan Diana	Head of BAC Media Program Management
3	Mr. Gede Agus Suryadinata	Bali Provincial Health Office: Prevention and Control of Infectious Diseases
4	Ms. Tri Indarti	Head of Denpasar City Health Office
5	Mr. A. A. N. Gede Dhamayuda	Head of the Disease Control and Eradication Program Division of the Denpasar City Health Service
6	Mr. Made Adi Mantra	Director of the Bali Health Foundation (NGO)
7	Ms. Ni Luh Made Suwari	Paramacitta Spirit Foundation (NGO)
8	Ms. Putu Padma Praesti	Chairman of the Management Program for AIDS and Drug Concern Student Groups
9	Mr. I Gusti Putu Agung JT	Head of the Bali Province AIDS Care Village Cadre Management Program (NGO)
10	Ms. I Wayan Yuni Ambara	The District Health Office, Division of Communicable Disease Prevention and Control

11	Ms. Yurike Ferdinandus	Community Members with HIV/AIDS (people with HIV/AIDS disease (PLWHA))
12	Ms. Yuni Nengah	Community Members with HIV/AIDS Community Members with HIV/AIDS (people with HIV/AIDS disease (PLWHA))

153 Source: by researchers, 2022.

#### 154 4. Results

##### 155 (1). Adequacy of Human Resources

156 The adequacy of human resources is a significant factor in the success of a  
 157 program. Adequacy of human resources related to competence, skills, and personal  
 158 abilities to tackle the spread of STDs and HIV/AIDS. Human resources are an  
 159 essential requirement for performance in the rush skit and community health center.  
 160 Community health center is the spearhead of health services and is at the grassroots  
 161 level. In order to determine the adequacy of human resources, interviews were  
 162 conducted as follows.

163 In order to overcome these obstacles, Mr. Yahya Anshori initially BAC  
 164 prepared a strategic plan, as explained:

165 We have developed a Strategy and Action Plan at the city, district, and  
 166 village levels. The goal is that there is a standard procedure for carrying  
 167 out AIDS prevention efforts in Bali. A strategic plan needs to be made with  
 168 indicators and SOPs for handling STDs and HIV/AIDS specifically. Then,  
 169 this plan was disseminated to BAC human relation and health extension  
 170 workers.

171 Regarding the readiness of human resources, Anshori explained:

172 We have sufficient human resources in the office and field to socialize and  
 173 implement HIV/AIDS prevention policies. At the village level, BAC Bali  
 174 needs field extension workers and counselors. Therefore, additional village  
 175 extension officers are needed for the extension program and outreach to the  
 176 community to be adequately implemented. We involve students from  
 177 various tertiary institutions as field workers who do not need to be paid;  
 178 they actively provide case reports daily through the whats-up group. In the  
 179 future, we hope that there will be an easy HIV/AIDS case application for  
 180 data collection on PLHIV.

181 Ms. Putu Padma Praesti of The Management Program for AIDS and Drug  
 182 Concern Student Groups at the provincial level adds:

183 BAC has a lot of human resources, and their ability and quality are qualified,  
 184 but there are still a few who need to understand standard operating  
 185 procedures. To improve performance, BAC needs to strengthen institutional  
 186 capacity by increasing the capacity of field extension workers. Interestingly,  
 187 currently, BAC recruits field counselors from students and 1 HIV/AIDS  
 188 extension officer in each village, where they actively report cases every day  
 189 through the WhatsApp group.

190 In an interview with Ms. I Wayan Yuni Ambara, the District Health Office,  
 191 Division of Communicable Disease Prevention and Control, she explained:



192 We have HIV/AIDS prevention experts, voluntary counseling and testing (VCT)  
193 service experts, and sexually transmitted infections primary care workers.  
194 Experts make it easier for us to refer to people living with HIV/AIDS.

195 She suggested:

196 We propose that the addition of several laboratories with complete facilities at  
197 the district level is urgently needed so that the process of handling HIV/AIDS  
198 cases can run well and quickly.

199 Interviews were also conducted with community members infected with  
200 HIV/AIDS in the district. Ms. Yurike Ferdinandus explained:

201 We see STDs and HIV/AIDS service workers on standby at every health center  
202 and regional hospital. We also see there are health workers for VCT and  
203 Postmortem computed tomography (PMCT) services. We also always find  
204 extension workers who actively disseminate STD and HIV/AIDS prevention to  
205 people's homes. We consider these extension workers necessary because most  
206 people do not understand about People Infected with STDs and HIV/AIDS can  
207 transmit the disease to other people.

208 (2). Adequacy of Financial funds

209 In order to tackle the spread of STDs and HIV/AIDS, an adequate budget is  
210 needed. The budget is an essential thing in the HIV/AIDS prevention program. An  
211 interview with Mr. Yahya Anshori (BAC) obtained the following information.

212 In particular, the treatment of HIV/AIDS patients is different from diseases in  
213 general. The government has provided health funding assistance to purchase  
214 ambulances, vehicle maintenance costs, purchase medicines, produce IEC  
215 brochures, and socialize the prevention of STDs and HIV/AIDS to the public.  
216 The budget is IDR 1,395,861,500 (equivalent to US\$ 95,000) per month.  
217 These funds are channeled to districts and cities. At the village level,  
218 additional funds are needed for local NGOs that work with BAC. We have  
219 submitted a budget to the Provincial Government and Central BAC so that  
220 STDS and HIV/AIDS cases can be handled earlier and more quickly.

221 Head of the Provincial Level AIDS and Drug Concern Student Management  
222 Program, Ms. Putu Padma Praesti, added:

223 Field teaching from students is enough. Now we improve our capabilities, skills,  
224 and expertise. Going forward, additional funds need to be added to strengthen  
225 the implementation of the Socialization and KIE programs.

226 In an interview with Mr. Gede Dharmayuda, Head of the Disease Control and  
227 Eradication Program Division of the Denpasar City Health Service, he explained:

228 At the district and village levels (central health), additional funds are needed to  
229 procure medicines and medical devices—for example, reagents and ARVs, so  
230 that the health services for PLHIV can be appropriately handled.

231 Interviews were also conducted with community members infected with  
232 HIV/AIDS in the district. Ms. Yuni Nengah explained:

233 The government has prepared drugs for the prevention of HIV/AIDS. For  
234 example, ARV drugs can be obtained at provincial, city, and district hospitals.

235 However, the Covid-19 pandemic has hampered, and obtaining medicine has  
236 become more complex. Maybe most of the health funds were diverted to  
237 tackling the Covid-19 pandemic. However, with the end of Covid-19, the  
238 availability of ARV drugs has recovered and is easy to obtain.

### 239 (3). The Role of the Implementing Organization

240 The success factor of a policy/program lies in the role of the implementing  
241 organization, as indicated by the structure, bureaucracy, norms, and patterns of  
242 relationships that occur (Ahmad et al., 2017). In the province of Bali, patterns of  
243 community relations can be seen in norms, values, habits, and customs, which are  
244 symbols of the community always obeying the culture that has existed for generations  
245 (Gedela et al., 2020) (Basyir 2019). It turns out that a strong culture has helped the  
246 Balinese people to accelerate the prevention of the spread of STDs and HIV/AIDS  
247 (Runiari et al., 2018).

248 Interview with Mr. Yahya Anshori (BAC) Province of Bali, he explained:

249 The activities carried out so far have been organized. For example, STD and  
250 HIV/AIDS outreach programs. Pregnant women coordinated with field  
251 counseling. Thanks to the success and cooperation of the sales team, the  
252 program for pregnant women exceeded the target. In addition, the handling and  
253 administration of drugs to sufferers of STDs and HIV/AIDS cases also  
254 exceeded the target. We collaborate with cross-sectors and communities, and it  
255 is going well. The governor has instructed that efforts to tackle HIV/AIDS must  
256 be carried out comprehensively, and BAC has a role in initiating and advocating  
257 for stakeholders and the community.

258 An interview with Putu Padma Praesti, Head of the AIDS Management Program and  
259 Drug Concern Student Group at the provincial level, said:

260 BAC has played the best role, where BAC always controls the performance of  
261 hospitals and health centers through coordination with the Health Office. BAC  
262 also controls staff and field extension workers every day. Regularly encourage  
263 staff and field extension workers, for example, by mingling with field extension  
264 workers at the desk. The community feels comfortable and excited because they  
265 are cared for by BAC.

266 The results of an interview with Mr. Made Adi Mantra, Director of the Bali Health  
267 Foundation who is an Activist for Harm Reduction, an NGO in Bali, expressed his  
268 opinion:

269 HIV/AIDS prevention programs have been carried out jointly. The Bali Health  
270 Foundation is a partner of BAC. We play a role as assistants and community  
271 educators about STDs, HIV/AIDS, and pregnant women. We are always  
272 involved in cross-sectoral meetings and BAC programs and evaluate programs  
273 in the field.

274 In an interview with Mrs. I Wayan Yuni Ambara from the Communicable Disease  
275 Prevention and Control Division explained:

276 We have a role in supporting logistics, ARV drugs, and service delivery to  
277 improve the quality of life for PLWHAs. We are members of BAC meetings



278 and programs/activities, such as resource persons in seminars, webinars, and  
279 outreach at the village office.

280 (4). Actor's dispositions

281 Disposition is defined as policy actors' attitude, behavior, and desire to  
282 implement the policy (Knoepfel et al., 2011). Disposition has an essential role in  
283 implementing HIV/AIDS policy and influences the success of the HIV/AIDS program  
284 (McRobie et al., 2017) (Handayani et al., 2021).

285 Interview with Mr. Yahya Anshori (BAC) regarding the role of actors is  
286 explained as follows.

287 The provincial government always controls programs implemented by BAC.  
288 We must always pay attention to key populations and the general population  
289 and advocate, initiate, monitor, and evaluate every program that involves  
290 stakeholders. All stakeholders, such as health offices in provinces, cities,  
291 districts and hospitals, health centers, NGOs, student movements, village  
292 governments, and health educators, participate in efforts to prevent HIV/AIDS.  
293 All stakeholders have the same desire, attitude, and goals to play a role, and  
294 BAC unites their desires and needs to tackle STD and HIV/AIDS problems.

295 Ms. Interview tri Indarti, Head of Denpasar City Health Office, she explained that:

296 The city government wishes that STDs and HIV/AIDS in Denpasar and the  
297 province of Bali can be reduced. We have socialized it to traditional villages in  
298 all cities and districts in Bali. Prevention in the general population in the  
299 province of Bali has been carried out intensively because the Healthy Village  
300 program of the Ministry of Health supports it. So, all BACs in districts and  
301 cities have been formed and developed this program. We also coordinate with  
302 the Department of Culture and the Traditional Village Assembly. They  
303 budgeted aid funds for this program.

304 Furthermore, the interview was conducted at Ms. Ni Luh Made Suwari  
305 Paramacitta Spirit Foundation, Bali. She explained as follows.

306 We are STD and HIV/AIDS prevention activists, hoping that our family will be  
307 free from HIV/AIDS. Therefore, at meetings with clients, we always provide  
308 health information and education. There are many obstacles in the field, and  
309 dealing with high-risk community members is difficult. Examples are IDU  
310 users, sex workers, and sexual customers. BAC and the Bali Health Foundation  
311 have coordinated and contributed regarding the early detection of these cases  
312 and referred them to the community health center. Some of those we counsel  
313 do not care about what is said; even though it is difficult, we must keep trying  
314 because changing people's attitudes requires patience.

315 The Head of the Disease Control and Eradication Program Division of  
316 Denpasar City said:

317 In our services for STDs and people living with HIV/AIDS, we are no longer  
318 focused on quantity but on the quality of life. People living with HIV/AIDS  
319 has been routinely carrying out ARV therapy. We are currently making a  
320 policy so that PLWHAs or Balinese residents can be served. The city/regency

321 health office has a stock of ARVs for the next six months, which will be  
322 distributed by the Ministry of Health.

323 (5). Communication Factor

324 The implementation of STD and HIV/AIDS control policies and programs is  
325 determined by communication factors (Suparmi et al., 2020). Communication must be  
326 delivered accurately and consistently. Communication failures hinder policy  
327 implementers from achieving success in the STDS and HIV/AIDS prevention  
328 programs (Mehra et al., 2014) (Djellouli & Quevedo-Gómez, 2015).

329 Interview with Mr. Yahya Anshori (BAC) Province of Bali, he explained:

330 Two strategies are carried out by BAC, namely verbal and non-verbal  
331 communication. We do this verbally with correspondence, brochures, leaflets,  
332 booklets, and banners in local languages that are easier for the public to  
333 understand. As for non-verbal communication, we visit to people living with  
334 HIV/AIDS and the general public and meet places at the village office. At every  
335 activity at the provincial, city, district, traditional village, and community  
336 meetings, BAC is here to provide information with communications that are  
337 easy for them to understand. The effects, impacts, and examples of STDs and  
338 HIV/AIDS are easily understood by the public.

339 He continued his description,

340 For example, BAC invites and involves all stakeholders in commemorating the  
341 Archipelago AIDS Reflection Night and World AIDS Day. We have carried  
342 out outreach and communication on HIV/AIDS prevention through film  
343 screenings. For example, the film Nyiramang Layon has been socialized on  
344 social media and other mass media in collaboration with the Cadre of AIDS  
345 Care Journalists.

346 Mr. Made Adi Mantra, the Reduction Director of the Bali Health  
347 Foundation, added the description:

348 Information, education, and communication activities are conducted for  
349 regional officials, students, and the community. The goal is for them to know  
350 the dangers of STDs, HIV, and AIDS. To support the acceleration of  
351 information, we held socialization by distributing flyers at red lights, essential  
352 events, and the Province of Bali birthdays.

353 Mr. Gede Dharmayuda from the Health Service, Communicable Disease  
354 Prevention and Control Division said:

355 The key to success in handling HIV prevention and control lies in ongoing  
356 communication and outreach activities. At meetings discussing the HIV/AIDS  
357 program, it is necessary to insert regulations that strengthen efforts to deal with  
358 HIV/AIDS. Communication exists between stakeholders, for example, routine  
359 reporting on the results of carrying out tasks in the field, findings, reports, and  
360 difficulties in education services so that people with HIV/AIDS disease  
361 (PLWHAs) want to come to the health center and consume ARVs regularly.

362 Furthermore, he added:

363 Given the background of the various levels of community awareness and  
364 participation. In this case, it is necessary to carry out routine communication  
365 and approaches so that the public is open to providing information about the  
366 importance of self-examination for high-risk behavior. The success rate of HIV  
367 prevention can be seen if sufferers routinely consume the drug.

368 Interview with Mr. Wayan Diana, Head of the BAC Media Program  
369 Management district, he said:

370 In our experience in the field, sometimes miscommunication occurs when  
371 carrying out obligations and duties. The solution is that in public  
372 communication, we must use language easily understood by the public,  
373 accompanied by examples they understand every day.

#### 374 **4. Discussion**

375 The spread of HIV/AIDS cases is concentrated in three districts: Denpasar, Badung,  
376 and Buleleng Regencies. Of the three regencies, the highest cases were found through  
377 injecting drugs in Denpasar Regency. The average age of people living with  
378 HIV/AIDS in Denpasar ranges from 20-29 years with a total of 10,162 cases (37.9%);  
379 Aged 30-39 years with a total of 9,594 cases (33.6%) of the total cases (Triwidiyanti,  
380 2022).

381 This data shows that the young age group, especially between 20-39 years, is  
382 vulnerable to the spread of HIV/AIDS in Bali. The steps taken by the provincial  
383 government and BAC Bali to map the area are the first steps to successfully reducing  
384 HIV/AIDS cases in the Province of Bali. Mapping this area makes it very easy for  
385 BAC to reach and handle the spread of people living with HIV/AIDS in the province  
386 of Bali. Area mapping is one of the strategies included in the BAC strategic plan  
387 (Collins, 2019). These key populations are very important and can reach all the  
388 necessary information by addressing a wide range of options (Stonbraker et al., 2017).

389 In accordance with the theoretical model of public policy implementation, in  
390 order for the implementation of public policy to be successful, at least five key factors  
391 must be met, namely the adequacy of human resources, the adequacy of final funds,  
392 the role of implementing organizations, actor dispositions, and communication.  
393 (Finsterwalder et al., 2022). Other factors that support the five factors can be added,  
394 namely the involvement of field extension cadres, student involvement, the use of  
395 WhatsApp communication tools, an easy referral system, the availability of medicines,  
396 and especially the role of NGOs. (Berenguera et al., 2011).

397 In this context, the communication factor is decisive in reducing the success  
398 of the spread of HIV/AIDS (Melkote et al., 2014). Research on communication factors  
399 has been conducted by the Department for International Development UK, The Global  
400 Fund, the Ministry of Health, and the National AIDS Commission of Burkina Faso,  
401 Ghana, and Senegal. They concluded that language needs to be considered in planning  
402 HIV/AIDS-related health communications in a development context (Batchelor et al.,  
403 2019). The role of the IEC also greatly contributed to this success (Mahapatra, 2014).

404 Learn from studies in China which the causes of behavior towards HIV/AIDS  
405 (Lai et al., 2020) and the failure of HIV/AIDS prevention policies (Francis, 2012), or  
406 studies in Iran reveal that there is no unified system to involve all stakeholders in the  
407 HIV/AIDS policy-making process (Khodayari-Zarnaq et al., 2021), and studies that

408 generate little awareness of the policy by frontline providers (Simoooya et al., 2023),  
409 or the government that failed to carry out comprehensive sex education outreach to  
410 young people (Keogh et al., 2018), The Provincial Government of Bali does not want  
411 to repeat the same mistake. The Province of Bali can learn from many countries in  
412 Rwanda, which were able to implement a policy to improve the HIV self-test program,  
413 and it was implemented successfully because it depended heavily on the involvement  
414 of relevant stakeholders (Dzinamarira et al., 2020).

415 Based on the experiences of many countries in implementing policies to  
416 combat the spread of HIV/AIDS, the Province of Bali can learn to create practical  
417 steps in the future by developing strategic plans and being supported by the  
418 government and the community.

419 In the research, we conducted in the Province of Bali, Indonesia,  
420 communication from field extension workers who came to villagers' homes and  
421 students at red lights and open fields, in markets, and leaflets, booklets, and banners  
422 in Balinese felt more effective than the primary language, namely Balinese. Indonesia.  
423 Likewise, stakeholders who go down to the village hall and to the health center to  
424 advocate for the community (Koesbardiati et al., 2017), and a friendly approach to  
425 people with HIV/AIDS disease is also needed (Mohammadi et al., 2021).

426 The adequacy of human resources is a major factor in the success of an  
427 HIV/AIDS program (Owan et al., 2022). Adequacy of human resources related to  
428 competence, skills, and personal abilities to tackle the spread of STDs and HIV/AIDS.  
429 Human resources are an essential requirement for performance in hospitals and health  
430 centers. Community health center is the spearhead of health services and is at the  
431 grassroots level (Kurniawan et al., 2017). Because of this, the Bali government  
432 realizes that the success of the HIV/AIDS prevention program is not only due to strong  
433 institutions and abundant funds but coordination and involvement of all aspects of  
434 society from the top to the grassroots. Studies on coordination in the implementation  
435 of HIV/AIDS programs have been carried out by Khosla et al. (2016).

## 436 **5. Conclusion**

437 The success of HIV/AIDS prevention in the Province of Bali, Indonesia, is due  
438 to many factors. These include reforming the institutional system by establishing the  
439 Provincial AIDS Commission, inter-stakeholder coordination and cross-sector  
440 collaboration, regional mapping activities, involvement of NGOs, mobilization of  
441 students and field officers to accelerate understanding of the dangers of STDs and  
442 HIV/AIDS, adequacy and capacity of human resources and field workers, adequate  
443 funds, advocacy, and good communication and easily understood by the community,  
444 an easy referral system, monitoring the performance of field staff, the use of  
445 WhatsApp to speed up the handling of STDs and PLHIV.

446 The most important activity in developing countries for government programs  
447 to be successful is to disseminate useful causes through communication, information,  
448 and education to grassroots communities. IEC activities are very useful because Bali  
449 is a world tourism area, and many grassroots people are illiterate or do not understand  
450 the impact of HIV/AIDS. Dissemination of IEC activities for HIV/AIDS through field  
451 counseling, university activities, and continuous support from public actors in the  
452 villages is an important aspect of the success of this program.

453 **Declaration of Interest Statement**

454 The authors declare no competing interests.

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## Review Report

### Reviewer A

Opinion: Major revision

Comments:

1. The article in general needs to be more comprehensible. There are many repetitions, certain sentences are very short and abrupt while others are inordinately long taking away the meaning. Many abbreviations don't have expansions making it difficult to understand. Some sentences convey a contradictory meaning. Some points in discussion should have come in results.
2. Language needs to be corrected as well as the tense. The quotes may be verbatim and hence the language but the meaning comes out differently.
3. From the abstract it is not evident that the paper is looking at a successful model which can be emulated in other settings by policy changes.  
The theme could be why it is a successful model and what are the areas which could be strengthened to make it more so. And how it is relevant to other high burden areas.

Many corrections are required and only a few are mentioned below:

- 1) Line 70 and 71- it is iceberg phenomenon and notice phenomenon
- 2) Line 79- expansion of KPA Bali
- 3) Lines 121-123- it is not clear it was a success in Rwanda or otherwise.
- 4) Lines 124 to 131 are again confusing
- 5) Lines 156 to 158- Either combine or clarify
- 6) Line 183- words quality and qualified do not gel and meaning is not clear.
- 7) Line 187- 1 HIV/ AID needs to be one HIV/AIDS
- 8) Line 206- about can be changed to that
- 9) Line 225- KIE expansion
- 10) Line 246- the statement "accelerate the prevention" has been used multiple times in the article but it is contradictory in some way.

- 11) Line 251- what does sales team mean in this context.
- 12) Lines 260 to 265- repetitive and can be rewritten
- 13) Line 295- Please rewrite
- 14) Lines 156 to 158- May be combined and rewritten to convey correct meaning
- 15) Lines 300 to 310- Sentence construction to be corrected
- 16) Line 310- IDU users is not correct. IDU or write expansion
- 17) Line 319- “People living with HIV/AIDS has been routinely carrying out ARV therapy”. Is it adhering to therapy?
- 18) Line 333- “ we visit to people” please change
- 19) Lines 358 to 351- Contradictory statements
- 20) Lines 366 to 367- “The success rate of HIV prevention can be seen if sufferers routinely consume the drug” please reconstruct.
- 21) Lines 387,388, 397 and 398 all need rewriting
- 22) Line 404- Learn? Or Lessons
- 23) Line 422- the word Indonesia may be deleted.

In general the article needs to be reworking as there are a lot of repetitions, double negatives and vague sentences

**Reviewer B**

Comments:

- 1) Lines 34-40 is obsolete information that is not expected to be read. It is misleading and the constant repetition of 'news' in the paragraph made it very boring as well.
- 2) Lines 43-44: '... Carry out efforts...' needs to be rephrased accordingly.
- 3) Lines 68 - 75: Are not comprehensible because it is disjointed and there are no meaningful argument found.
- 4) Lines 80 - 82: This assertion is not founded on any proof. Therefore should not be made
- 5) Lines 88 - 90: Incomprehensible. The whole of that paragraph did not add any value to the 9Nonexistent) argument in this manuscript.
- 6) Line 102: '... are the causes of behavior toward HIV/AIDS' (Yang et al., 2005). This claim is unfortunate. Though riddled with grammatical blunder, it cannot be admissible.
- 7) Lines 103 - 106. Claims are an example of academical errors. 'Transmission of HIV/AIDS occurs through the oral cavity, and the effects of highly active antiretroviral therapy (ART) on the diversity of oral flora in HIV-infected/acquired immune deficiency syndrome (AIDS) patients and spread to other patients (Cao et al., 2022)'.

ANY LITERATURE FROM HIS AREA (COUNTRY) OF STUDY?

Focus is lacking in the manuscript

1. HIV/AIDS should be your focus (Not with STDs)
2. You must focus the study on the Policy Implementation analysis
3. Your methodology should have documentary evident to complement whatever you found in the study
4. There are loads of discourses thrown here and there. Focus is not achieved
5. Etc

### 3. **Bukti Konfirmasi Submit Revisi Pertama, Respon kepada Reviewer, dan Artikel yang Diresubmit (25 Agustus 2023)**

Accept for Publication-[JIPD] Article JIPD-2287 External Inbox x



**Ula Du** <ula.du@ep-pub.net>  
to me, Azhari, Cloris ▾

Fri, Aug 25, 2023, 5:25 PM



Dear Authors,

Good day to you. We are pleased to inform you that the following paper has been officially accepted for publication:

Manuscript ID: JIPD-2287

Title: Implementation of HIV/AIDS prevention policies: Study in Bali Province, Indonesia

Authors: I Made Sumada, Azhari Aziz Samudra

We will now make the final preparations for publication, then return it to you for proofreading as soon as possible. When there is any update, I will contact you.

Looking forward to hearing from you.




Best regards,  
Ms. Ula Du

## 4. Bukti Konfirmasi Review dan Hasil Review Kedua (6 September 2023)

[Journal of Infrastructure, Policy and Development] JIPD-2287 Proofreading Request External Inbox x  

U

Ula Du <ula.du@ep-pub.net>  
to me, Azhari ▾

Wed, Sep 6, 2023, 11:57 AM   

Dear authors,

Hope the email finds you well.

The galley proof of the manuscript is attached. Please check this proof carefully and reply to each question. After proofreading, final production will be carried out. Note that changes to the position of figures and tables may occur during the final steps. Once a paper has been published online, we will not accept any corrections or changes to the published version. Changes made later will be published separately via a Correction or Addendum. We reserve the right to charge 20 USD per Correction to the authors' names or affiliations after a paper has been published online.

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Please contact me if you have any questions.

I look forward to your reply.

Best regards,  
Ms. Ula Du



**Original Article**

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**Implementation of HIV/AIDS prevention policies: The Study in Bali Province, Indonesia**

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**I. Made Sumada<sup>1,\*,†</sup>, Azhari Aziz Samudra<sup>2</sup>**

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**Abstract**

This paper presents an overview of the policies and efforts of the provincial government of Bali, Indonesia, to tackle the development of HIV/AIDS. This study considers the socio-cultural context and analyzes the factors that are most likely to influence its spread, the response of the community, and the local government's efforts to form Provincial AIDS commission whose movement is supported by the village government and the community to suppress the spread of HIV/AIDS. The author observes the micro factors that most determine this program, such as attitudes, behaviors, and desires of policy-making actors, stakeholders, implementing organizations, adequacy of human resources, financial funds, information, education, communication, advocacy, regional languages, the role of students, and field workers, and local culture in preventing the spread of HIV/AIDS. Therefore, this research does not focus on just one dimension in efforts to deal with this outbreak. Following the application of public policy theory, all potential contributing elements must be addressed simultaneously. This requires a truly interdisciplinary and multisectoral approach that requires to be comprehended by policymakers in other provinces where the prevalence of HIV/AIDS is quite high. This effort also requires commitment and strong political will from levels of government.

**Keywords:** local government policies; HIV/AIDS prevention; advocacy; communication; regional languages; the role of students; field workers; local culture.

## 1. Introduction

Sexually transmitted diseases (STDs), Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) continue to pose a threat to the world's population. According to data from the World Health Organization (WHO), in 2018, 37.9 million people were living with HIV, and the most sufferers were in Africa, with a total of 25.7 million people. Due to HIV/AIDS, 1.4 million people died in 2000 and it was counted 770 thousand people died in 2018. According to the estimates of the Joint United Nations Program on HIV/AIDS (Ocran et al., 2022), Indonesia has the largest number of people living with HIV in Southeast Asia, namely around 540,000 people in 2021 (Khodayari-Zamaq et al., 2021; (Khodayari-Zamaq et al., 2021) UNAIDS, 2019) (UNAIDS, 2019).

In Indonesia, HIV/AIDS has been recognized as a national social health problem, and the President has established the Central AIDS Commission (CAC) through Decree No. 36 of 1994. CAC aims to carry out efforts to prevent and control AIDS. In Bali Province, CAC has proposed the formation of a Bali AIDS Commission (BAC). According to the Health Ministry the development of HIV/AIDS cases has continued to increase drastically in the past five years by the reason of Bali Province is a world tourism area. The accumulation of HIV/AIDS cases during the COVID-19 pandemic is a cause for concerning and requiring serious strategies and management.

The data of Health Ministry indicates that the spread of HIV-AIDS in Bali is happening very quickly compared to 33 other provinces in Indonesia. The reasons include the high population growth rate due to urbanization and the visits of tourists from abroad facilitating the transmission and spread of HIV/AIDS. The Governor of Bali made a policy by establishing BAC based on Decree No. 544 of 1994 to overcome this problem. However, BAC did not run effectively because the organizational structure was unstable and did not perform well.

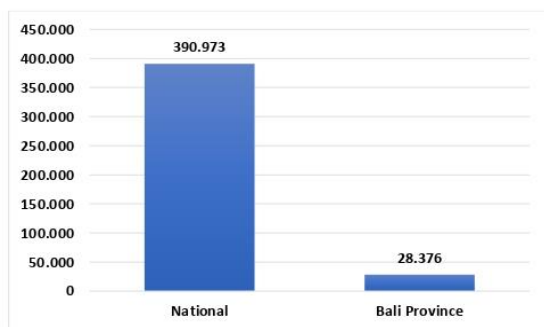
In January 2022, the Ministry of Health stated that the Province of Bali was in the top 10 with the most cases of HIV/AIDS. Bali occupied the sixth position with the most

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cases in Indonesia. Data on HIV/AIDS cases in Indonesia were Jakarta Province with 90,958 cases, East Java with 78,238 cases, West Java with 57,426 cases, Central Java with 47,417 cases, Papua with 45,638 cases, Bali with 28,376 cases, North Sumatra with 27,850 cases, Banten 15,167 cases, South Sulawesi 14,810 cases, and Riau Islands with 12,943 cases. HIV/AIDS case data in the province of Bali are presented in the following table.



Source: Bali AIDS Commission, 2022

**Figure 1.** Comparison of HIV/AIDS Cases-cases in Bali and National-national Year-year 2022.

Source: Bali AIDS Commission, 2022.

The picture above is the latest data released by the Bali AIDS Commission. However, health experts explained that the actual number of people living with HIV/AIDS in Bali is an iceberg phenomenon, and this data may only be 10% of the actual data. Because people living with HIV/AIDS never report their illness, feel ashamed, and do not want others to know about it. Therefore, the Government and BAC need to re-collect data on people living with HIV/AIDS and invite them to come to the community health centers and hospitals.

In addition, to tackle the spread of HIV/AIDS, the Governor of Bali signed the Sanur Commitment Movement by all Governors, Regents, and Mayors. Among the contents of the Sanur Commitment is strengthening and empowering the role and function of BAC.

In its implementation, the efforts made by the Government and BAC Bali received support from the Central Government. The province of Bali is considered capable of suppressing the transmission of HIV/AIDS. Bali won the award from the Ministry of Health in 2022. The Best Award Certificate 1 was received by I Wayan Widia, Head of the Provincial Disease Prevention and Control Service Bali Health Office, in Jakarta, on 31 January 2023 (Balitopnews, 2023).

## 2. Literature Review

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Some of the literature that raises the causes of increasing cases of HIV/AIDS and STDs report their association with low socioeconomic status. This is due to reports released by developing and underdeveloped countries ([Haakenstad et al., 2019](#)). ~~(Haakenstad et al., 2019)~~. However, data on the empirical relationship of SES with HIV/AIDS are mixed with other factors beyond control (Fang et al., 2008).

There are many reasons for the increasing cases of HIV/AIDS. Yang et al. (2005) investigated migrants working in eight occupational clusters in Beijing and Nanjing, China, to examine workplace association with HIV-related behaviors and perceptions. For sexually experienced women, those working in entertainment establishments or personal service (for example, nightclubs, dancing halls, barbershops, beauty salons, massage parlors, and others) engaged in risky sexual practices twice as frequently as those working in non-entertainment establishments (e.g., restaurants, stalls, domestic service, factories, and others). In a study, Cao et al. (2022) suggested that AIDS patients should pay attention to the maintenance of oral health, and early initiation of highly active antiretroviral therapy (HAART) may be important for the development of oral lesions. He explained that in patients infected with HIV/AIDS, age, gender, marital status, income level, smoking behavior, and oral health affected periodontal clinical indicators; age and marital status correlate with dental clinical indicators; most have oral manifestations, especially candidiasis albicans, salivary gland disease, AIDS-associated periodontitis, and mouth ulcers.

In connection with government policies to tackle the spread of HIV/AIDS, a study in Iran conducted by Khodayari-Zarnaq et al. (2021) revealed the multidimensional nature of HIV/AIDS, namely that there are many stakeholders involved in HIV/AIDS control, active and potential in this field. However, there is no unified system to involve all stakeholders in HIV/AIDS policy-making. Therefore, an upstream entity is needed to coordinate and mobilize all stakeholders in managing and controlling HIV/AIDS—worker studies regarding coordination that does not work between institutions.

The Zambia study adopted a strategic communication policy and an HIV/AIDS implementation policy. Governments rely on formal and informal channels to communicate testing and drug policy changes to all healthcare providers. Elaborating a National HIV/AIDS Action Strategy has resulted in little awareness of this policy by frontline providers. Stakeholder agreement using a top-down concept, limited training of health workers, and financing harms implementing changes to the test and treat policy for all (Zakumumpa et al., 2023).- In contrast to Rwanda, the HIV self-test policy improvement (HIVST) program is considered successful because it is supported by stakeholders (Dzinamarira et al., 2020).

In Ghana, the government has a school-based Counseling on Sex Education (CSE) program which effectively prevents HIV among young people aged 10–24 years. Unfortunately, ~~Ghana's~~ Ghana's national sexual and reproductive health education policy does not have an overarching policy. This policy was identified as a factor that could influence the orientation of school-based health educators creating disharmony in sex education interventions and introducing sex education messages that have the potential to create narrow curricula and limit overall HIV/AIDS knowledge (Ocran et al., 2022). Eventually, this program was discontinued because it was deemed ineffectively. Based on the experiences of various countries in implementing policies to prevent the spread of HIV/AIDS, we can learn to take practical steps going forward by developing strategic plans that are supported by the government and society.



### 3. Methodology

This study uses qualitative methods supported by a phenomenological approach. Phenomenology can be defined as an approach to research that seeks to describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it (Khan, 2019; Nigar, 2020) (Nigar, 2020) (Khan, 2019). This method is supported through in-depth interviews by compiling a list of interviews (DeJonckheere & and Vaughn, 2019). The author formulates various eligibility criteria for interview lists by considering the research objectives (Ishtiaq, 2019). To compile a list of interviews, the author explored literacy in various online media regarding the effectiveness of implementing HIV/AIDS policies and programs and government, NGO, and community partnerships to reduce the spread of HIV/AIDS. After compiling the list of interviews, the writer tested the list of interviews.

Furthermore, the researchers determined the informants who were directly involved and understood the topic of this research. Researchers can access these informants and identify participants during or after data collection. The selection of key informants was carried out using a purposive sampling technique (Etikan, 2016). The results of the interview list instrument are presented in the research results. Table 1 below shows the number of informants interviewed.

Table 1. Key informants.

No	Name	Institutions
1	Mr. Yahya Anshori	BAC Provinsi Bali
2	Mr. Wayan Diana	Head of BAC Media Program Management
3	Mr. Gede Agus Suryadinata	Bali Provincial Health Office: Prevention and Control of Infectious Diseases
4	Ms. Tri Indarti	Head of Denpasar City Health Office
5	Mr. A A N. Gede Dharmayuda	Head of the Disease Control and Eradication Program Division of the Denpasar City Health Service
6	Mr. Made Adi Mantra	Director of the Bali Health Foundation (NGO)
7	Ms. Ni Luh Made Suwari	Paramacitta Spirit Foundation (NGO)
8	Ms. Putu Padma Praesti	Chairman of the Management Program for AIDS and Drug Concern Student Groups
9	Mr. I Gusti Putu Agung JT	Head of the Bali Province AIDS Care Village Cadre Management Program (NGO)
10	Ms. I Wayan Yuni Ambara	The District Health Office, Division of Communicable Disease Prevention and Control
11	Ms. Yurike Ferdinandus	Community Members with HIV/AIDS (people with HIV/AIDS disease (PLWHA))
12	Ms. Yuni Nengah	Community Members with HIV/AIDS Community Members with HIV/AIDS (people with HIV/AIDS disease (PLWHA))

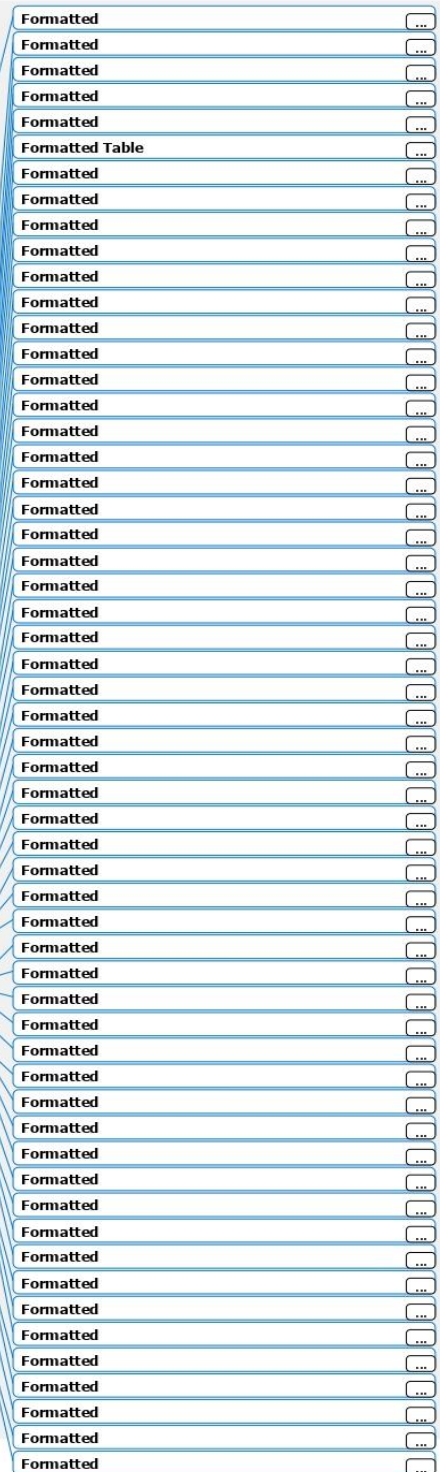
Source: by researchers, 2022.

### 4. Results

#### 4.1.

#### 4.1. Adequacy of human resources

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Adequacy of human resources related to competence, skills and personal abilities is important to overcome the spread of HIV/AIDS. Human resources are an essential requirement for performance in the rural and community health center. Community health center is the spearhead of health services and is at the grassroots level. In order to determine the adequacy of human resources, interviews were conducted as follows.

In order to overcome these obstacles, Mr. Yahya Anshori initially BAC prepared a strategic plan, as explained:

We have developed a Strategy and Action Plan at the city, district, and village levels. The goal is that there is a standard procedure for carrying out AIDS prevention efforts in Bali. A strategic plan needs to be made with indicators and SOPs for handling HIV/AIDS specifically. Then, this plan was disseminated to BAC human relation and health extension workers.

Regarding the readiness of human resources, Anshori explained:

We have sufficient human resources in the office and field to socialize and implement HIV/AIDS prevention policies. At the village level, BAC Bali needs field extension workers and counselors. Therefore, additional village extension officers are needed for the extension program and outreach to the community to be adequately implemented. We involve students from various tertiary institutions as field workers who do not require to be paid; they actively provide case reports daily through the WhatsApp group. In the future, we hope that there will be an easy HIV/AIDS case application for data collection on PLHIV.

Ms. Putu Padma Praesti of The Management Program for AIDS and Drug Concern Student Groups at the provincial level adds:

*BAC has a lot of human resources, as well as capability and quality, but only a few officers understand standard operating procedures. In order to improve their performance, BAC will strengthen the capabilities of field extension workers. Currently, BAC has recruited one field assistant from students and one HIV/AIDS counselor in each village. They actively report cases every day via the WhatsApp group.*

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In an interview with Ms. I Wayan Yuni Ambara, the District Health Office, Division of Communicable Disease Prevention and Control, she explained:

*We have HIV/AIDS prevention experts, voluntary counseling and testing (VCT) service experts, and sexually transmitted infections primary care workers. Experts make it easier for us to refer to people living with HIV/AIDS.*

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She suggested:

*We propose that the addition of several laboratories with complete facilities at the district level is urgently needed so that the process of handling HIV/AIDS cases can run well and quickly.*

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Interviews were also conducted with community members infected with HIV/AIDS in the district. Ms. Yurike Ferdinandus explained:



*HIV/AIDS service workers on standby at every health center and district hospital. We also see that there are health workers for VCT and Postmortem computed tomography (PMCT) services. We also always find extension workers who actively disseminate HIV/AIDS prevention to people's-people's homes. We consider all of this necessary for society because most of the people do not understand how infected people with HIV/AIDS transmit the diseases to others.*

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#### **4.2. (2). Adequacy of Financial-financial funds**

—In order to tackle the spread of HIV/AIDS, an adequate budget is needed. The budget is an essential thing in the HIV/AIDS prevention program. An interview with Mr. Yahya Anshori (BAC) obtained the following information.

In particular, the treatment of HIV/AIDS patients is different from diseases in general. The government has provided health funding assistance to purchase ambulances, vehicle maintenance costs, purchase medicines, produce IEC brochures, and socialize the prevention of HIV/AIDS to the public. The budget is IDR 1,395,861,500 (equivalent to US\$ 95,000) per month. These funds are channeled to districts and cities. At the village level, additional funds are needed for local NGOs that work with BAC. We have submitted a budget to the Provincial Government and Central BAC so that HIV/AIDS cases can be handled earlier and more quickly.

Head of the Provincial Level AIDS and Drug Concern Student Management Program, Ms. Putu Padma Praesti, added:

*Currently, we are improving the abilities, skills and expertise of field officers. In the future, additional funds will be needed to strengthen the implementation of the Socialization, and Information Education Communication (IEC) program.*

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In an interview with Mr. Gede Dharmayuda, Head of the Disease Control and Eradication Program Division of the Denpasar City Health Service, he explained:

*At the district and village levels (central health), additional funds are needed to procure medicines and medical devices—for example, reagents and ARVs, so that the health services for PLHIV can be appropriately handled.*

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Interviews were also conducted with community members infected with HIV/AIDS in the district. Ms. Yuni Nengah explained:

*The government has prepared drugs for the prevention of HIV/AIDS. For example, ARV drugs can be obtained at provincial, city, and district hospitals. However, the ~~Covid~~ COVID-19 pandemic has hampered and obtaining medicine has become more complex. Most of the health funds is probably diverted to tackling the ~~COVID~~ COVID-19 pandemic. By the end of ~~COVID~~ COVID-19, the availability of ARV drugs has recovered and is easy to obtain.*

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#### **(3).4.3. The role of the implementing organization**

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The success factor of a policy/program lies in the role of the implementing organization, as indicated by the structure, bureaucracy, norms, and patterns of relationships

that occur (Ahmad et al., 2017). In the province of Bali, patterns of community relations can be seen in norms, values, habits, and customs, which are symbols of the community always obeying the culture that has existed for generations (Gedela et al., 2020) (Basyir 2019; Gedela et al., 2020). Strong local culture has apparently helped the Balinese in accelerating the prevention of the spread of HIV/AIDS (Runiari et al., 2018).

Interview with Mr. Yahya Anshori (BAC) Province of Bali, he explained:

*The activities carried out so far have been organized. For example, HIV/AIDS outreach programs. Pregnant women coordinated with field counseling. This program is considered successful because of the cooperation of the field workers team with the pregnant women program. In addition, the handling and administration of drugs to sufferers of HIV/AIDS cases also exceeded the target. We collaborate with cross-sectors and communities, and it is going well. The Governor has instructed that efforts to tackle HIV/AIDS must be carried out comprehensively and BAC has a role in initiating and advocating for stakeholders and the community.*

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An interview with Putu Padma Praesti, Head of the AIDS Management Program and Drug Concern Student Group at the provincial level, said:

*BAC has played the best role in which BAC always controls the performance of hospitals and health centers through coordination with the Health Office. BAC also controls staff and field extension workers every day. In addition, it encourages staff and field extension workers regularly, for example, by mingling with field extension workers at the desk hence, the community feels comfortable and excited.*

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The results of an interview with Mr. Made Adi-Mantra, Director of the Bali Health Foundation who is an Activist for Harm Reduction, an NGO in Bali, expressed his opinion:

*HIV/AIDS prevention programs have been carried out jointly. The Bali Health Foundation is a partner of BAC. We play a role as assistants and community educators about HIV/AIDS, and pregnant women. We are always involved in cross-sectoral meetings and BAC programs and evaluate programs in the field.*

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In an interview with Mrs. I Wayan Yuni-Ambara from the Communicable Disease Prevention and Control Division explained:

*We have a role in supporting logistics, ARV drugs, and service delivery to improve the quality of life for PLWHAs. We are members of BAC meetings and programs/activities, such as resource persons in seminars, webinars, and outreach at the village office.*

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#### **(4).4.4. Actor's Actor's dispositions**

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Disposition is defined as policy actors' attitude, behavior, and desire to implement the policy (Knoepfel et al., 2011). Disposition has an essential role in implementing HIV/AIDS policy and influences the success of the HIV/AIDS program (Handayani et al., 2021; McRobie et al., 2017) (McRobie et al., 2017) (Handayani et al., 2021).

Interview with Mr. Yahya-Anshori (BAC) regarding the role of actors is explained as follows.

The provincial government always controls programs implemented by BAC. We must always pay attention to key populations and the general population and advocate, initiate, monitor, and evaluate every program that involves stakeholders. All stakeholders, such as health offices in provinces, cities, districts and hospitals, health centers, NGOs, student's movements, village governments, and health educators, participate in efforts to prevent HIV/AIDS. All stakeholders have the same desire, attitude, and goals to play a role, and BAC unites their desires and needs to tackle HIV/AIDS problems.

Interview with Ms. ~~Tri~~Indarti, Head of Denpasar City Health Office, she explained that:

*The city government intends that HIV/AIDS in Denpasar and the province of Bali can be reduced. We have socialized it to traditional villages in all cities and districts in Bali. Prevention in the general population in the province of Bali has been carried out intensively because the Healthy Village program of the Ministry of Health supports it. Hence, all BACs in districts and cities have been formed and developed this program. We also coordinate with the Department of Culture and the Traditional Village Assembly which budgeted aid funds for this program.*

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Furthermore, the interview was conducted at Ms. Ni Luh Made Suwari Paramacitta Spirit Foundation, Bali. She explained as follows.

*We are HIV/AIDS prevention activists, hoping that our family and society will be free from HIV/AIDS. Consequently, during meetings with clients, we always provide health education counseling. There are many obstacles in the field for dealing with high-risk members of society. The example is injecting drug users (IDU), sex workers, and customers of sexual relations. BAC and Bali Health Foundation have coordinated and contributed regarding early detection and referred them to the center of health. Although we have advised, some of the sex workers and customers no matter what we say. We remain humble, and even though it is difficult, we must not give up trying to change people's attitudes.*

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The Head of the Disease Control and Eradication Program Division of Denpasar City said:

*Our service focuses on quantity and quality of life, and all PLWHA must routinely take ARV therapy. Treatment is generally recommended by doctors using antiretroviral therapy (ARV). This therapy consists of a combination of antiviral drugs for HIV infection, and treatment with ARV drugs is recommended for everyone with HIV/AIDS. We are currently developing a Policy to serve PLWHA or the Balinese people. The Health Office has a stock of ARVs distributed by the Ministry of Health for the next six months.*

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#### ~~(S)~~4.5. Communication Factor-factor

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The implementation of HIV/AIDS control policies and programs is determined by communication factors (Suparmi et al., 2020). Communication must be delivered accurately and consistently. Communication failures hinder policy implementers from achieving success in the HIV/AIDS prevention programs ((Djellouli and Quevedo-Gómez, 2015; Mehra et al., 2014 (Mehra et al., 2014) (Djellouli & Quevedo-Gómez, 2015).

Interview with Mr. ~~Yahya~~Anshori (BAC) Province of Bali, he explained:



*There are two strategies carried out by BAC, namely verbal and non-verbal communication. Verbal communication is done by visiting the people who live together HIV/AIDS, the general public, and meeting places in village offices, traditional villages and communities. BAC is here to provide information with are able to be comprehended, especially the impact of HIV/AIDS. While non-verbal communication activities are carried out through correspondence, brochures, leaflets, booklets and banners in local languages that are easier for the public to understand.*

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He continued his description,

*For example, BAC invites and involves all stakeholders in commemorating the Archipelago AIDS Reflection Night and World AIDS Day. We have carried out outreach and communication on HIV/AIDS prevention through film screenings. For example, the film Nyiramang Layon has been socialized on social media and other mass media in collaboration with the Cadre of AIDS Care Journalists.*

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Mr. ~~Made Adi~~ Mantra, the Reduction Director of the Bali Health Foundation, added the description:

*Information, education, and communication activities are conducted for regional officials, students, and the community. The goal is for them to know the dangers of HIV/AIDS. In order to support the acceleration of information, we held socialization by distributing flyers at red lights, essential events, and the Province of Bali birthdays.*

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Mr. ~~Gede~~ Dharmayuda from the Health Service, Communicable Disease Prevention and Control Division said:

*The keys to successful HIV prevention and control management are ongoing activities, communication, and patient outreach. At each HIV/AIDS discussion meeting, information is inserted that strengthens efforts to understand HIV/AIDS. BAC's BAC's active communication with field workers and public health centers is necessary to monitor the progress of each case; for example, reporting routinely the results of the implementation of field officers who contain service difficulties.*

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Furthermore, he added:

*Considering the background of various levels of community awareness and participation, it is necessary to carry out regular communication and approaches so that the community is open to providing information about the importance of this matter. The success rate of HIV/AIDS prevention is highly dependent on information and communication intentions.*

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Interview with Mr. ~~Wayan~~ Diana, Head of the BAC Media Program Management district, he said:

*In our experience in the field, miscommunication sometimes occurs in carrying out obligations and duties. The solution is that in public communication, we must use language easily understood by the public accompanied by examples they understand every day.*

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#### 4. 5. Discussion

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The spread of HIV/AIDS cases in Bali is concentrated in three districts involving: Denpasar municipality, Badung, and Buleleng Regencies. The highest cases were found through injecting drugs in Denpasar. The average age of people living with HIV/AIDS in Denpasar ranges from 20–29 years with a total of 10,162 cases (37.9%); Aged 30–39 years with a total of 9,594 cases (33.6%) of the total cases ([TriwidiyantiDetikBali, 2022](#)).

This data shows that the young age group, especially between 20–39 years are vulnerable to the spread of HIV/AIDS in Bali. The steps taken by the provincial government and BAC to map the area are the first steps to successfully reducing HIV/AIDS cases in the Province of Bali. Mapping this area makes it very easy for BAC to reach and handle the spread of people living with HIV/AIDS. Mapping area is one of the strategies included in the BAC strategic plan (Collins, 2019). These key populations are very important and able to reach all the necessary information by addressing a wide range of options (Stonbraker et al., [20172018](#)).

In accordance with the theoretical model of public policy implementation, in order for the implementation of public policy to be successful, at least five key factors must be found, namely the adequacy of human resources, the adequacy of final funds, the role of implementing organizations, actor dispositions, and communication. (Finsterwalder et al., 2022). Other factors that support the five factors can be added, namely the involvement of field extension cadres, student<sup>2</sup>'s involvement, the use of WhatsApp communication tools, an easy referral system, the availability of medicines, and especially the role of NGOs (Berenguera et al., 2011).

According to Melkote et al. (2014), the factors of information, education, and communication (IEC) are interesting and crucial in increasing the success of the spread of HIV/AIDS. Research on IEC has been carried out by the Department for International Development UK, The Global Fund, the Ministry of Health, and the National AIDS Commission of Burkina Faso, Ghana, and Senegal. They concluded that IEC in native languages required to be considered in planning HIV/AIDS-related health communications (Batchelor et al., 2019). In addition, the role of the IEC helps this [program's-program's](#) success (Mahapatra, 2014).

Lessons from studies in China which indicated the causes of behavior towards HIV/AIDS (Lai et al., 2020) and the failure of HIV/AIDS prevention policies (Francis, 2012), or studies in Iran reveal that there is no unified system to involve all stakeholders in the HIV/AIDS policy-making process (Khodayari-Zamaq et al., 2021), and studies that generate little awareness of the policy by frontline providers (Simooya et al., 2023), or the government that failed to carry out comprehensive sex education outreach to young people (Keogh et al., 2018), The Provincial Government of Bali does not intend to repeat the same mistake. The Province of Bali is able to learn from many countries in Rwanda which were able to implement a policy to improve the HIV self-test program, and it was implemented successfully because it depended heavily on the involvement of relevant stakeholders (Dzinamarira et al., 2020).

Based on the experiences of many countries in implementing policies to combat the spread of HIV/AIDS, the Province of Bali can learn to create practical steps in the future by developing strategic plans and being supported by the government and the community.

The research conducted in the Province of Bali, Indonesia, communication from field extension workers who came to [villagers'-villagers'](#) homes and students at red lights and open fields, in markets, and leaflets, booklets, and banners in Balinese were considered

more effective than the main language. Likewise, stakeholders who go down to the village hall and to the health center to advocate for the community (Koesbardiati et al., 2017), and a friendly approach to people with HIV/AIDS disease is also required (Mohammadi et al., 2021).

The adequacy of human resources is a major factor in the success of an HIV/AIDS program (Owan et al., 2022). Adequacy of human resources related to competence, skills, and personal abilities to tackle the spread of HIV/AIDS. Human resources are an essential requirement for performance in hospitals and health centers. Community health center is the spearhead of health services and is at the grassroots level (Kumiawan et al., 2017). Therefore, Bali government realizes that the success of the HIV/AIDS prevention program is not only due to strong institutions and abundant funds but coordination and involvement of all aspects of society from the top to the grassroots. Studies on coordination in the implementation of HIV/AIDS programs have been carried out by Khosla et al. (2016).

## 5. **6. Conclusion**

The success of HIV/AIDS prevention in the Province of Bali, Indonesia is caused by many factors. These include reforming the institutional system by establishing the Provincial AIDS Commission, inter-stakeholder coordination and cross-sector collaboration, regional mapping activities, involvement of NGOs, mobilization of students and field officers to accelerate understanding of the dangers of HIV/AIDS, adequacy, and capacity of human resources and field workers, adequate funds, advocacy, and good communication and easily understood by the community, an easy referral system, monitoring the performance of field staff, the use of WhatsApp to speed up the handling of PLHIV.

The most important activity in developing countries for government programs to be successful is to disseminate useful causes through communication, information, and education to grassroots communities. IEC activities are very useful because Bali is a world tourism area, and many grassroots people are illiterate or do not understand the impact of HIV/AIDS. Dissemination of IEC activities for HIV/AIDS through field counseling, university activities, and continuous support from public actors in the villages is an important aspect of the success of this program.

### **Data availability statement**

Data will be made available on request.

### **Ethical Issues**

This study was approved by the Universitas Ngurah Rai, Denpasar, Bali Research Ethics Review Board (017-UNR-RERB-08-2022).

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### **Author contribution statement**

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MS and AAS are Senior joint authors, developing and designing research concepts; MS Conducting research, compiling and designing research; contributing data, materials, and AAS analytical data; and writing the paper.

Conceptualization, XX and YY; methodology, XX; software, XX; validation, XX, YY and ZZ; formal analysis, XX; investigation, XX; resources, XX; data curation, XX; writing—original draft preparation, XX; writing—review and editing, XX; visualization, XX; supervision, XX; project administration, XX; funding acquisition, YY. All authors have read and agreed to the published version of the manuscript.

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#### **Declaration of Interest/Conflict of interest Statement**

The authors declare no competing interests.

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ORIGINAL ARTICLE

## Implementation of HIV/AIDS prevention policies: The study in Bali Province, Indonesia

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### ABSTRACT

This paper presents an overview of the policies and efforts of the Provincial Government of Bali, Indonesia, to tackle the development of HIV/AIDS. This study considers the socio-cultural context and analyzes the factors that are most likely to influence its spread, the response of the community, and the local government's efforts to form Provincial AIDS commission whose movement is supported by the village government and the community to suppress the spread of HIV/AIDS. The authors observe the micro factors that most determine this program, such as attitudes, behaviors, and desires of policy-making actors, stakeholders, implementing organizations, adequacy of human resources, financial funds, information, education, communication, advocacy, regional languages, the role of students, and field workers, and local culture in preventing the spread of HIV/AIDS. Therefore, this research does not focus on just one dimension in efforts to deal with this outbreak. Following the application of the public policy theory, all potential contributing elements must be addressed simultaneously. This requires a truly interdisciplinary and multisectoral approach that requires to be comprehended by policymakers in other provinces where the prevalence of HIV/AIDS is quite high. This effort also requires commitment and strong political will from levels of government.

### KEYWORDS

*local government policies; HIV/AIDS prevention; advocacy; communication; regional languages; the role of students; field workers; local culture*

### 1. Introduction

Sexually transmitted diseases (STDs), Human Immunodeficiency Virus (HIV), and Acquired Immunodeficiency Syndrome (AIDS) continue to pose a threat to the world's population. According

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to data from the World Health Organization (WHO), in 2018, 37.9 million people were living with HIV, and the most sufferers were in Africa, with a total of 25.7 million people. Due to HIV/AIDS, 1.4 million people died in 2000 and it was counted 770,000 people died in 2018. According to the estimates of the Joint United Nations Program on HIV/AIDS (Ocran et al., 2022), Indonesia has the largest number of people living with HIV in Southeast Asia, namely around 540,000 people in 2021 (Khodayari-Zarnaq et al., 2021; UNAIDS, 2019).

In Indonesia, HIV/AIDS has been recognized as a national social health problem, and the President has established the Central AIDS Commission (CAC) through Decree No. 36 of 1994. CAC aims to carry out efforts to prevent and control AIDS. In Bali Province, CAC has proposed the formation of a Bali AIDS Commission (BAC). According to the Health Ministry, the development of HIV/AIDS cases has continued to increase drastically in the past five years as Bali Province is a world tourism area. The accumulation of HIV/AIDS cases during the COVID-19 pandemic is a cause for concerning and requiring serious strategies and management.

The data of Health Ministry indicates that the spread of HIV/AIDS in Bali is happening very quickly compared to 33 other provinces in Indonesia. The reasons include the high population growth rate due to urbanization and the visits of tourists from abroad facilitating the transmission and spread of HIV/AIDS. The Governor of Bali made a policy by establishing BAC based on Decree No. 544 of 1994 to overcome this problem. However, BAC did not run effectively because the organizational structure was unstable and did not perform well.

In January 2022, the Ministry of Health stated that the Province of Bali was in the top 10 with the most cases of HIV/AIDS. Bali occupied the sixth position with the most cases in Indonesia. Data on HIV/AIDS cases in Indonesia were Jakarta Province with 90,958 cases, East Java with 78,238 cases, West Java with 57,426 cases, Central Java with 47,417 cases, Papua with 45,638 cases, Bali with 28,376 cases, North Sumatra with 27,850 cases, Banten 15,167 cases, South Sulawesi 14,810 cases, and Riau Islands with 12,943 cases. HIV/AIDS case data in the Province of Bali are presented in Figure 1.

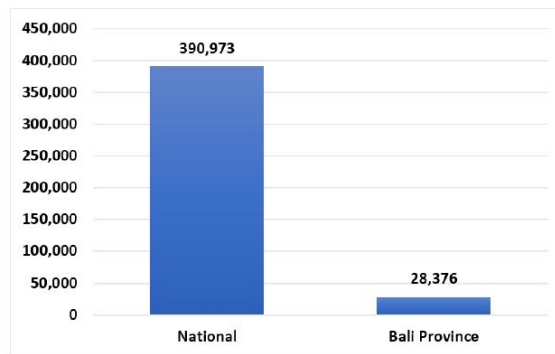


Figure 1. Comparison of HIV/AIDS cases in Bali and nationally in 2022.

Source: *Bali AIDS Commission, 2022*. Add it as a reference and provide its information in Ref section

The picture above is the latest data released by the Bali AIDS Commission. However, health experts explained that the actual number of people living with HIV/AIDS in Bali is an iceberg phenomenon, and this data may only be 10% of the actual data. Because people living with HIV/AIDS never report their illness, feel ashamed, and do not want others to know about it. Therefore, the Government and BAC need to re-collect data on people living with HIV/AIDS and invite them to come to the community health centers and hospitals.

In addition, to tackle the spread of HIV/AIDS, the Governor of Bali signed the Sanur Commitment Movement by all Governors, Regents, and Mayors. Among the contents of the Sanur Commitment is strengthening and empowering the role and function of BAC.

In its implementation, the efforts made by the Government and BAC Bali received support from the Central Government. The Province of Bali is considered capable of suppressing the transmission of HIV/AIDS. Bali won the award from the Ministry of Health in 2022. The Best Award Certificate 1 was received by Mr. I. Wayan Widia, Head of the Provincial Disease Prevention and Control Service Bali Health Office, in Jakarta, on 31 January 2023 (Balitopnews, 2023).

## **2. Literature review**

Some of the literature that raises the causes of increasing cases of HIV/AIDS and STDs report their association with low socioeconomic status. This is due to reports released by developing and underdeveloped countries (Haakenstad et al., 2019). However, data on the empirical relationship of SES with HIV/AIDS are mixed with other factors beyond control (Fang et al., 2008).

There are many reasons for the increasing cases of HIV/AIDS. Yang et al. (2005) investigated migrants working in eight occupational clusters in Beijing and Nanjing, China, to examine workplace association with HIV-related behaviors and perceptions. For sexually experienced women, those working in entertainment establishments or personal service (e.g., nightclubs, dancing halls, barbershops, beauty salons, and massage parlors) engaged in risky sexual practices twice as frequently as those working in non-entertainment establishments (e.g., restaurants, stalls, domestic service, and factories). In a study, Cao et al. (2022) suggested that AIDS patients should pay attention to the maintenance of oral health, and early initiation of highly active antiretroviral therapy (HAART) may be important for the development of oral lesions. He explained that in patients infected with HIV/AIDS, age, gender, marital status, income level, smoking behavior, and oral health affected periodontal clinical indicators; age and marital status correlate with dental clinical indicators; most have oral manifestations, especially candidiasis albicans, salivary gland disease, AIDS-associated periodontitis, and mouth ulcers.

In connection with government policies to tackle the spread of HIV/AIDS, a study in Iran conducted by Khodayari-Zarnaq et al. (2021) revealed the multidimensional nature of HIV/AIDS, namely that there are many stakeholders involved in HIV/AIDS control, active and potential in this field. However, there is no unified system to involve all stakeholders in HIV/AIDS policy-making. Therefore, an upstream entity is needed to coordinate and mobilize all stakeholders in managing and controlling HIV/AIDS—worker studies regarding coordination that does not work between institutions.

The Zambia study adopted a strategic communication policy and an HIV/AIDS implementation



policy. Governments rely on formal and informal channels to communicate testing and drug policy changes to all healthcare providers. Elaborating a National HIV/AIDS Action Strategy has resulted in little awareness of this policy by frontline providers. Stakeholder agreement using a top-down concept, limited training of health workers, and financing harms implementing changes to the test and treat policy for all (Zakumumpa et al., 2023). In contrast to Rwanda, the HIV self-test policy improvement (HIVST) program is considered successful because it is supported by stakeholders (Dzinamarira et al., 2020).

In Ghana, the government has a school-based Counseling on Sex Education (CSE) program which effectively prevents HIV among young people aged 10–24 years. Unfortunately, Ghana's national sexual and reproductive health education policy does not have an overarching policy. This policy was identified as a factor that could influence the orientation of school-based health educators creating disharmony in sex education interventions and introducing sex education messages that have the potential to create narrow curricula and limit overall HIV/AIDS knowledge (Ocran et al., 2022). Eventually, this program was discontinued because it was deemed ineffectively. Based on the experiences of various countries in implementing policies to prevent the spread of HIV/AIDS, we can learn to take practical steps going forward by developing strategic plans that are supported by the government and society.

### **3. Methodology**

This study uses qualitative methods supported by a phenomenological approach. Phenomenology can be defined as an approach to research that seeks to describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it (Khan, 2018; Nigar, 2020). This method is supported through in-depth interviews by compiling a list of interviews (DeJonckheere and Vaughn, 2019). Ishtiaq (2019) formulates various eligibility criteria for interview lists by considering the research objectives. To compile a list of interviews, the author explored literacy in various online media regarding the effectiveness of implementing HIV/AIDS policies and programs and government, NGO, and community partnerships to reduce the spread of HIV/AIDS. After compiling the list of interviews, the writer tested the list of interviews.

Furthermore, the researchers determined the informants who were directly involved and understood the topic of this research. Researchers can access these informants and identify participants during or after data collection. The selection of key informants was carried out using a purposive sampling technique (Etikan, 2016). The results of the interview list instrument are presented in the research results. **Table 1** shows the number of informants interviewed.

### **4. Results**

#### **4.1. Adequacy of human resources**

Adequacy of human resources related to competence, skills and personal abilities is important to overcome the spread of HIV/AIDS. Human resources are an essential requirement for performance in the rush skit and community health center. Community health center is the spearhead of health services and is at the grassroots level. In order to determine the adequacy of human resources, interviews were conducted as follows.

**Table 1.** Key informants.

No.	Name	Institutions
1	Mr. Yahya Anshori	BAC Provinsi Bali
2	Mr. Wayan Diana	Head of BAC Media Program Management
3	Mr. Gede Agus Suryadinata	Bali Provincial Health Office: Prevention and Control of Infectious Diseases
4	Ms. Tri Indarti	Head of Denpasar City Health Office
5	Mr. A. A. N. Gede Dharmayuda	Head of the Disease Control and Eradication Program Division of the Denpasar City Health Service
6	Mr. Made Adi Mantra	Director of the Bali Health Foundation (NGO)
7	Ms. Ni Luh Made Suwari	Paramacitta Spirit Foundation (NGO)
8	Ms. Putu Padma Praesti	Chairman of the Management Program for AIDS and Drug Concern Student Groups
9	Mr. I. Gusti Putu Agung JT	Head of the Bali Province AIDS Care Village Cadre Management Program (NGO)
10	Ms. I. Wayan Yuni Ambara	The District Health Office, Division of Communicable Disease Prevention and Control
11	Ms. Yurike Ferdinandus	Community Members with HIV/AIDS (people with HIV/AIDS disease (PLWHA))
12	Ms. Yuni Nengah	Community Members with HIV/AIDS Community Members with HIV/AIDS (people with HIV/AIDS disease (PLWHA))

Source: *Authors*, 2022.

In order to overcome these obstacles, Mr. Anshori (BAC) initially prepared a strategic plan, as explained:

*We have developed a Strategy and Action Plan at the city, district, and village levels. The goal is that there is a standard procedure for carrying out AIDS prevention efforts in Bali. A strategic plan needs to be made with indicators and SOPs for handling HIV/AIDS specifically. Then, this plan was disseminated to BAC human relation and health extension workers.*

Regarding the readiness of human resources, Mr. Anshori explained:

*We have sufficient human resources in the office and field to socialize and implement HIV/AIDS prevention policies. At the village level, BAC Bali needs field extension workers and counselors. Therefore, additional village extension officers are needed for the extension program and outreach to the community to be adequately implemented. We involve students from various tertiary institutions as field workers who do not require to be paid; they actively provide case reports daily through the whats-up group. In the future, we hope that there will be an easy HIV/AIDS case application for data collection on PLHIV.*

Ms. Praesti of the Management Program for AIDS and Drug Concern Student Groups at the provincial level added:

*BAC has a lot of human resources, as well as capability and quality, but only a few officers understand standard operating procedures. In order to improve their performance, BAC will strengthen the capabilities of field extension workers. Currently, BAC has recruited one field*

*assistant from students and one HIV/AIDS counselor in each village. They actively report cases every day via the WhatsApp group.*

In an interview with Ms. Ambara, the District Health Office, Division of Communicable Disease Prevention and Control, she explained:

*We have HIV/AIDS prevention experts, voluntary counseling and testing (VCT) service experts, and sexually transmitted infections primary care workers. Experts make it easier for us to refer to people living with HIV/AIDS.*

She suggested:

*We propose that the addition of several laboratories with complete facilities at the district level is urgently needed so that the process of handling HIV/AIDS cases can run well and quickly.*

Interviews were also conducted with community members infected with HIV/AIDS in the district. Ms. Yurike explained:

*HIV/AIDS service workers on standby at every health center and district hospital. We also see that there are health workers for VCT and Postmortem computed tomography (PMCT) services. We also always find extension workers who actively disseminate HIV/AIDS prevention to people's homes. We consider all of this necessary for society because most of the people do not understand how infected people with HIV/AIDS transmit the diseases to others.*

#### **4.2. Adequacy of financial funds**

In order to tackle the spread of HIV/AIDS, an adequate budget is needed. The budget is an essential thing in the HIV/AIDS prevention program. An interview with Mr. Anshori (BAC) obtained the following information.

*In particular, the treatment of HIV/AIDS patients is different from diseases in general. The government has provided health funding assistance to purchase ambulances, vehicle maintenance costs, purchase medicines, produce IEC brochures, and socialize the prevention of HIV/AIDS to the public. The budget is IDR 1,395,861,500 (equivalent to US\$ 95,000) per month. These funds are channeled to districts and cities. At the village level, additional funds are needed for local NGOs that work with BAC. We have submitted a budget to the Provincial Government and Central BAC so that HIV/AIDS cases can be handled earlier and more quickly.*

Head of the Provincial Level AIDS and Drug Concern Student Management Program, Ms. Praesti, added:

*Currently, we are improving the abilities, skills and expertise of field officers. In the future, additional funds will be needed to strengthen the implementation of the Socialization, and Information Education Communication (IEC) program.*

In an interview with Mr. Dharmayuda, Head of the Disease Control and Eradication Program Division of the Denpasar City Health Service, he explained:

*At the district and village levels (central health), additional funds are needed to procure medicines and medical devices—for example, reagents and ARVs, so that the health services for*

*PLHIV can be appropriately handled.*

Interviews were also conducted with community members infected with HIV/AIDS in the district. Ms. Yuni explained:

*The government has prepared drugs for the prevention of HIV/AIDS. For example, ARV drugs can be obtained at provincial, city, and district hospitals. However, the COVID-19 pandemic has hampered and obtaining medicine has become more complex. Most of the health funds is probably diverted to tackling the COVID-19 pandemic. By the end of COVID-19, the availability of ARV drugs has recovered and is easy to obtain.*

#### **4.3. The role of the implementing organization**

The success factor of a policy/program lies in the role of the implementing organization, as indicated by the structure, bureaucracy, norms, and patterns of relationships that occur (Ahmad et al., 2017). In the Province of Bali, patterns of community relations can be seen in norms, values, habits, and customs, which are symbols of the community always obeying the culture that has existed for generations (Basyir 2019; Gedela et al., 2020). Strong local culture has apparently helped the Balinese in accelerating the prevention of the spread of HIV/AIDS (Runiari et al., 2018).

In an interview with Mr. Anshori (BAC), he explained:

*The activities carried out so far have been organized. For example, HIV/AIDS outreach programs. Pregnant women coordinated with field counseling. This program is considered successful because of the cooperation of the field workers team with the pregnant women program. In addition, the handling and administration of drugs to sufferers of HIV/AIDS cases also exceeded the target. We collaborate with cross-sectors and communities, and it is going well. The Governor has instructed that efforts to tackle HIV/AIDS must be carried out comprehensively and BAC has a role in initiating and advocating for stakeholders and the community.*

In an interview with Ms. Praesti, Head of the AIDS Management Program and Drug Concern Student Group at the provincial level, she said:

*BAC has played the best role in which BAC always controls the performance of hospitals and health centers through coordination with the Health Office. BAC also controls staff and field extension workers every day. In addition, it encourages staff and field extension workers regularly, for example, by mingling with field extension workers at the desk hence, the community feels comfortable and excited.*

The results of an interview with Mr. Mantra, Director of the Bali Health Foundation who is an Activist for Harm Reduction, an NGO in Bali, is as follows:

*HIV/AIDS prevention programs have been carried out jointly. The Bali Health Foundation is a partner of BAC. We play a role as assistants and community educators about HIV/AIDS, and pregnant women. We are always involved in cross-sectoral meetings and BAC programs and evaluate programs in the field.*

In an interview with Mrs. Ambara from the Communicable Disease Prevention and Control Division, she explained:



*We have a role in supporting logistics, ARV drugs, and service delivery to improve the quality of life for PLWHAs. We are members of BAC meetings and programs/activities, such as resource persons in seminars, webinars, and outreach at the village office.*

#### **4.4. Actor's dispositions**

Disposition is defined as policy actors' attitude, behavior, and desire to implement the policy (Knoepfel et al., 2011). Disposition has an essential role in implementing HIV/AIDS policy and influences the success of the HIV/AIDS program (Handayani et al., 2021; McRobie et al., 2017).

In an interview with Mr. Anshori (BAC), the role of actors is explained as follows:

*The provincial government always controls programs implemented by BAC. We must always pay attention to key populations and the general population and advocate, initiate, monitor, and evaluate every program that involves stakeholders. All stakeholders, such as health offices in provinces, cities, districts and hospitals, health centers, NGOs, student's movements, village governments, and health educators, participate in efforts to prevent HIV/AIDS. All stakeholders have the same desire, attitude, and goals to play a role, and BAC unites their desires and needs to tackle HIV/AIDS problems.*

In an interview with Ms. Indarti, Head of Denpasar City Health Office, she explained that:

*The city government intends that HIV/AIDS in Denpasar and the province of Bali can be reduced. We have socialized it to traditional villages in all cities and districts in Bali. Prevention in the general population in the province of Bali has been carried out intensively because the Healthy Village program of the Ministry of Health supports it. Hence, all BACs in districts and cities have been formed and developed this program. We also coordinate with the Department of Culture and the Traditional Village Assembly which budgeted aid funds for this program.*

Furthermore, the interview was conducted with Ms. Suwari from Paramacitta Spirit Foundation, Bali. She explained as follows:

*We are HIV/AIDS prevention activists, hoping that our family and society will be free from HIV/AIDS. Consequently, during meetings with clients, we always provide health education counseling. There are many obstacles in the field for dealing with high-risk members of society. The example is injecting drug users (IDU), sex workers, and customers of sexual relations. BAC and Bali Health Foundation have coordinated and contributed regarding early detection and referred them to the center of health. Although we have advised, some of the sex workers and customers no matter what we say. We remain humble, and even though it is difficult, we must not give up trying to change people's attitudes.*

The Head of the Disease Control and Eradication Program Division of Denpasar City said:

*Our service focuses on quantity and quality of life, and all PLWHA must routinely take ARV therapy. Treatment is generally recommended by doctors using antiretroviral therapy (ARV). This therapy consists of a combination of antiviral drugs for HIV infection, and treatment with ARV drugs is recommended for everyone with HIV/AIDS. We are currently developing a Policy to serve PLWHA or the Balinese people. The Health Office has a stock of ARVs distributed by the Ministry of Health for the next six months.*



#### 4.5. Communication factor

The implementation of HIV/AIDS control policies and programs is determined by communication factors (Suparmi et al., 2020). Communication must be delivered accurately and consistently. Communication failures hinder policy implementers from achieving success in the HIV/AIDS prevention programs (Djellouli and Quevedo-Gómez, 2015; Mehra et al., 2014).

In an interview with Mr. Anshori (BAC), he explained:

*There are two strategies carried out by BAC, namely verbal and non-verbal communication. Verbal communication is done by visiting the people who live together HIV/AIDS, the general public, and meeting places in village offices, traditional villages and communities. BAC is here to provide information with are able to be comprehended, especially the impact of HIV/AIDS. While non-verbal communication activities are carried out through correspondence, brochures, leaflets, booklets and banners in local languages that are easier for the public to understand.*

He continued his description:

*For example, BAC invites and involves all stakeholders in commemorating the Archipelago AIDS Reflection Night and World AIDS Day. We have carried out outreach and communication on HIV/AIDS prevention through film screenings. For example, the film Nyiramang Layon has been socialized on social media and other mass media in collaboration with the Cadre of AIDS Care Journalists.*

Mr. Mantra, the Reduction Director of the Bali Health Foundation, added the description:

*Information, education, and communication activities are conducted for regional officials, students, and the community. The goal is for them to know the dangers of HIV/AIDS. In order to support the acceleration of information, we held socialization by distributing flyers at red lights, essential events, and the Province of Bali birthdays.*

Mr. Dharmayuda from the Health Service, Communicable Disease Prevention and Control Division said:

*The keys to successful HIV prevention and control management are ongoing activities, communication, and patient outreach. At each HIV/AIDS discussion meeting, information is inserted that strengthens efforts to understand HIV/AIDS. BAC's active communication with field workers and public health centers is necessary to monitor the progress of each case; for example, reporting routinely the results of the implementation of field officers who contain service difficulties.*

Furthermore, he added:

*Considering the background of various levels of community awareness and participation, it is necessary to carry out regular communication and approaches so that the community is open to providing information about the importance of this matter. The success rate of HIV/AIDS prevention is highly dependent on information and communication intentions.*

In an interview with Mr. Diana, Head of the BAC Media Program Management district, he said:

*In our experience in the field, miscommunication sometimes occurs in carrying out obligations and duties. The solution is that in public communication, we must use language easily understood by the public accompanied by examples they understand every day.*

## **5. Discussion**

The spread of HIV/AIDS cases in Bali is concentrated in three districts involving: Denpasar Municipality, Badung, and Buleleng Regencies. The highest cases were found through injecting drugs in Denpasar. The average age of people living with HIV/AIDS in Denpasar ranges from 20 to 29 years with a total of 10,162 cases (37.9%); aged 30–39 years with a total of 9594 (33.6%) of the total cases (DetikBali, 2022).

This data shows that the young age group, especially between 20 and 39 years are vulnerable to the spread of HIV/AIDS in Bali. The steps taken by the Provincial Government and BAC to map the area are the first steps towards successfully reducing HIV/AIDS cases in the Province of Bali. Mapping this area makes it very easy for BAC to reach and handle the spread of people living with HIV/AIDS. Mapping area is one of the strategies included in the BAC strategic plan (Collins, 2019). These key populations are very important and able to reach all the necessary information by addressing a wide range of options (Stonbraker et al., 2018).

In accordance with the theoretical model of public policy implementation, in order for the implementation of public policy to be successful, at least five key factors must be found, namely the adequacy of human resources, the adequacy of final funds, the role of implementing organizations, actor dispositions, and communication (Fensterwalder et al., 2022). Other factors that support the five factors can be added, namely the involvement of field extension cadres, student's involvement, the use of WhatsApp communication tools, an easy referral system, the availability of medicines, and especially the role of NGOs (Berenguera et al., 2011).

According to Melkote et al. (2014), the factors of information, education, and communication (IEC) are interesting and crucial in increasing the success of the spread of HIV/AIDS. Research on IEC has been carried out by the Department for International Development UK, the Global Fund, the Ministry of Health, and the National AIDS Commission of Burkina Faso, Ghana, and Senegal. They concluded that IEC in native languages required to be considered in planning HIV/AIDS related health communications (Batchelor et al., 2019). In addition, the role of the IEC helps this program's success (Mahapatra, 2014).

**Drawing lessons** from studies in China which indicated the causes of behavior towards HIV/AIDS (Lai et al., 2020) and the failure of HIV/AIDS prevention policies (Francis, 2012), or studies in Iran reveal that there is no unified system to involve all stakeholders in the HIV/AIDS policy-making process (Khodayari-Zarnaq et al., 2021), and studies that generate little awareness of the policy by frontline providers (Simooya et al., 2023), or the government that failed to carry out comprehensive sex education outreach to young people (Keogh et al., 2018), the Provincial Government of Bali does not intend to repeat the same mistake. The Province of Bali is able to learn from many countries in Rwanda which were able to implement a policy to improve the HIV self-test program, and it was implemented successfully because it depended heavily on the involvement of relevant stakeholders (Dzinamarira et al., 2020).

Based on the experiences of many countries in implementing policies to combat the spread of HIV/AIDS, the Province of Bali can learn to create practical steps in the future by developing strategic plans and being supported by the government and the community.

The research conducted in the Province of Bali, Indonesia, communication from field extension workers who came to villagers' homes and students at red lights and open fields, in markets, and leaflets, booklets, and banners in Balinese were considered more effective than the main language. Likewise, stakeholders who go down to the village hall and to the health center to advocate for the community (Koesbardiati et al., 2017), and a friendly approach to people with HIV/AIDS disease is also required (Mohammadi et al., 2021).

The adequacy of human resources is a major factor in the success of an HIV/AIDS program (Owan et al., 2022). Adequacy of human resources related to competence, skills, and personal abilities to tackle the spread of HIV/AIDS. Human resources are an essential requirement for performance in hospitals and health centers. Community health center is the spearhead of health services and is at the grassroots level (Kurniawan et al., 2017). Therefore, Bali government realizes that the success of the HIV/AIDS prevention program is not only due to strong institutions and abundant funds but coordination and involvement of all aspects of society from the top to the grassroots. Studies on coordination in the implementation of HIV/AIDS programs have been carried out by Khosla et al. (2016).

## **6. Conclusion**

The success of HIV/AIDS prevention in the Province of Bali, Indonesia is caused by many factors. These include reforming the institutional system by establishing the Provincial AIDS Commission; inter-stakeholder coordination and cross-sector collaboration; regional mapping activities; involvement of NGOs; mobilization of students and field officers to accelerate understanding of the dangers of HIV/AIDS; adequacy and capacity of human resources and field workers; adequate funds, advocacy, and good communication and easily understood by the community; an easy referral system; monitoring the performance of field staff; and the use of WhatsApp to speed up the handling of PLHIV.

The most important activity in developing countries for government programs to be successful is to disseminate useful causes through communication, information, and education to grassroots communities. IEC activities are very useful because Bali is a world tourism area, and many grassroots people are illiterate or do not understand the impact of HIV/AIDS. Dissemination of IEC activities for HIV/AIDS through field counseling, university activities, and continuous support from public actors in the villages is an important aspect of the success of this program.

### **Data availability statement**

Data will be made available on request.

### **Ethical issues**

This study was approved by the Universitas Ngurah Rai, Denpasar, Bali Research Ethics Review

Board (017-UNR-RERB-08-2022).

### **Author contributions**

Conceptualization, IMS and AAS; methodology, IMS; software, AAS; validation, IMS and AAS; formal analysis, AAS; investigation, IMS; resources, IMS; data curation, IMS and AAS; writing—original draft preparation, IMS and AAS; writing—review and editing, IMS and AAS; visualization, AAS; supervision, IMS and AAS; project administration, IMS and AAS; funding acquisition, IMS. All authors have read and agreed to the published version of the manuscript.

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Is it the funder?

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### **Conflict of interest**

The authors declare no competing interests.

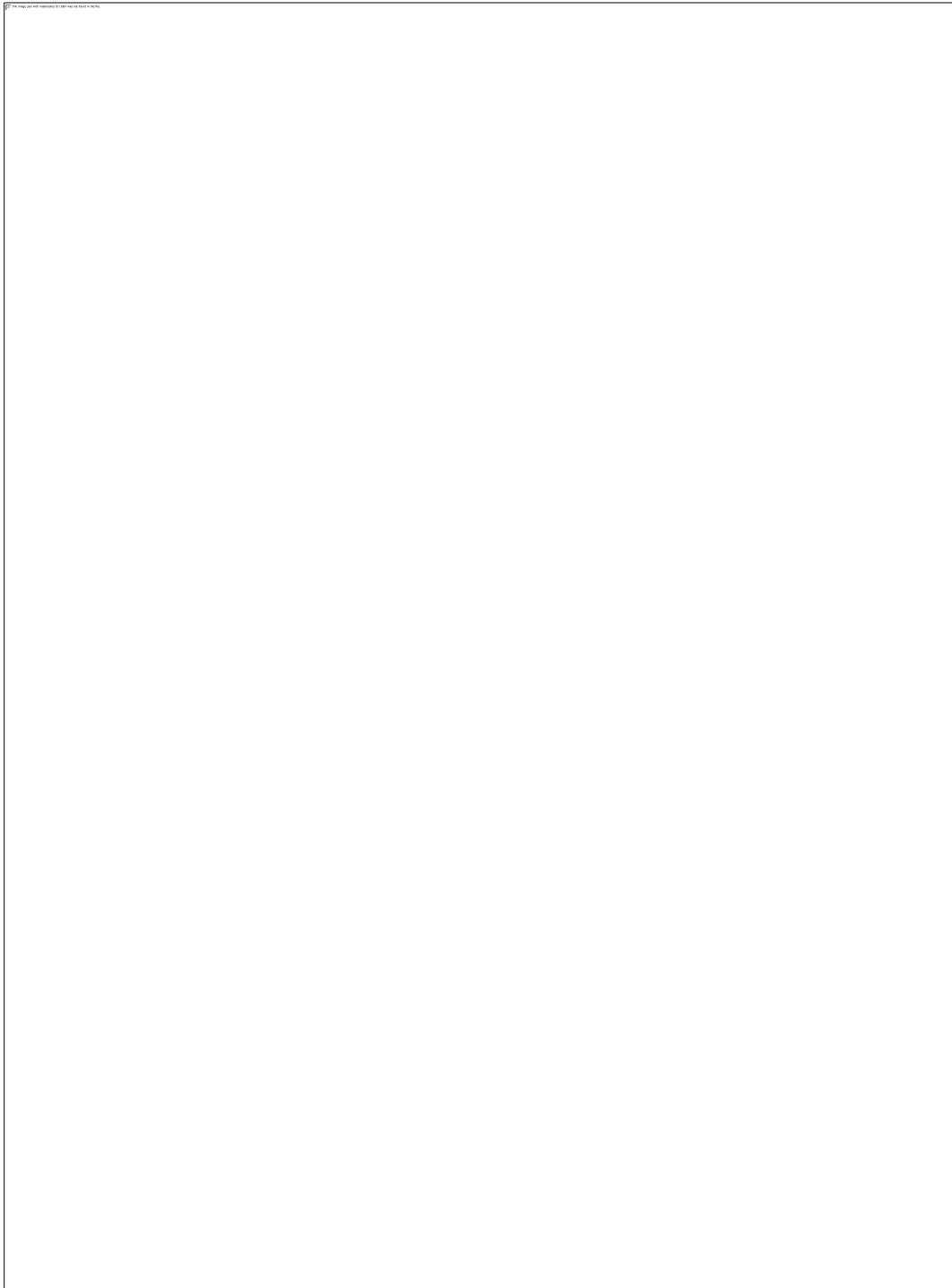
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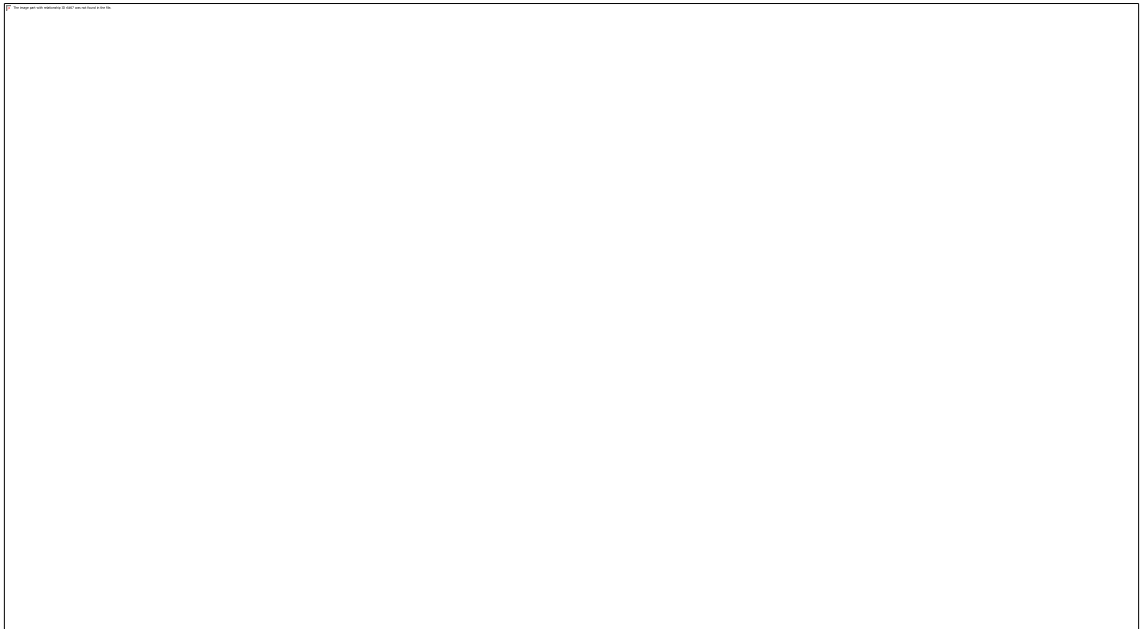


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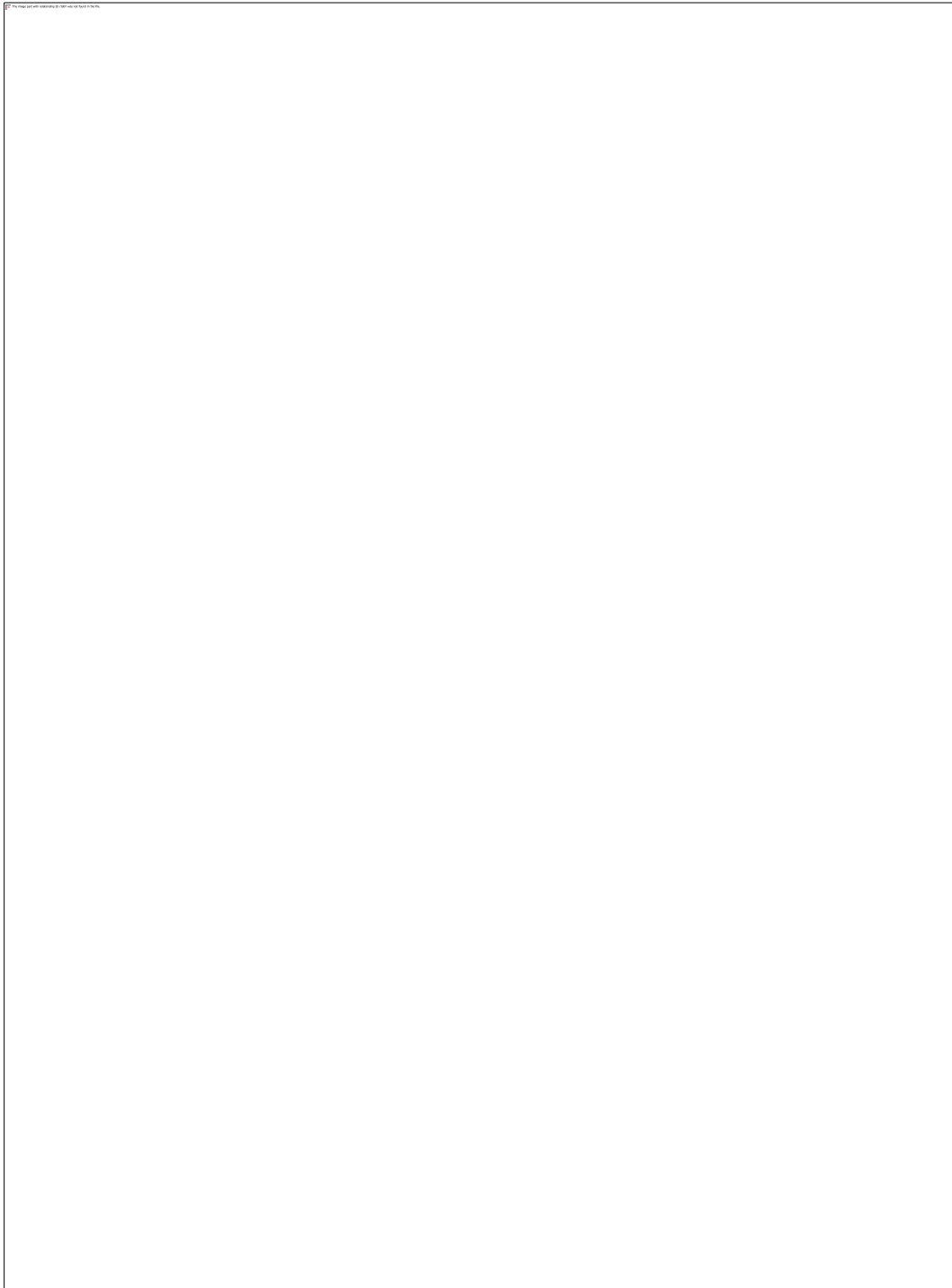


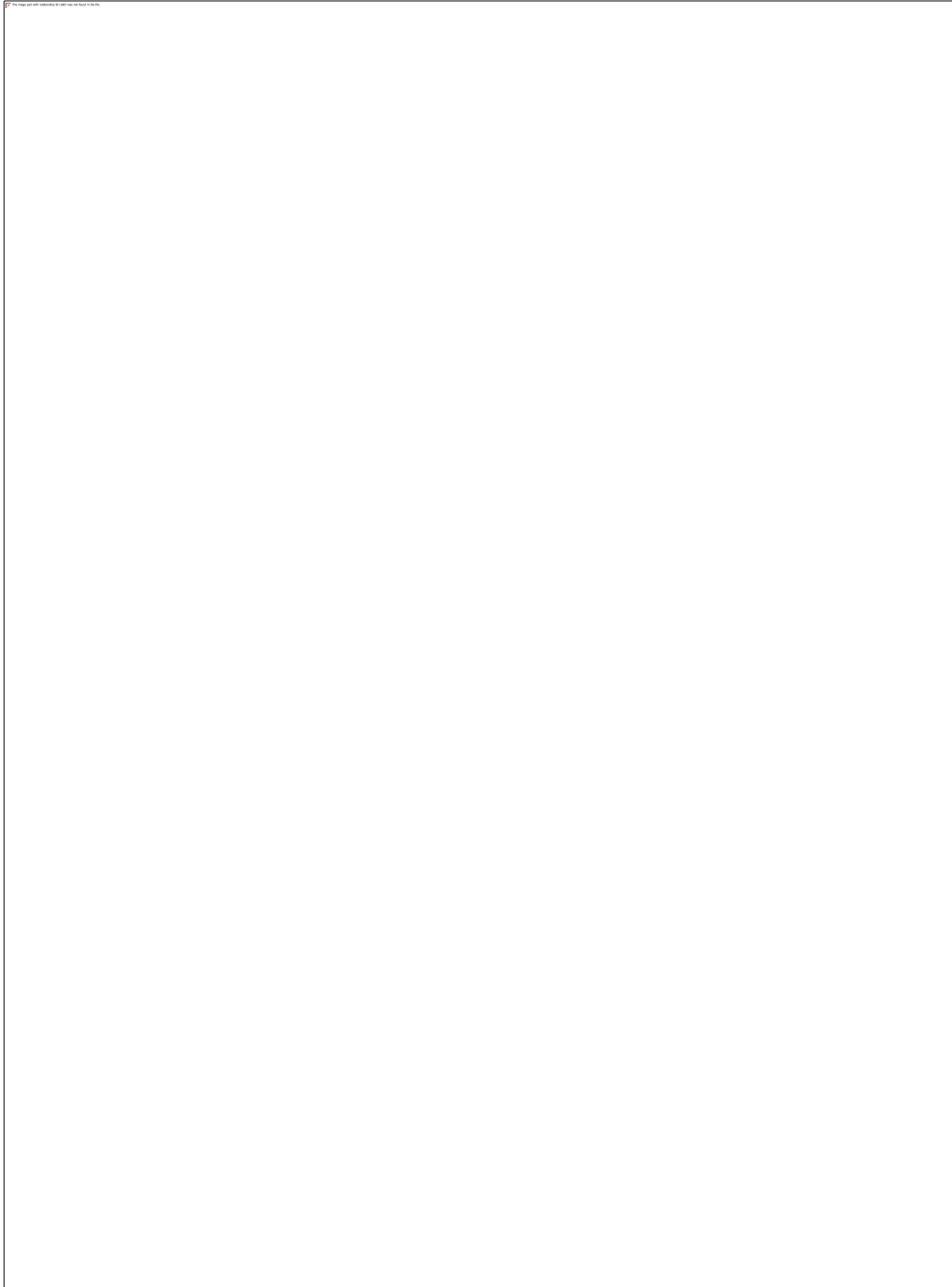


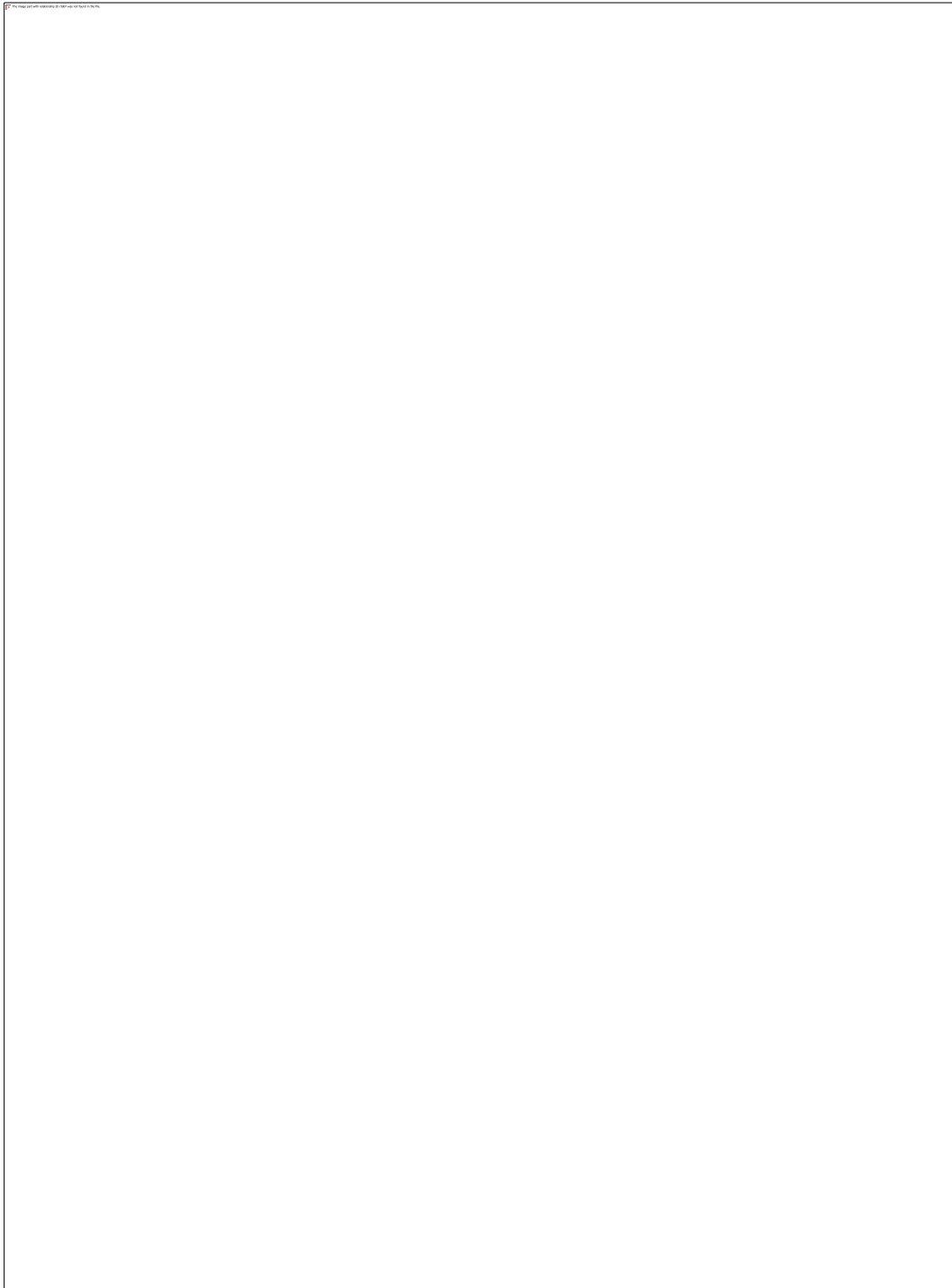
## **6. Bukti Konfirmasi Artikel Published Online (19 September 2023)**



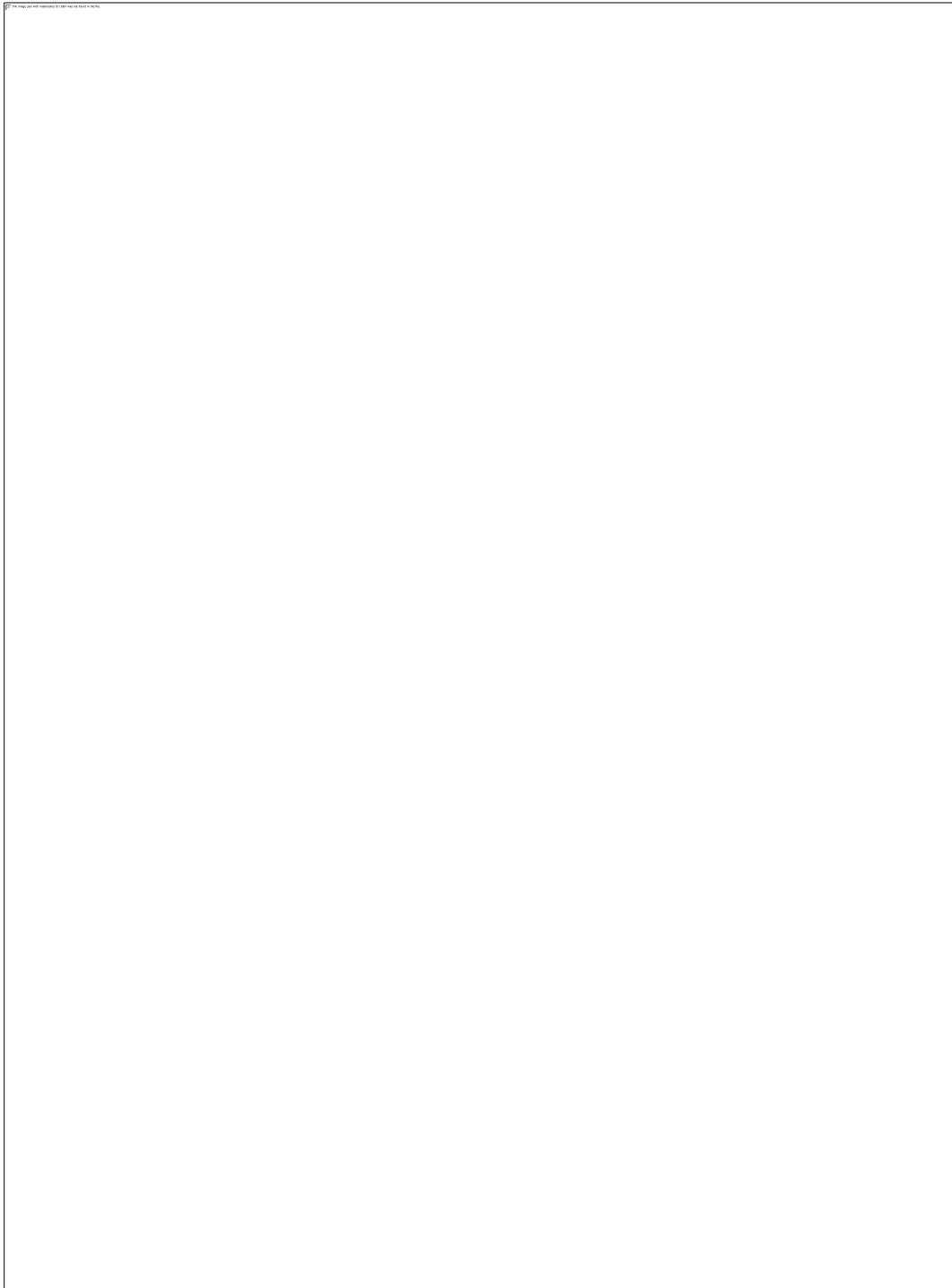
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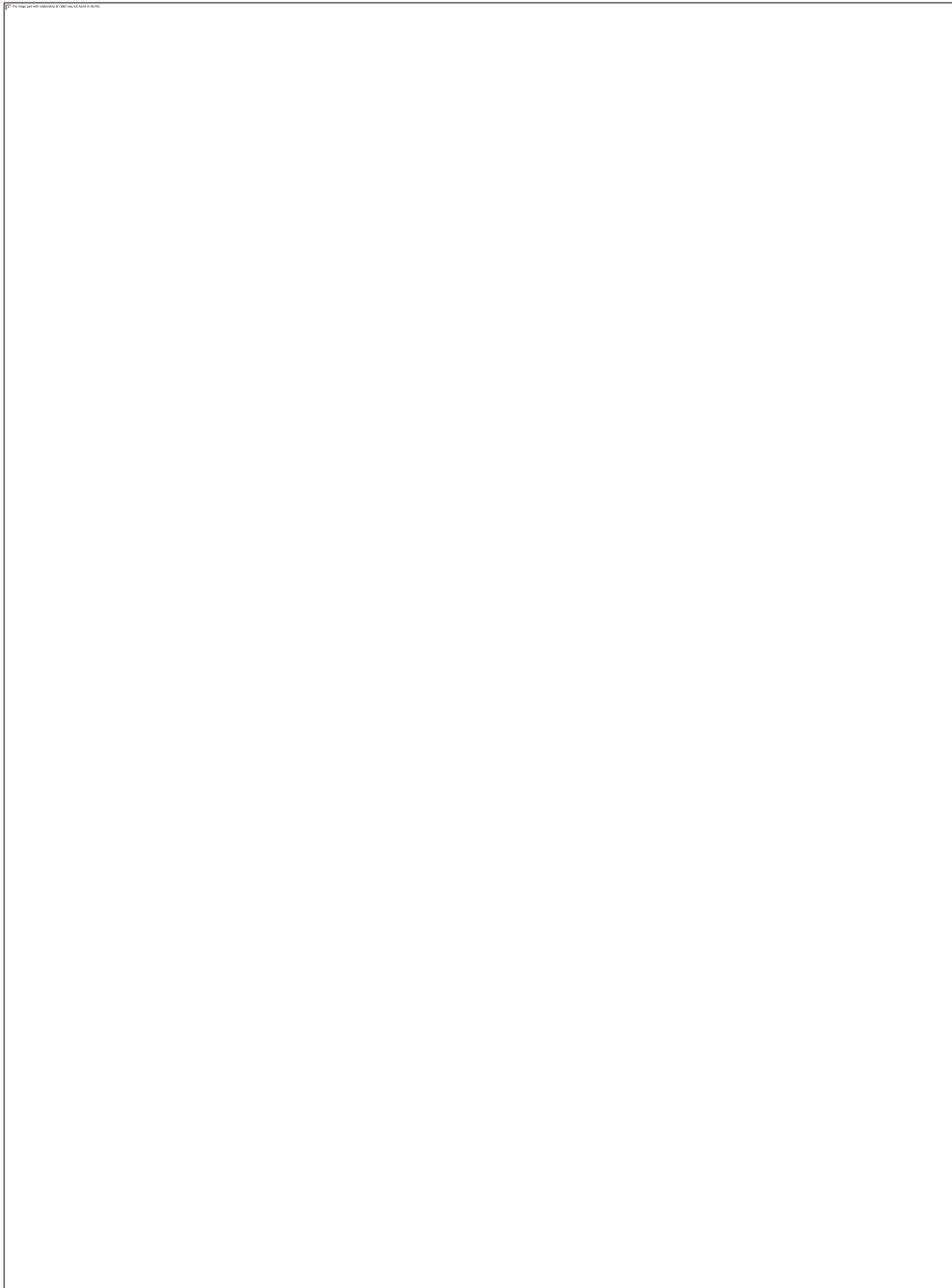












*assistant from students and one HIV/AIDS counselor in each village. They actively report cases every day via the WhatsApp group.*

In an interview with Ms. Ambara, the District Health Office, Division of Communicable Disease Prevention and Control, she explained:

*We have HIV/AIDS prevention experts, voluntary counseling and testing (VCT) service experts, and sexually transmitted infections primary care workers. Experts make it easier for us to refer to people living with HIV/AIDS.*

She suggested:

*We propose that the addition of several laboratories with complete facilities at the district level is urgently needed so that the process of handling HIV/AIDS cases can run well and quickly.*

Interviews were also conducted with community members infected with HIV/AIDS in the district. Ms. Yurike explained:

*HIV/AIDS service workers on standby at every health center and district hospital. We also see that there are health workers for VCT and Postmortem computed tomography (PMCT) services. We also always find extension workers who actively disseminate HIV/AIDS prevention to people's homes. We consider all of this necessary for society because most of the people do not understand how infected people with HIV/AIDS transmit the diseases to others.*

#### **4.2. Adequacy of financial funds**

In order to tackle the spread of HIV/AIDS, an adequate budget is needed. The budget is an essential thing in the HIV/AIDS prevention program. An interview with Mr. Anshori (BAC) obtained the following information.

*In particular, the treatment of HIV/AIDS patients is different from diseases in general. The government has provided health funding assistance to purchase ambulances, vehicle maintenance costs, purchase medicines, produce IEC brochures, and socialize the prevention of HIV/AIDS to the public. The budget is IDR 1,395,861,500 (equivalent to US\$ 95,000) per month. These funds are channeled to districts and cities. At the village level, additional funds are needed for local NGOs that work with BAC. We have submitted a budget to the Provincial Government and Central BAC so that HIV/AIDS cases can be handled earlier and more quickly.*

Head of the Provincial Level AIDS and Drug Concern Student Management Program, Ms. Praesti, added:

*Currently, we are improving the abilities, skills and expertise of field officers. In the future, additional funds will be needed to strengthen the implementation of the Socialization, and Information Education Communication (IEC) program.*

In an interview with Mr. Dharmayuda, Head of the Disease Control and Eradication Program Division of the Denpasar City Health Service, he explained:

*At the district and village levels (central health), additional funds are needed to procure medicines and medical devices—for example, reagents and ARVs, so that the health services for*

*PLHIV can be appropriately handled.*

Interviews were also conducted with community members infected with HIV/AIDS in the district. Ms. Yuni explained:

*The government has prepared drugs for the prevention of HIV/AIDS. For example, ARV drugs can be obtained at provincial, city, and district hospitals. However, the COVID-19 pandemic has hampered and obtaining medicine has become more complex. Most of the health funds is probably diverted to tackling the COVID-19 pandemic. By the end of COVID-19, the availability of ARV drugs has recovered and is easy to obtain.*

#### **4.3. The role of the implementing organization**

The success factor of a policy/program lies in the role of the implementing organization, as indicated by the structure, bureaucracy, norms, and patterns of relationships that occur (Ahmad et al., 2017). In the Province of Bali, patterns of community relations can be seen in norms, values, habits, and customs, which are symbols of the community always obeying the culture that has existed for generations (Basyir 2019; Gedela et al., 2020). Strong local culture has apparently helped the Balinese in accelerating the prevention of the spread of HIV/AIDS (Runiari et al., 2018).

In an interview with Mr. Anshori (BAC), he explained:

*The activities carried out so far have been organized. For example, HIV/AIDS outreach programs. Pregnant women coordinated with field counseling. This program is considered successful because of the cooperation of the field workers team with the pregnant women program. In addition, the handling and administration of drugs to sufferers of HIV/AIDS cases also exceeded the target. We collaborate with cross-sectors and communities, and it is going well. The Governor has instructed that efforts to tackle HIV/AIDS must be carried out comprehensively and BAC has a role in initiating and advocating for stakeholders and the community.*

In an interview with Ms. Praesti, Head of the AIDS Management Program and Drug Concern Student Group at the provincial level, she said:

*BAC has played the best role in which BAC always controls the performance of hospitals and health centers through coordination with the Health Office. BAC also controls staff and field extension workers every day. In addition, it encourages staff and field extension workers regularly, for example, by mingling with field extension workers at the desk hence, the community feels comfortable and excited.*

The results of an interview with Mr. Mantra, Director of the Bali Health Foundation who is an Activist for Harm Reduction, an NGO in Bali, is as follows:

*HIV/AIDS prevention programs have been carried out jointly. The Bali Health Foundation is a partner of BAC. We play a role as assistants and community educators about HIV/AIDS, and pregnant women. We are always involved in cross-sectoral meetings and BAC programs and evaluate programs in the field.*

In an interview with Mrs. Ambara from the Communicable Disease Prevention and Control Division, she explained:

*We have a role in supporting logistics, ARV drugs, and service delivery to improve the quality of life for PLWHAs. We are members of BAC meetings and programs/activities, such as resource persons in seminars, webinars, and outreach at the village office.*

#### **4.4. Actor's dispositions**

Disposition is defined as policy actors' attitude, behavior, and desire to implement the policy (Knoepfel et al., 2011). Disposition has an essential role in implementing HIV/AIDS policy and influences the success of the HIV/AIDS program (Handayani et al., 2021; McRobie et al., 2017).

In an interview with Mr. Anshori (BAC), the role of actors is explained as follows:

*The provincial government always controls programs implemented by BAC. We must always pay attention to key populations and the general population and advocate, initiate, monitor, and evaluate every program that involves stakeholders. All stakeholders, such as health offices in provinces, cities, districts and hospitals, health centers, NGOs, student's movements, village governments, and health educators, participate in efforts to prevent HIV/AIDS. All stakeholders have the same desire, attitude, and goals to play a role, and BAC unites their desires and needs to tackle HIV/AIDS problems.*

In an interview with Ms. Indarti, Head of Denpasar City Health Office, she explained that:

*The city government intends that HIV/AIDS in Denpasar and the province of Bali can be reduced. We have socialized it to traditional villages in all cities and districts in Bali. Prevention in the general population in the province of Bali has been carried out intensively because the Healthy Village program of the Ministry of Health supports it. Hence, all BACs in districts and cities have been formed and developed this program. We also coordinate with the Department of Culture and the Traditional Village Assembly which budgeted aid funds for this program.*

Furthermore, the interview was conducted with Ms. Suwari from Paramacitta Spirit Foundation, Bali. She explained as follows:

*We are HIV/AIDS prevention activists, hoping that our family and society will be free from HIV/AIDS. Consequently, during meetings with clients, we always provide health education counseling. There are many obstacles in the field for dealing with high-risk members of society. The example is injecting drug users (IDU), sex workers, and customers of sexual relations. BAC and Bali Health Foundation have coordinated and contributed regarding early detection and referred them to the center of health. Although we have advised, some of the sex workers and customers no matter what we say. We remain humble, and even though it is difficult, we must not give up trying to change people's attitudes.*

The Head of the Disease Control and Eradication Program Division of Denpasar City said:

*Our service focuses on quantity and quality of life, and all PLWHA must routinely take ARV therapy. Treatment is generally recommended by doctors using antiretroviral therapy (ARV). This therapy consists of a combination of antiviral drugs for HIV infection, and treatment with ARV drugs is recommended for everyone with HIV/AIDS. We are currently developing a Policy to serve PLWHA or the Balinese people. The Health Office has a stock of ARVs distributed by the Ministry of Health for the next six months.*



#### 4.5. Communication factor

The implementation of HIV/AIDS control policies and programs is determined by communication factors (Suparmi et al., 2020). Communication must be delivered accurately and consistently. Communication failures hinder policy implementers from achieving success in the HIV/AIDS prevention programs (Djellouli and Quevedo-Gómez, 2015; Mehra et al., 2014).

In an interview with Mr. Anshori (BAC), he explained:

*There are two strategies carried out by BAC, namely verbal and non-verbal communication. Verbal communication is done by visiting the people who live together HIV/AIDS, the general public, and meeting places in village offices, traditional villages and communities. BAC is here to provide information with are able to be comprehended, especially the impact of HIV/AIDS. While non-verbal communication activities are carried out through correspondence, brochures, leaflets, booklets and banners in local languages that are easier for the public to understand.*

He continued his description:

*For example, BAC invites and involves all stakeholders in commemorating the Archipelago AIDS Reflection Night and World AIDS Day. We have carried out outreach and communication on HIV/AIDS prevention through film screenings. For example, the film Nyiramang Layon has been socialized on social media and other mass media in collaboration with the Cadre of AIDS Care Journalists.*

Mr. Mantra, the Reduction Director of the Bali Health Foundation, added the description:

*Information, education, and communication activities are conducted for regional officials, students, and the community. The goal is for them to know the dangers of HIV/AIDS. In order to support the acceleration of information, we held socialization by distributing flyers at red lights, essential events, and the Province of Bali birthdays.*

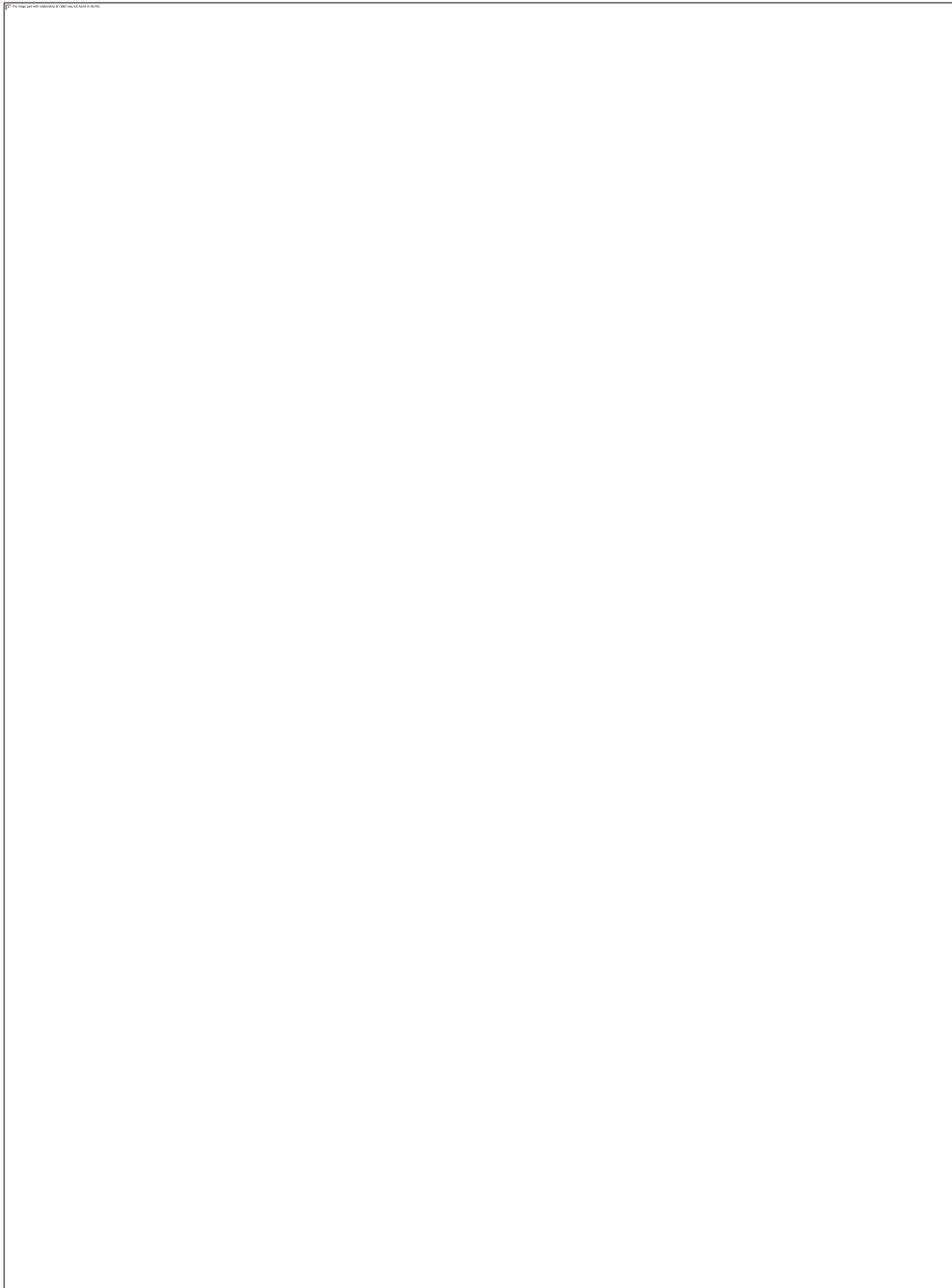
Mr. Dharmayuda from the Health Service, Communicable Disease Prevention and Control Division said:

*The keys to successful HIV prevention and control management are ongoing activities, communication, and patient outreach. At each HIV/AIDS discussion meeting, information is inserted that strengthens efforts to understand HIV/AIDS. BAC's active communication with field workers and public health centers is necessary to monitor the progress of each case; for example, reporting routinely the results of the implementation of field officers who contain service difficulties.*

Furthermore, he added:

*Considering the background of various levels of community awareness and participation, it is necessary to carry out regular communication and approaches so that the community is open to providing information about the importance of this matter. The success rate of HIV/AIDS prevention is highly dependent on information and communication intentions.*

In an interview with Mr. Diana, Head of the BAC Media Program Management district, he said:



Based on the experiences of many countries in implementing policies to combat the spread of HIV/AIDS, the Province of Bali can learn to create practical steps in the future by developing strategic plans and being supported by the government and the community.

The research conducted in the Province of Bali, Indonesia, communication from field extension workers who came to villagers' homes and students at red lights and open fields, in markets, and leaflets, booklets, and banners in Balinese were considered more effective than the main language. Likewise, stakeholders who go down to the village hall and to the health center to advocate for the community (Koesbardiati et al., 2017), and a friendly approach to people with HIV/AIDS disease is also required (Mohammadi et al., 2021).

The adequacy of human resources is a major factor in the success of an HIV/AIDS program (Owan et al., 2022). Adequacy of human resources related to competence, skills, and personal abilities to tackle the spread of HIV/AIDS. Human resources are an essential requirement for performance in hospitals and health centers. Community health center is the spearhead of health services and is at the grassroots level (Kurniawan et al., 2017). Therefore, Bali government realizes that the success of the HIV/AIDS prevention program is not only due to strong institutions and abundant funds but coordination and involvement of all aspects of society from the top to the grassroots. Studies on coordination in the implementation of HIV/AIDS programs have been carried out by Khosla et al. (2016).

## **6. Conclusion**

The success of HIV/AIDS prevention in the Province of Bali, Indonesia is caused by many factors. These include reforming the institutional system by establishing the Provincial AIDS Commission; inter-stakeholder coordination and cross-sector collaboration; regional mapping activities; involvement of NGOs; mobilization of students and field officers to accelerate understanding of the dangers of HIV/AIDS; adequacy and capacity of human resources and field workers; adequate funds, advocacy, and good communication and easily understood by the community; an easy referral system; monitoring the performance of field staff; and the use of WhatsApp to speed up the handling of PLHIV.

The most important activity in developing countries for government programs to be successful is to disseminate useful causes through communication, information, and education to grassroots communities. IEC activities are very useful because Bali is a world tourism area, and many grassroots people are illiterate or do not understand the impact of HIV/AIDS. Dissemination of IEC activities for HIV/AIDS through field counseling, university activities, and continuous support from public actors in the villages is an important aspect of the success of this program.

### **Data availability statement**

Data will be made available on request.

### **Ethical issues**

This study was approved by the Universitas Ngurah Rai, Denpasar, Bali Research Ethics Review

