

THE INTEGRATION, DETERMINATION, MANAGING HIV AND AIDS INTO NATIONAL HEALTH SYSTEM IN PAPUA PROVINCE

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ABSTRACT

In Indonesia, HIV prevalence is estimated to be 0.2% of the population and concentrated in high risk populations. HIV /AIDS cases in Papua Province data on December 2013, as many as 16.050 people, details of HIV totally 6.188 cases and AIDS totally 9.862. Papua is the province with the highest rate of cumulative AIDS cases in Indonesia. HIV and AIDS prevention efforts can not be separated from the health system prevailing in my country. The issue of integrating HIV and AIDS prevention programs into the health system is not an easy task as it demands efforts to improve the effectiveness and accessibility of HIV and AIDS services by maximizing available resources and infrastructure.

The research objective is to analyze the level of integration of HIV and AIDS policies in the National Health System in the province of Papua The design used in this study is a cross-sectional design (cross-sectional) with qualitative methods and induction approaches. The population is deciding and implementing policies and programs in our government agencies with non-governmental organizations. As informant officer there are 5 persons they are: Head of Health Service of Papua Province, Head of Technical Implementation unit of Aids Tuberculosis Malaria (ATM), Head of Pharmacy of Papua Province, Bappeda (District) of Papua Province, and Director of Papua Community health development foundation. Analysis of data using logical framework adopted induction approach of Creswell, 2003 "The inductive Logic of Research in a Qualitative Study".

The results of the study found those subsystems; 1) integrated "partial" management, information and regulation, 2) "partially integrated" health financing, 3) "partially integrated health" health resources 4) provision of "partially integrated" health services 5) provision of integrated "preventive and diagnostic therapy materials" Partial". 6) "partially integrated" strategic information 7) only a fully integrated community empowerment subsystem.

Keywords: HIV / AIDS, Integration ,National Health System

1. PRELIMINARY

AIDS (Acquired Immuno Deficiency Syndrome) is a collection of symptoms caused by infection with HIV (Human Immunodeficiency Virus) that damages the human immune. In Indonesia, HIV prevalence is estimated to be 0.2% of the population and concentrated in high risk populations. Cumulatively from 1992 to December 2013 totally 16.050 people have been reported to have contracted HIV and AIDS, with details of HIV cases 6.188 and AIDS 9.862. The province of Papua is the province with the highest rate of cumulative AIDS cases in Indonesia.

Until now in Papua province various health services related to the prevention and prevention of HIV and AIDS and sexually transmitted diseases have been available in various hospitals both government and private property. Unfortunately, based on reports compiled by the Provincial AIDS Commission in 2011, the service is not evenly distributed because it is still concentrated in certain areas such as jayapura city and beberpa district capitals, so that people in the mountain areas are less able to access HIV prevention and prevention services.

HIV and AIDS prevention efforts can not be separated from the health system prevailing in a

country. The World Health Organization (WHO) defines the health system as an overall organizational, institutional and resource that aims to achieve the achievement of public health status (World Health Organization, 2007).

The issue of integrating HIV and AIDS prevention programs into the health system is not an easy task because it involves many players (and interests), infrastructure, policies and resources. The integration of HIV and AIDS control into the health system demands efforts to improve the effectiveness and accessibility of HIV and AIDS services by maximizing available resources and infrastructure (Dudley and Garner, 2011). The fact that the health system is not yet developed at the local level will encourage policy makers to continue the vertical approach (Godwin and Dickinson, 2012). The purpose of this study is to analyze the level of integration of HIV and AIDS policies in the National Health System in the province of Papua in order to develop recommendations for improvement of performance of HIV and AIDS in the medium term.

2. RESEARCH METHODS

The design used in this study is a cross-sectional design (cross-sectional), qualitative methods, and approaches induction. The principle of the **Integration Level Measurement Results**

development of theoretical research (Theory building) and research explanations (explanatory) (Gilson & Raphaely, 2008; Walt et al, 2008) and the principle of in-depth research - groned research (Glaser & Strauss 1967; Strauss & golbin 1998). The sample in this study is any person who acts as the deciding and implementing program policies in government agencies and non-governmental organizations. As an informant is the head of the provincial health office of Papua, the head of the technical implementation unit Aids Tuberculosis Malaria (ATM), Head of Papuan provincial pharmaceutical warehouse and Bappeda Papua province and Director of health development foundation. Collection, processing and data analysis using logical frameworks The induction approach adopted from Creswell, 2003 "The Inductive Logic of Research in a Qualitative Study". The integration level measurement for each dimension in the health sub system refers to the keywords present in each dimension. Fully integrated if all dimensions in the sub-system are fully integrated, partially integrated if one or more of the sub-system dimensions are integrated partially or not fully integrated, not integrated if all dimensions in the sub system are all not integrated.

3. RESULTS

Table sub health system and dimensions, in the response to HIV and AIDS Papua Province.

Sub System	Dimensions	Level of Integration		
		Prevention	PDP	Impact Mitigation
1. Manajemen and regulation		Partial	Partial	Partial
	1. Regulation	Full	Full	Partial
	2. Policy Formulation	Full	Full	Partial
	3. Accountability and responsiveness	Partial	Partial	Partial
2. Health Financing		Partial	Partial	Partial
	4. Management of financing sources	Partial	Partial	Partial
	5. Budgeting, proportion, distribution and expenditure	Partial	Partial	Partial
	6. Service payment mechanism	Partial	Partial	Partial
3. Human Resources		Partial	Partial	Partial

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	7. Human Resources management system policy	Partial	Partial	No
	8. Human Resource Financing	Full	Partial	Partial
	9. Human Resources Competencies	Partial	Partial	Partial
4. Strategic information		Partial	Partial	Partial
	10. Synchronization of information systems	Full	Full	Full
	11. Desimenasi and Utilization of information	Partial	Partial	Partial
5. Provision of medicines and medicines		Partial	Partial	Partial
	12. Regulation of material supply, diagnostic and therapeutic storage	Partial	Partial	No
	13. Material finance resources	Partial	Partial	Partial
6. Provision of Services		Partial	Partial	Partial
	14. Service Availability	Partial	Partial	Partial
	15. Coordination and referral	Full	Full	Full
	16. Quality assurance services	Partial	Partial	No
7. Community empowerment		Full	Full	Full
	17. Society participation	Full	Full	Full
	18. Access and utilization of services	Full	Full	Full

Source: 2014 primary data

Based on the table can be concluded that from 7 sub system, only sub empower community empowerment fully integrated partially integrated partially. If viewed from the side dimensions of each sub-system it can be concluded that the synchronization system dimension referral, coordination referral, community participation and access to utilization in all three types of services are fully integrated.

4. DISCUSSION

4.1 Management and Regulation

The existence of the Regional Regulation of AIDS, Health Strategic Plan, Regional Action Plan (RAP), APBD, and Governor Regulation as a regulatory element that enforces the prevention and control of HIV / AIDS in Papua has received full attention from the government. The government has been seeking law enforcement in the control of HIV / AIDS which is also a government effort to protect the people of Papua from the danger of HIV / AIDS transmission. Although the division of tasks within the strategic plan has not been fully implemented, and some RAPs are still implementing HIV / AIDS programs as an insertion program, but the provincial government of Papua remains committed to efforts

to ensure that HIV / AIDS prevention is implemented across sectors and integrated. Similarly, the Regional Action Plan aims to accelerate the achievement of the Millennium Goals (MDGs) specific goal of HIV / AIDS control in Papua. Efforts to control HIV / AIDS regulated in RAP are increased use of condoms to the community, increased comprehensive knowledge amongst the community on HIV / AIDS, and increased access to VCT testing and access to HIV / AIDS treatment for all the people in need.

Consistency of regulation and policy of HIV / AIDS between center and region is good because what is regulated in regional regulation already contains about MDGs target and according to RAP and Ministry of Health Law. However, implementation in some areas is still far from expectations due to some RAPs who do not want to be involved directly. The enforcement of local regulations on HIV / AIDS is strongly supported by cross-sectoral / cross-sectoral participation and cooperation of RAP but in Papua province there are only seven RAP who are willing to take an active role and other RAPs do not care about the HIV / AIDS strategic plan. Especially for rural areas in the province of Papua also has its own strategic plan called the Mountain Special Communication Strategy (STRAKUM) which is known that evaluate the rate of HIV / AIDS transmission in the hinterland is still very high risk. Implementation of STRAKUM in remote areas is in need of supervision from UP2KP or (Papua Health Development Acceleration Unit). UP2KP unit based in jayapura also has a function as a supervisor in the control and monitoring of health development in Papua as well as HIV / AIDS prevention.

Synergy of function and role of (Commission for Managing Kids) or KPA, (Health Department) or Dinkes, cross sector, and (Non Government Organization) or NGO in HIV / AIDS prevention have not run well especially those at the district level. The drafting of local regulations and strategic plans has involved all the stakeholders in KPA, Dinkes, Bappeda, and several cross sectors and the final result is an agreement from all sectors involved. KPA has conducted regular meetings every three months and invites each RAP and Health Department mission to discuss any issues, activities, and achievements. However, from the FGD results there are only a few RAPs that really play an active role in the implementation of regional regulations and HIV / AIDS strategic plan such as social services, education office, ministry of religion, and health department. Social agencies and education offices play a greater role in health prevention and

promotion. While the health offices and NGOs play a larger role in RAPs or cultivation and care, then the ministry of religions and religious foundations play a greater role in mitigating impact mitigation. Particularly in the province of Papua, the most functioning and active service districts are KPA, Health offices, Bappeda, education offices, social services, religious foundations, NGOs and ministries of religion.

4.2 Financing

The large proportion, suitability of existing distribution and sustainability of funding for HIV / AIDS prevention in Papua province is a serious problem for KPA or (known as Commission for Managing Kids) and the Health Service. Prior to 2013, the proportion of funding was very balanced from donors and (Governor Budgetting) or APBD, where the Global Fund plays an active role in prevention and treatment activities. But in December 2013 the Global Fund has withdrawn as a donor for HIV / AIDS control in the province of Papua. This has resulted in the number of donors for Papua province reduced now living donors such as CHAI and (United Nation Children Funding) or UNICEF. However, to the Global Fund's inactivity it is increasing the burden of Governor Budgetting or APBD in funding HIV / AIDS programs. Where else is the issue of delayed realization of APBD funds that become a burden for the implementation team of the program. Where this also affects the implementation of existing HIV / AIDS activities in the districts. In addition Governor Regulation No. 5 also greatly affects the proportion of funding from the government where the funds for health stay 20% and for religious stay 10% so that this causes many programs abolished in our (Department of Decision Maker) or DPA service. Another thing that affects the proportion and suitability of fund distribution is the lack of transparency from donor agencies, this is a statement from Bappeda. Transparency of funds is required by local governments in the context of monitoring activities in the field and identifying problems that are constraining activities. So that donor funding should be open about the amount of funds they provide to the implementation of HIV / AIDS activities, both government and NGO.

4.3 Human Resources Health

The capacity building of specialized human resources for non-governmental AIDS and Human Resources Health must be improved, especially for non-governmental human resources. For health personnel their capacity has been well proven that

the health service and hospitals have routinely conducted training with fundings of 130 million for human resources training of HIV / AIDS. For certification doctors, certification counselors and certified nurses already exist due to routine training from the health offices and Commission for Manging Kids or KPA, but for the number or quantity of trained personnel should be increased because in the field the number of health personnel who have followed the training is still lacking. On the other hand, non-governmental human resources from NGOs and foundations also have some people who play a role as a companion of PLWHA who have attended the training, but the same with health human resources, their number or strength must be increased to expand the scope of services. In the health HR training districts are conducted every two years and also supported by internships for HIV / AIDS counselors. There are several strategies that have been implemented by the government to increase the capacity of HIV / AIDS prevention human resources in collaboration with universities in improving curriculum weight that can increase knowledge of HIV / AIDS more comprehensively, similarly with junior and senior high school education should make HIV material / AIDS as a local content. The local government also plans to make human resources mapping with the aim of stating the distribution of human resources HIV / AIDS programs. It is believed that improving and distributing this distribution and increasing the procurement of human resources in HIV / AIDS will have an impact on the decrease of HIV / AIDS cases in Papua Province.

4.4 Provision of Services

Access to HIV / AIDS service provision in Papua province from prevention, PDP and impact mitigation is good because in every integrated health centre has been given VCT and condom. VCT services are obtained in the PKR section at Integrated Health System and in HIV Working Group in local hospital. Similarly, condoms were distributed at posyandu and NGOs assisted in the distribution of condoms in the context of HIV / AIDS prevention activities in Papua province. Institutions of churches and NGOs play a significant role in impact mitigation and assistance activities for PLWHA. Then the provincial KPA is engaged in promotional services, distribution of condoms, circumcision, division of ARVs, VCT, and provision of counseling. Appation of HIV / AIDS services such as circumcision, condom distribution, VCT, ARVs, and mentoring have also reached the districts.

4.5 Provision of Pharmaceuticals, Medical Devices and Food

The procurement of distribution of prevention, diagnostic and therapeutic materials is still constrained. Particularly for the procurement and access to ARV drugs is good, it is supported by the recognition of PLHIV that they do not experience obstacles in obtaining ARV treatment. Similarly with the distribution of condoms aimed at prevention And termination of the infection chain, its distribution is good where the groups are at risk of easy access to condoms. Condom procurement is also supported by donor and government funds. For VCT, it is easy to be obtained by the general public both at puskesmas and hospitals, and based on the results of this study, all Public health centre in Jayapura already have VCT services and as well as Puskesmas in districts already have VCT . However, the bottleneck is that facilities such as tubes and CD4 machines in hospitals are often jammed. According to doctors in hospital, CD4 tube and mesing facilities cost a lot for procurement and maintenance costs. This is further complicated because Global Fund has stopped, before Global Fund support many tube procurement. For the procurement of drugs Opportunistic infections are provided by the provincial health office, but the procurement of viraload drugs in hospitals is difficult. Similarly, reagents in hospitals are often exhausted. So for medicines to support the health of people living with HIV / AIDS requires the management of reporting of medicines and medical equipment from puskesmas and hospitals to the provincial service so that the provincial office can control the procurement and distribution of diagnostic materials and therapy.

4.6 Strategic Information

The HIV / AIDS reporting system in strategic information system and data utilization for development and implementation of program policies has not been well integrated. There are some obstacles that disrupt the information system, the first is the collection of information from remote districts complicated by geographical problems, SIHA among health human resources. Even in districts like Merauke, SIHA has not been maximally utilized. Then again the use of SIHA is constrained by internet network constraints, therefore for districts, monitoring of support facilities is important. The need for more serious training for the users of SIHA because if the HR does not master the filling of the range will cause the basic data is not good. And the reality of each field

there are some employees Government General Hospital or RSUD difficulties in SIHA removal. KPA also has a lot of use of data in the field as a follow-up policy-making as examples of data circumcision and data use and distribution of condoms. Similarly, data on HIV / AIDS in the field are also often discussed in the health office and KPA Follow-up in each district can be compiled and supplemented by advanced policies and programs. This means that policy-making is based on existing data in the field.

4.7 Community Empowerment

Community participation in the province of Papua in the handling of HIV AIDS has been very active. The participation of (Protestant Church in Indonesia) or GPI and members of the Catholic Church has much to do with the prevention and mitigation of impacts. For prevention, community participation has created guidebooks for adolescents, adults and children where the counseling books contain moral and educational education on the dangers of HIV / AIDS and How to prevent HIV / AIDS. For the mitigation of impacts, community participation is a lot of guidance to PLWHA and provides motivation to live more productively and motivate the compliance of drinking medicine. Then community participation also helps in socialization of HIV / AIDS regulation on condom use obligation and sanction Which resulted in the violation, so this activity is more to prevention. Besides, religious activities also carry out health counseling about HIV / AIDS and members of church congregation have a group of (People with HIV AIDS) or ODHA. Under the foundation of the foundation, the community also helped to change stigm A family to HIV / AIDS disease so that PLWHA can be accepted by the family.

5. CONCLUSION

- The HIV AIDS regime should also sanction the general public who found IMS or (Sexual Infection Disease)suffering not only to the bitches.
- There needs to be a regulation that regulates the integration of all sources of funds (government, province, district and donor) arranged through one door
- In the regulation / strategic / technical / training need clarified duties and responsibilities in accordance with planning program of RAPS.

- There needs to be a regulation governing the allocation of government budget to Commision of Managing Kids or KPA
- There needs to be an increase of AIDS AIDS budget allocation in various sector / RAPS related
- The allocation of funds from the government for impact mitigation programs needs to be improved
- The presence of specialized HIV AIDS personnel in the health sector and non-health sectors is required through the contract system
- Every year should be no allocation of funds for pet training duties as technical / non-technical as well as HIV-AIDS p rogran
- The implementation of SIHA needs to be evaluated, especially in areas with problematic internet network.
- Improved system and improved monitoring of HIV AIDS recording, storage and reporting
- Need to clarify the procurement system of pharmaceutical supplies especially CD4 checking their apparatus, Tubes, Reagents etc.
- The role of Commision for Kids or KPA as a coordinating agency needs to be improved through scheduled coordination
- There needs to be a Nutrition program for PLWHA in hospitals and health centers
- Local governments must support continuously Religious institutions in preventing HIV AIDS prevention that have been involved so far through technical and non technical support
- Improved cooperation of local universities such as Cenderawasih University.

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