

Rethinking the Role of Local AIDS Commission in HIV Prevention After the National AIDS Commission Dissolved

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ABSTRACT

Background: The Indonesian government established a non-structural government agency, named the Indonesian National AIDS Commission (INAC) in 2006 to coordinate HIV prevention programs. However, in 2016, the INAC was dissolved by the Presidential Decree no 124-year 2016. This research aims to identify the effects and challenges faced by the AIDS commission at the provincial level after the INAC was dissolved. **Methods:** This research used a qualitative research approach with data collection methods through Focus Group Discussion (FGD) and in-depth interviews. The number of participants was 18 people, representing the AIDS Commission, governments as well as NGO-based HIV. The data were analyzed thematically and then presented by using a narrative approach. **Results:** The findings indicated that the duty and role of the Bali Provincial AIDS Commission (BPAC) to coordinate, integrate, and synergize HIV prevention in Bali remain unchanged. However, it is challenging to coordinate AIDS programs at the provincial level due to changes in parent organizations and reduced funding. **Conclusion:** The findings show that the duty and role of BPAC to coordinate, integrate, and synergize HIV prevention in Bali remain unchanged. However, change in the BPAC structure and funding reduction has an impact on its role as the HIV coordination agency in Bali. Therefore, to enhance its role and function as an HIV program coordinator, BPAC needs to be supported by regulation to support the bureaucratic independence of BPAC, to innovate, and to obtain other sources of financial/funding support apart from local government.

Keywords: AIDS Commission, HIV-AIDS Prevention, Organization Changes.

INTRODUCTION

Globally, the cumulative number of HIV patients is estimated to reach 37.7 million in 2020 with an estimated 1.5 million new cases each year and 680,000 deaths from AIDS (Joint United Nations Programme on HIV/AIDS, 2021). In order to stop HIV transmission, the Indonesian government formed the AIDS Commission in national, province and district level under the Presidential Decree No. 124 of 2006 (Sutrisna et al., 2021). Under the decree, the coordinator of the AIDS committees was under the Minister for People Welfare Coordinator to address the social and behavioral changes and strengthen the commitment of the national and local government on HIV prevention (Peraturan Presiden, 2016). However, in 2017, the government issued a Presidential Decree No. 124/2016 to

dissolve the National AIDS Commission; the decree placed the AIDS prevention management under the Directorate General of Disease Prevention and Control, Ministry of Health (Peraturan Presiden, 2016; Davies and Najmah, 2020; Iryawan et al., 2022). The basis to issue Presidential Decree No. 124 of 2016 is the result of government evaluation which shows that INAC is considered to have a less effective and less-efficient performance (Mahendra, 2019).

The dissolution of the INAC has been argued as a setback to Indonesian AIDS prevention which limits the HIV issues to the health sector despite the wider impact on the social and economic issues (The Lancet, 2018). Furthermore, without the national coordinating agency, the coordination of HIV response becomes the responsibility at provincial and district level and cross-governmental agencies

(Sudewo, 2022). Structurally, the dissolution of INAC may not directly impact on the local AIDS commission due to the decentralized Indonesian governance but it has shifted the responsibility on the HIV AIDS prevention and management from the AIDS Commission to the Provincial Health Office (PHO), the focus of the HIV management, shortage of human resources, funding and changes in the coordination pattern (Mahendra, 2019; Setiawan et al., 2020; Iryawan et al., 2022)

HIV prevention programs in Bali have been carried out since the first case was encountered in Bali in 1997. Before 2003, the effort to halt HIV prevention in Bali was based on projects by overseas donors, carried out on in a small scale by focusing on a certain key population (Lubis et al., 2021). In 2004, the Sanur Commitment was concluded as a commitment of Bali's Government to take appropriate HIV prevention measures in Bali (Pemerintah Provinsi Bali, 2015). In 2006, Bali Provincial Regulation No. 3 of 2006 concerning the Prevention of HIV AIDS governed that the duty and function of Bali Provincial AIDS Commission or BPAC is as an institution that coordinates, integrates, and synergizes HIV prevention in Bali Province. In implementing its activities, there is an annual Bali Governor Decree to support the operation of Bali Province AIDS Commission (BPAC) (Pemerintah Provinsi Bali, 2015; Widnyani et al., 2022). The dissolution of the INAC may impact the performance of BPAC's HIV prevention roles and tasks in coordinating, integrating, and synergizing HIV prevention issues in Bali. This article analyses the impact of the dissolution of INAC on BPAC's roles and responsibilities in coordinating the response to HIV AIDS in the Province of Bali.

METHODS

This research used qualitative method with exploratory approach to explore the insight of the informants on the effect of the dissolution of the National AIDS Commission on the existence of the Bali Province AIDS Commission (BPAC). Exploratory qualitative study design is described as a research tool to capture the insight of the informants in more detail. Using this

design will allow the researcher to know what were the changes in the BPAC after INAC was dissolved. Data collection was carried out from November to December 2019 using In-depth Interview (IDI) and Focus Group Discussion. The two data collection methods were chosen to allow a deep insight and to add different perspectives on the research topic and to capture interactions and dialogues among groups from various organizations, both government and non-government (Sim and Waterfield, 2019).

The in-depth interviews were carried out with eight informants, consisting of six representatives of Bali Provincial and two staff of the Districts AIDS Commission. The FGD was carried out as triangulation methods to ensure validity of the research. The FGD was conducted with 10 participants representing government and non-government organizations, which are Social Service Office, Villages and Women's Empowerment and Child Protection Provincial Office, Education Provincial Office, Tourism Provincial Office, Bali Provincial National Family Planning Coordinating Board (BKKBN) and several HIV-based NGOs. The characteristics of the participants are presented in the table below:

Table 1. Characteristic of the Informants.

| Informants' Characteristics | Total |
|-----------------------------|-------|
| Gender | |
| a) Male | 14 |
| b) Female | 4 |
| Age Group (years) | |
| a) 30-40 | 9 |
| b) 41-50 | 4 |
| c) 51-above | 5 |
| Data collection by: | |
| a) In-depth Interview | 8 |
| b) FGD | 10 |

We also reviewed relevant documents related to policies on the roles and tasks of HIV/AIDS prevention implementation in Bali and Indonesia. The selection of participants and informants was carried out purposively by considering the adequacy and representation values of the selected informants/participants based on the consideration of their ability to provide information related to the implementation of BPAC's roles and duties

following the issuance of Presidential Decree No. 24 of 2016.

Data analysis was carried out thematically using the Miles and Huberman model approach, namely by reading the transcript repeatedly, coding and generating themes from the data (Elliott, 2018). The analysis steps consisted of data reduction following the data collection, the results of in-depth interviews and recorded FGDs and then written into Ms. Word. Then the researcher carried out the process of selecting, classifying, directing, eliminating unnecessary materials, and organizing the data so that final conclusions can be drawn. The coding was done by researcher by reading the transcripts and comparing between the codes done by the research team. After that, the data were analyzed to provide a comprehensive data analysis and the themes. Data are presented in narrative form to ensure confidentiality; the name or position of the informants will be disguised. This research has obtained ethical approval from the ethics commission of Faculty of Medicine & Sanglah Hospital with a number 2682/UN1 4.2.V11.1 LP/2019.

RESULTS AND DISCUSSION

We obtained four main themes and eight sub-themes in the study which were analyzed iteratively. The themes and sub-themes arising from the data are presented in Table 2 below:

Table 2. Themes and Sub-themes Obtained from the Data.

| Theme | Sub-Theme |
|--|---|
| The Role of BPAC on HIV prevention in Bali | <ul style="list-style-type: none"> • BPAC has a duty and role as a coordinator • BPAC has yet to carry out its duty maximally • The changes in BPAC Governance after the elimination of INAC |
| Barrier to conduct the BPAC mission | <ul style="list-style-type: none"> • The importance of strengthening multisectoral commitment and role • The limited budget provided by |

| | |
|---|--|
| | the local government to fund HIV prevention activities High responsibility but low authority to conduct the mission |
| Strategies to improve BPAC performance. | <ul style="list-style-type: none"> • The need of advocacy to the local stakeholders on the continuance of BPAC and District AIDS Commission |

The Role of BPAC

Under the Local Rule number 3 year 2006, the HIV prevention intervention in Bali Province is the responsibility of the Governor of Bali who then gives a mandate to the BPAC, as a non-structural government organization. The coordination of HIV program is not limited to the government organization but also non-government organizations such as NGOs and other private sectors. The HIV prevention response in Bali has implemented in collaboration with multisectoral organizations, both government and non-government organizations. The response is not only conducted by the health sector, but also other non-health sectors. The Head of Bali Provincial Health office points out that HIV AIDS prevention is not the only responsibility of the Provincial Health Office, but also other sectors since the root causes of the HIV problems lie in the social structure. Therefore, HIV prevention must be conducted comprehensively, not only by the health sector:

“As HIV AIDS prevention cannot only be carried out by the Bali Provincial Health Office, it is expected that other sectors will be involved. The HIV/AIDS prevention program is mainly carried out by the Provincial and District Health Office, especially examination and treatment, but it still needs encouragement from upstream or from the root causes in order to achieve success. In handling cases, we cannot just wait and cure. The prevention action is the key to this issue, how the society is given a comprehensive knowledge regarding this issue. It can be

conducted among students, college students, and other layers of the society. Of course it requires collaboration with other Local Organization Apparatus or Organisasi Perangkat Daerah/OPD), for instance, the Education Office, Village Empowerment Department.” (In-depth Interview, Representative of Bali Province Health Office, Male)

Because HIV prevention is implemented by various organizations which have various resources, it needs coordination, integration and synchronization so that the HIV program implemented in Bali is in accordance with the Governor's vision and mission. In line with the Local Regulation No. 3 of 2006 Chapter III, HIV/AIDS prevention in Bali is under the authority of the Governor of Bali and is coordinated by BPAC in its daily operations. In any activities related to HIV prevention, the BPAC is responsible to coordinate, integrate, and synchronize those activities conducted by any organization in Bali whether-conducted by the government organization or private sector such as NGOs. As stated by one of the senior staff of BPAC Bali, BPAC has very strong regulatory support and is bureaucratically placed under the People's Welfare Bureau as its parent organization:

“Local Regulation No. 3 of 2006 is the basis for the establishment of Bali AIDS Commission, in where CHAPTER III specifically stated that the AIDS Prevention Commission is responsible to assist the duties and functions of the Governor who has the authority to carry out various HIV/AIDS prevention program.” (BPAC Bali senior staff, Male).

The coordination function is conducted through regular coordination meetings involving local government agencies members and NGOs. According to one of the representatives of the local government agencies, every government agency has their own agenda and the HIV prevention is not their main task; therefore, BPAC could run maximum efforts in carrying out its duty and function to coordinate and advocate AIDS prevention.

“Indeed, I think that if the function is to be redirected into the coordination

function, it really needs to be realized. Despite being supportive to each OPD, as was told earlier, we also have our priority program. However, if BPAC is able to be a coordinator, then we will be ready to support further.” (Representative of OPD, male)

The coordination process need to be improved as a mechanism to enhance the provincial and district AIDS commission's performance (Mahendra, 2019). Conducting formal meetings between BPAC, Regional AIDS Commission, and with other OPDs can improve communication between the AIDS commission and the government which leads to improvement of the coordination on HIV activities as well as to allocate the budget (Tambunan et al., 2020). The effort needs strong leadership, coordination capacity and the need to define roles and responsibilities among the members of the coordination structures, transparency, and communication as well as determination to encourage motivational sharing among stakeholders (Fauzi and Rahayu, 2019). However, from the point view of the NGOs and other government organizations, the BPAC might not yet fully implement its main duties and responsibilities. The function of BPAC is not as a program executor but as a coordinator, who is able to mobilize OPDs and NGOs to implement the action plan which was concluded in coordination with the central, city/district governments, professionals, universities and the business sectors.

“So, our hope for HIV/AIDS prevention is indeed inseparable from the continuous coordination between BPAC and OPD, with frequent communication and discussion, and involving more OPDs so the Cultural Department can conduct outreach or counselling at that time. So, it needs more coordination, and frequently gathering and discussing this program.” (Representative of local agency, Male)

One example of coordination mentioned by the informants was the role of the BPAC to ensure availability of condoms. In doing so, the BPAC is also expected to coordinate with the Bali Province Health Office (BPHO) to provide free condoms to key population who often

face obstacles. Ensuring the availability of the free condoms is the key to successful HIV prevention particularly for the key affected population, i.e. sex workers, men who have sex with men and people injecting drugs having access to safe sex. The informants stated that the BPAC should be able to liaise and coordinate with the Ministry of Health in ensuring condom availability. It is considered that the central government (Ministry of Health) is no longer able to send those condoms to the province, due to a mandatory direct request from province and local government regarding the provision of condoms in the requested area.

“For example, regarding condoms supplies, there are over six million condoms in the central. Then Kerti Praja Foundation or ‘YKP’ often ran out of condoms, and when asking the Health Office, it was stated that there must be a direct request from the City/District. It is the duty of KPA (English) to think about how the City/District can request the condoms. The National requires a request from its subordinate. Without such request, it cannot be provided. In issuing such request, it requires assistance and BPAC may not be able to calculate or have the expertise. After calculating the required amount, ~~then~~ a form will be made to the KPA in Cities/Districts or NGOs, then it will be proposed to the Cities/District, and will be recapped by the province.” (BPAC Bali Experts Group)

The NGO also asked BPAC to improve its role in providing technical assistance to cities/districts AIDS commissions. Following the elimination of INAC, BPAC which was placed under coordination of the Bali Province Health Office (BPHO), experienced a decline in its coordination function. BPAC is also expected to carry out advocacy to protect vulnerable populations for HIV such as sex workers.

“Actually, the duty of BPAC is not to conduct health education as stated by representative of the Tourism Office. Its function is as a coordinator of the HIV Program in Bali. The BPAC responsibility is including to advocate the local government apparatus to allocate funding for HIV related program in their organization. Bali Provincial AIDS

Commission feels that to conduct HIV program is also part of the local apparatus agencies, but if they don't have funds, how can they perform the HIV program? Even though this is a local apparatus agency's job what can be done if they don't have funding. Therefore BPAC must be able to advocate other government agencies, NGOs and private sectors. For example, when conducting HIV prevention programs with sex workers, will BPAC be able to advocate the Public Order Enforcers Police and Police to do not raid the sex workers? Not to mention the lack of funding for HIV faced by several District AIDS Commission. Can BPAC be able to advocate the district regent of Karangasam to allocate funds for Karangasam AIDS Commission? One of the roles of the Bali Province AIDS Commission is to advocate the district government to provide operational budget for the District AIDS Commission who has not yet an operational fund. Some district AIDS commissions have been able to establish their regular funding support from the government, such as Denpasar AIDS Commission, there is no need for advocacy, they are already very good.” (NGO Representative 2, Male)

The duty of BPAC is to coordinate, integrate and synchronize all the activity or HIV programs in various sectors to mobilize activities and funding to stop HIV transmission in Bali. In addition, the function of BPAC includes providing technical guidance that needs to be improved in District AIDS commissions. The AIDS Commission at the provincial and district level is also expected to advocate various parties to create a conducive environment for HIV prevention efforts in key populations and ensure the distribution of preventive tools such as condoms (Prabowo and Fatoni, 2019).

A research on cross sector collaboration in Indonesia has found that there are three factors that significantly affect the organization's development which are communication, shared goals and power distribution (Raharja and Akhmad, 2020). Another study on a collaborative governance in coping with HIV/AIDS in Surakarta found that ineffective collaborative governance between Surakarta AIDS Commission, working group, health office, NGOs and

citizens caring about AIDS is due to the less commitment and participation of stakeholders in coping with HIV/ AIDS. Moreover, poor coordination between stakeholders, communication, information and education of HIV/AIDS are still limited, and do not reach the entire community, and inadequate non-transparent budget is still dependent on donor institution in conducting the activities. Those aspects have limited and encouraged dynamic collaboration (Demartoto et al., 2020). One way to improve collaboration with other local government apparatus is by having a formal agreement collaboration document with the multi-stakeholders who are related to the HIV program (Elianda and Rahmawati, 2020).

The Changes in BPAC Governance After the Elimination of INAC

Following the issuance of Presidential Decree No. 124 of 2016, there are no changes in the role of BPAC as the institution mandated by the Governor of Bali to coordinate, integrate and synchronize HIV programs. In our research, representatives of the District AIDS Commission stated that Presidential Decree No. 124 of 2016 has no effect on the duties and authorities, as well as the organizational governance of the district AIDS commission. The Presidential Decree only has an impact on the national level.

“There is no difference. It means that Presidential Decree No. 124 of 2016 only applies to INAC. The AIDS Commission on provincial and district level are not affected, so everything remains the same as before the Presidential Decree was issued. Unless the source of funding is from Regional revenue and expenditure budget. Furthermore, there are also funding sources from donor institutions and other non-binding sources. The Presidential Decree only merges INAC to the Ministry of Health, which leads to the dissolution of the BPAC funds.” (BPAC Secretariat senior staff, male)

“The change is only applicable to the central government, but we in the district don't feel the difference. There is no correlation because until now, the Law on the Ministry of Home Affairs Number 20 of 2007 has not been replaced. However, since INAC was dismissed, District AIDS Commission seems to be left

without any uniformity in regulations. Because of that, BPAC works like a cowherder, yes if you can be agile, but otherwise, it will be very visible.” (District AIDS commission-2. Male)

The Presidential Decree no. 124 of 2016 has shifted the coordinator of the HIV program in Indonesia from the Ministry of Social Affairs and Welfare to the Directorate General of Disease Prevention, under the Ministry of Health. Following the decision, the Bali Provincial Government also changed the umbrella government of BPAC from the People's Welfare Bureau to the Disease Control and Prevention Desk.

The organizational changes experienced by BPAC are transitional changes to respond to the environment and the needs of the government and the society. In this case, the structural position of the BPAC must be below the Provincial Health Office in accordance to what is mandated in Presidential Decree 124/2016, where the coordination of HIV/AIDS prevention is under the authority of the Directorate General Prevention and Disease Control (Peraturan Presiden, 2016). Unlike Bali Province, the Yogyakarta City AIDS Commission was dissolved following the issuance of the Presidential Decree 124/2016. The responsibility to conduct HIV program is now under the Yogyakarta City Health Office (Mahendra, 2019).

While the role and responsibility of the BPAC remain unchanged in terms of being the HIV prevention coordinator at the provincial level, the financial support received by BPAC was reduced and now they only rely on the local government funding. It limits the activities which can be conducted by BPAC, such as conducting supervision and providing technical assistance to the AIDS commission in the district and municipality. Several District AIDS commissions have no activities due to lack of resource and funding from the district government. In several places, the District AIDS Commission has merged with the District Health Office so that no specific government agency undertakes HIV/AIDS prevention initiatives.

“For Gianyar AIDS Commission district there is no difference because Gianyar AIDS Commission has been independent since 2010. However, after the issuance

of the Presidential Decree No.124, several local AIDS commissions have joined the District Health Office, such as Karangasem, Buleleng, Jembrana. Meanwhile, Karangasem and Bangli is like temporarily suspended.” (District AIDS commission-1, male)

“On one hand, it is difficult due to the regional autonomy, but there is a need to make the stakeholders aware about how to revive BPAC and have an adequate budget in its area, and how the local governments can budget and revive the function of the AIDS commission.” (Ngo informant-1, male).

Our finding shows that there is no difference in the role of the BPAC before and after the dissolution of INAC. However, since the INAC has ended its mandate and the HIV/AIDS secretariat is under the Ministry of Health, BPAC and the District AIDS commission have had difficulty maintaining their role. In this case, the role of District Health office is important in achieving HIV programs and services (Fauzi and Rahayu, 2019).

Barriers to Conducting the BPAC Mission

BPAC is a non-structural organization under the Provincial Health Office. However, since BPAC is a non-governmental institution and —is now under the Bali Provincial Health Office, it becomes a challenge to perform their role as coordinator, integration and synchronization of HIV prevention programs in multi-sector sub-national government organizations in Bali. Therefore, the commitment of the top-level leader in provincial, district/municipality is to encourage the HIV prevention program:

“If you look at the big picture, Indonesia has the worst HIV/AIDS problem in the world compared to other countries. There needs to be a commitment from the highest leaders first. If those leaders underestimate this issue, how can we overcome the HIV/AIDS problem. Do not shift the responsibility to the subordinate if those at the top position are still careless.” (Member of BPAC Experts Group).

BPAC has composed a five yearly Bali Province Action plan on HIV prevention or *Strategi Rencana Aksi Daerah (SRAD)*. This

document contains the Bali Provincial strategy to halt the transmission of HIV/AIDS in Bali which consists of prevention and treatment. In the SRAD, coordination, integration and synergy of efforts between Local Organization Apparatus and NGOs is in carrying out their activities every five years. SRAD aims to be the referral document when the private and public sector regulate HIV prevention programs.

“Every 5 years, we update our Bali Province strategic Plan of Action so that their activities would not get off the track of government policy. This SRAD will be a strategy that will be used as a reference. There are NGOs that carry out their activities based on the requests of donors as well. However, usually HIV related activity would not be much relevant to government policy on HIV/AIDS prevention. Besides, we also carry out CIS, which is coordination, integration and synchronization. For instance, by conducting meetings, supervision, evaluation, and issuing publication.” (BPAC Bali Secretariat).

In addition to leadership commitment, other aspects are also very important in planning programs/activities at the Local Government Apparatus level, such as provincial priority programs and development programs launched by leaders at the national, in this case, the national planning bureau, or at the regional level. Program planning in each Local Government Apparatus requires that the proposed program be adjusted to the program priorities under the vision and mission of regional leaders. Several Local Government Apparatus have organized HIV/AIDS activities in Bali, but they have limited in funds, so they cannot provide a maximum contribution in assisting BPAC in efforts to combat HIV/AIDS.

“Because in the Social Service, we also have budget limitation, so we want the BPAC to deal with HIV problem, whether neglected ones or at least, if possible, they shall build the nursing home. HIV nursing home is needed so they can take medication, especially for those who live far away as they can't go back and forth. So, we hope that the BPAC who takes over will build a nursing house, as BPAC and the governor have a close

relationship. We are like this because we don't have a budget either.” (Representative of Regional Organization apparatus -3, male).

“Health Office works as a service provider. But there is an absence of mobilizer to the general public, and it is still basically needed. And here, the role of business actors or entrepreneurs and agencies is also very important. So far, it is still at the District/Provincial Health Office, but have any employers and agencies ever conducted socialization related to HIV? Rarely, we can see that.” (Representative of NGO, male).

Based on information collected from the informants, implementation of the HIV prevention relies on multi-stakeholder collaboration, and views of top-level government leaders on HIV issues. Therefore, it is necessary to conduct advocacy for government organizations as well as to the government leaders both in province and district/municipality. Effort to halt the spread of HIV is also needed from other sectors apart from the health sectors and AIDS commission.

Our research shows that after INAC was dissolved, the government organization responsible for BPAC finance and budgeting changed from the people welfare bureau in Government Office to Bali Province Health Office. The amount also depends on the portion of the budget received by the Health Office. This system makes BPAC less flexible in carrying out its activities or main functions. Meanwhile, government grants cannot be given every year due to regulation on the government grant disbursement. According to Mia (2017), the barrier factors faced by the Provincial/District AIDS commission was under the regulation of the government budget mechanism, the non-structural government organizations, such as the AIDS Commission, cannot be the direct recipient of the Regional Budget and Revenue (in Indonesia: *Anggaran Pendapatan dan Belanja Daerah* or APBD). The local government will then send the funding for the BPAC to the Provincial Health Office as the government agency.

Prior to the presidential decree, BPAC received a major grant from INAC and HIV Cooperation Project for Indonesia (HCPI) for coordination activities. Since

the funding from HCPI and INAC stopped, BPAC has only supported funds from the provincial government through the Health Office. BPAC's position as a non-structural institution means that this institution cannot receive funds directly from the provincial treasurer, but must go through the treasurer of the Provincial Health Office, as the official who makes financial commitments who may authorize the disbursement of funds within the Bali Provincial Health Office. Bali Province financial management establishes a tiered financial supervisor which has resulted in a lengthy-process of disbursing funds. With the current financial situation, where the funding source for BPAC activities only comes from the Regional Budget and Revenue, BPAC must obtain approval from the Health Office.

“The BPAC is a commission or non-governmental structure organization. BPAC cannot receive funds directly from the government, it needs a government organization to receive the fund then distributed to BPAC, so it takes longer time to be received in BPAC account. There is a regulation that states that government funds can be given directly to an institution but it cannot be continuous, it can only be given once or alternately, for instance it will be given this year but not next year. We are only follow the rules, so we can't apply for funding or grants continuously. But as BPAC must continue to operate, its funds are attached to Bali Provincial Health Office, so it is the Office who budgets but the proposal from BPAC so that the funds become fully part of the Health Office.” (BPA Secretariat).

The results of this study indicate two reasons why BPAC cannot receive direct funding from the provincial government. First, because of BPAC's position as a non-structural institution and, second, there is no legal umbrella that regulates direct funding, like several other non-structural institutions in Bali. However, the experience of the AIDS Commission in Klungkung District is different from BPAC as this institution can directly receive local government funding without having to have a supervisory agency. Some district AIDS commissions have received direct funding from district government to their institution, but some must be

attached the parent government organization. According to one informant, the management of this funding could also be influenced by the commitment of local government leaders to HIV prevention efforts. One of the efforts made by the AIDS commission at the district level is to gain support from the Regent by inviting the Regent into their activities. However, it is undeniable that the existence of Regional Regulations is expected to prevent, and overcome HIV and AIDS. HIV/AIDS prevention and control is a public concern for the community and the government in seeing the condition of cases of HIV/AIDS which spread so fast and are very worrying.

“Advocacy is actually how we can be close personally. Try to invite the regent frequently to attend events that we organize with people living with HIV. Like yesterday, the regent met with people living with HIV, and they were promised working capital. This means that whatever we want to do, try to often involve those from the top. That’s all, just show good performance and accountability. That is all. And we also have to follow the mood of the district government. In Klungkung, the regional leaders have a lot of innovation, so we have to also catch up in an innovative way.” (Representative of District AIDS commission-2, male).

“The 2013 transition period was different, everything was new, so we lobbied, when we were just inaugurated we found some time to meet and convey the AIDS commission’s vision and mission, funding. Then there is an instruction to continue, then we proceed to check the financial process. The funding issue on whether the amount could be increased or not depends on availability of the regional funding. Why do we get grant funds? because our organization has a strong legal basis at national level, such as Government Law and Ministry of Home Affairs Law. In fact, if the AIDS Commission is still standing with the secretariat, with the aid funds, it means there is still respect from stakeholders such as the regent.” (Gianyar District AIDS commission Secretariat).

Strategies to Improve BPAC Performance

Strengthening AIDS commission at the district level is a top priority that must be included in the current BPAC Bali Strategic Plan, where advocacy needs to be done to create a joint commitment in acknowledging the existence of AIDS commission that control the HIV AIDS problem in Bali Province. Institutional strengthening, including ensuring the availability of funds, is a concern because it is the key of the success of all cross-sectors in effort to combat HIV/AIDS.

“If institutions are temporarily suspended in districts, they need to be strengthened so that later they can be active again. But if there is no coordination, it will also be difficult. Moreover, each cross-sector has its own respective functions. If the institution is not strong, coordination to various places would not work, so it needs to be improved so that there is clarity, or example in terms of funding.” (Representative of BKKBN Bali Province).

However, local government apparatus considers that BPAC has not optimally carried out its main duties and function after the issuance of Presidential Decree No. 124 of 2016. Not all organization local apparatus participated in carrying out the action plans that were made, and BPAC was deemed unable to provide support to the AIDS commission at the district level because PAC has limited resources and funds attached to the District Health Office. One of the expectations that has become the priority of various multi-sectors is the budgeting. Every district local apparatus and BPAC will be able to do their job if the budget is available. So the future challenge for BPAC is to be able to advocate for policy holders.

Our research shows the need for conducting advocacy to government leaders, both at provincial and district/municipality level. When forming advocacy programs, BPAC can reactivate the Working Group, or abbreviated as “Pokja,” to provide input in developing the BPAC program. The “Pokja” can also help — mobilize stakeholders in implementing regional policies for a program, assist the implementation of mentoring, motivation, advocacy, facilitation and supervision, and periodically report the results of activities

to the Head of BPAC through the Secretary of BPAC. Working group is one of the strategies applied in AIDS Commission at Sub National level to improve the implementation of the HIV program (Diyan, 2015).

The large number of stakeholders involved in HIV/AIDS prevention and control requires good coordination from planning to evaluation (Ningsih and Setiyaningsih, 2019). Other strategies are transforming the political framing of the HIV prevention approach from an economic paradigm to a right to health that may be of interest to local governments (Sutarsa, 2021), strengthening the role of the civil society organization, and integrating— HIV response with universal health coverage (Shreesant Prabhakaran et al., 2018; Ooms and Kruja, 2019,).

CONCLUSION

The role of BPAC as a non-structural government body to manage HIV in Bali Province has seen no changes after the INAC ended its mandate. However,—BPAC faces challenges in coordinating, integrating, and synchronizing HIV prevention programs in Bali due to its limitations as a non-structural institution that is not a government entity, also it has difficulty maintaining its role as a capacity-building provider to other AIDS commissions at the district level. The limited funds received from the government and the lengthy procedures for disbursing funds are obstacles to performing their program. In order for BPAC to perform its roles better there are some points that need to be considered advocating to the provincial government on the HIV problem as one of the public health issues; enhancing communication and collaboration with other partners such as the CSO; consulting with the government regarding the potential to receive government funds directly and reduce delay; to improve the capacity of BPAC staff to seek alternative funds sources and to shift the HIV response from an economic point of view to a right-based approach.

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