



Qualitative analysis of financing HIV and AIDS program in Health Office of Jayawijaya District, Papua Province[☆]

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ABSTRACT

Objective: The purpose of this study is to see the financing of HIV and AIDS prevention programs in Jayawijaya District, Papua Province.

Method: This study used a qualitative research design with a case study approach.

Results: The results of this study indicate that the source of HIV and AIDS prevention programs in the Jayawijaya Health Office comes from the Government (Special Autonomy Fund) and the State Budget (BOK Funds at Puskesmas) and assistance from international NGOs with a very large amount every year.

Conclusions: This study concludes that HIV and AIDS from the APBN and APBN data should be reviewed to improve with the decreasing number of donor agencies assisting in the Jayawijaya District. So that the HIV and AIDS program in Jayawijaya Regency, Papua Province, is reliable, balanced with a comprehensive coping program strategy.

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Introduction

HIV or human immunodeficiency virus is a type that attacks/infects white blood cells causing decreased immunity.¹ AIDS or acquired immunodeficiency syndrome is a symptom of a disease caused by decreased immunity caused by HIV. Worldwide in 2013, 35 million people were living with HIV which includes 16 million women and 3.2 million children under 15 years of age. The number of deaths due to AIDS was 1.5 million consisting of 1.3 million adults and 190,000 children aged < 15 years. The province with the highest AIDS infection is followed by East Java and Papua in the second.²

Papua illustrates case of extreme inequality of infection patterns with a population of only 1.5% Indonesia's population, Papua in 2011 contributed more than 15% of all new HIV cases in Indonesia.³ Behavior, easy access to antiretroviral drugs, and treatment adherence are the factors that affect the quality of life among people with HIV. Improve behavior, access to antiretroviral drugs, and adherence to recommendations to maintain the quality of life.⁴ Papua has a case rate nearly 15 times higher than the national average HIV prevalence among indigenous Papuans higher (2.8%) than the prevalence of non-indigenous population (1.5%). By region, the regions with the most sufferers were Jayawijaya Regency (5293),

Mimika Regency (4162), Nabire Regency (4162), Jayapura City (3762), Jayapura Regency (1813), and Merauke (1807).²

In terms of financing, research conducted by PKMK FK UGM (2016) found that although there is a tendency to increase funding in prevention programs, both from the APBN and APBD, dependence on foreign sources of funds is still very dominant and funding planning is still far from program needs.⁵ Freumence's (2013) research in developing country Tanzania found that problems in the health decentralization are inadequate funding, improper disbursement of funds from the central government insufficient and inadequate personnel, lack of public participation in planning and high political interference.⁶ Further research Nguyen Co Financing for monitoring Vialar Laod during antiretroviral therapy in patients with HIV / AIDS in Vietnam,⁷ as well as research Atun, Chang Long-term funding requirements for the control of HIV in sub-Saharan Africa in 2015-2050.⁸

Based on the explanation above, the researcher believes that there is a need for research related to the implementation of decentralization in the HIV and AIDS prevention program at the Jayawijaya District Health Office which focuses on the aspect of financing.

Method

Data sources are primary data and secondary data. Data information was sourced from 18 informants consisting of DPRD officials, Provincial Health Services, District Health Offices, Bappeda, KPADs, Public health center, Non-Government Organizations (NGOs), and the PLWHA Community. Meanwhile, secondary data are laws related to HIV and AIDS and other credible sources of written data that can be used in this study.

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Data collection

Collecting data through in-depth interviews, observation, document review and focus group discussions.

Results

Sources funding for the HIV programs in Jayawijaya District consist of 3 (three), namely 1) APBD Funds through Special Autonomy (Otsus) funds provided through grants to the Jayawijaya Regency KPAD in collaboration with the Health Office as a technical implementer and NGOs. The Special Autonomy Fund for HIV and AIDS prevention programs has been provided since 2005; 2) APBN funds are provided to Public health center through BOK funds, and 3) funds from foreign NGOs in the form of activities to support local government program activities. The foreign NGOs that provide funding are UNICEF, the Clinton Health Access Initiative (CHAI), the Global Fund, and USAID (Linkages) with different activities. This is as conveyed by the following informants:

“... Yes, for the funding source prepared by the Jayawijaya government specifically for the prevention or control of HIV and AIDS in Jayawijaya district, we first allocate it through the special autonomy fund, and this special autonomy fund on average per year is approximately 3 billion we allocate special autonomy funds, which are in the form of or a model grant to the KPA for cooperation with the health office and several NGOs, besides, there are funds that come from NGOs. This NGO is in the context of enhancing programs that have been implemented by the local government, which is assisted by these NGOs or NGOs so that these funds can be used for HIV and AIDS prevention and control in Jayawijaya district, which is related to funding.” (PM Informant, Head of Bappeda)

“...yeah, from the year two thousand, okay 2012, 2013 I remember. 2012, 2013 is still around 250 million from the APBD. If there is no APBN, then from the donors at that time there were projects from the reds project or the project from the donor assistance was also from Australia. While there is GF, but only in the form of honorarium, I don't know the amount. If in 2014 there were more than 250, up to 400 million for funds from the APBD, then ee from the APBN, from the doc funds there was no, from donor funds also more coming from the reds project from Ausy. Then 2015 is quite large from the APBD, almost around 800 million, then added with HIV funds in KPA, it increases from 700 then 1.2 billion if in 2015 it becomes 4 billion...” (GYA informant, Head of the AIDS, TBC, and Malaria Section).

The use of funds for HIV and AIDS prevention programs in the Jayawijaya District varies in each SKPD, service unit, and institution. The grant funds originating from the APBD, are distributed by KPAD to several SKPDs engaged in HIV and AIDS prevention programs, such as the Education Office engaged in prevention activities via education, NGOs engaged in mentoring activities and working groups, religious departments, women's empowerment and KB which is engaged in condom distribution activities, the Youth and Sports Service has established a youth forum that aims to achieve the goals of street children and street prostitutes, as well as Indigenous Peoples Organizations (LMA) to facilitate group involvement in HIV and AIDS prevention programs. This is as conveyed by the following informants:

“...the health office, he backs up for operational activities in the Public Health Center for the CST working group and also the working group for PMCT, while for the P&P office he is for vi education while for NGOs, there are mentoring groups, working groups, groups Work in the religious department, at the ministry of religion is in women's empowerment and family planning, women's empowerment and family planning we work together

concerning the distribution of condoms, while for teenagers, youth and youth there is a youth forum. This youth forum facilitates ee what locations are risky, especially for street children as well as street prostitutes and there are several programs for ee LMA (Indigenous Peoples' Institutions) aimed at how the community can be facilitated during traditional events, like that. Because here is still the influence of adat is also the cause of transmission in Jayawijaya district...” (DMR informant, KPA Secretary).

The special autonomy grant budget for HIV and AIDS prevention programs at the Jayawijaya District Health Office is coordinated by the Head of the P2P Division. The budget for the HIV and AIDS prevention program at the Health Office is earmarked to finance the fulfillment of logistical needs, increase the capacity of human resources and services which include activities for prevention and control of infectious diseases, procurement of consumable health equipment, periodic HIV and AIDS training, decentralization of ARV drugs, tracking patient findings was simple to follow-up as well as VCT Mobile finding new and treated HIV patients. Types of activities and budgets used for HIV and AIDS prevention programs at the Jayawijaya District Health Office.

However, one of the obstacles faced by Public health center in terms of financing is that the funds that leave the Public health center do not come out regularly, sometimes at the beginning of the year, mid-year, or end of the year. So that the activities carried out depending on the decrease in the budget. So that the implementation of activities must be adjusted to the decrease in the budget.

Discussion

The Jayawijaya District Government funds the HIV and AIDS program from the APBD (special autonomy fund). Funding from the APBD from 2012 to 2018 has fluctuated, with the highest amount of funding in 2015 amounting to 4 billion rupiah. This funding is coordinated by KPAD and the Health Office and distributed to SKPDs or agencies that work on HIV and AIDS prevention programs in Jayawijaya District. Funds for HIV and AIDS programs in the Health Office also increase every year. However, the absorption rate of the budget only reaches 20-30%. The budget is used to meet logistical needs, services, and capacity building in the form of procurement of materials for checking Alere Prime CD4 cartridge tests, meetings of HIV working groups, VCT Mobile and LFU HIV and AIDS, tracking and finding new HIV patients and being treated with ARV, tracking and finding lost patients. to follow up (dropping out of ARV treatment) and procurement of PIMA medical devices. Research Suthar the performance-based financing to improve the delivery of HIV and AIDS which has positively influenced the access and quality of HIV services, health systems, and knowledge gaps governance remains activities.⁹ Furthermore, the budget absorption HIV-AIDS in the form of provision of facilities such as examination materials Alere Prime CD4 test cartridge, the meeting of the working group for HIV, VCT Mobile, and LFU HIV-AIDS, tracking and discovery of HIV patients new and treated ARV, tracking and discovery of patients lost to follow-up (breaking treatment ARV) and procurement of medical equipment PIMA. Research by Zakumumpa regarding alternative financing mechanisms for ART programs in health facilities in Uganda proves that alternative financing is considered effective in the prevention of HIV / AIDS and help reduce the use of budget.¹⁰

Apart from the budget originating from the Jayawijaya Regency APBD, funding for HIV and AIDS programs in Jayawijaya Regency is also greatly assisted by the funding that comes from foreign aid. International Institute are institution that have high resources, financial resources, and technical capabilities, whose role in the HIV and AIDS prevention program in

Jayawijaya District is not to create new programs but to provide support to local governments in implementing HIV and AIDS programs in the District Jayawijaya. However, the sustainability of funding from abroad cannot be ascertained, because every NGO has a certain contract period. Research by Shrivastava the role of public-private partnerships in achieving the UNAIDS HIV treatment target, helps the effectiveness of treatment of HIV-AIDS. Some sources of foreign funding have ended.¹¹ Currently, foreign aid donors are still providing assistance in Jayawijaya stayed Global Fund and USAID through Linkages. It is a challenge for local governments Jayawijaya this time, because of the dependence on foreign donor aid remains high. Sustainability efforts to combat HIV and AIDS depends on adequate level of funding to support and strengthen prevention efforts. With the decline in foreign financial support for efforts to combat HIV and AIDS in Indonesia, including in Jayawijaya, the need for an adequate allocation of funds from the central government, provincial and district/city. Although the budget allocation for the treatment sourced from the budget in the Jayapura District is large enough.

Conclusions

Funding for HIV and AIDS prevention programs at the Jayawijaya Health Office comes from the Government (APBD, Special Autonomy Fund) and APBN (BOK Fund at Public health center) and assistance from international NGOs with a very large amount every year. intended to finance the fulfillment of logistical needs, increase the capacity of human resources and HIV and AIDS services.

The amount of funding for the HIV and AIDS program in Jayawijaya District must be balanced with a comprehensive prevention program strategy involving various relevant stakeholders to

formulate a grand design for the HIV and AIDS prevention program in Jayawijaya District.

Conflicts of interest

The authors declare that they have no conflict of interest.

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