ORIGINAL PAPER

Compliance with successful policy method. Implementation of HIV/AIDS control policies: a case study

Nana Noviana[1], Sri Suwitri[2], Bambang Supriyono[3]

[1]Regional Research and Development Agency, South Kalimantan Province, Indonesia
[2]Untidar University, Magelang, Indonesia
[3]Brawijaya University, Indonesia

Abstract

Introduction: The involvement and complexity of multiple stakeholders in human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) policy implementation are needed; however, a deviation from stakeholder's point of view becomes a problem in achieving policy implementation goals. To improve the performance of implementers in efforts to control HIV/AIDS in Banjarmasin City, this study analyzed the compliance of implementers in executing HIV/AIDS control policies, and this is something that agencies in Banjarmasin has never accomplished.

Material and methods: To investigate policy data, guidelines, and implementation of HIV/AIDS prevention programs in Banjarmasin City, a system analysis method was used. Selection of information was based on various considerations as per the needs of required information taken from individuals, who better understand implementation of HIV/AIDS control programs in Banjarmasin. Sampling technique was part of concurrent triangulation design (Creswell, 2012; Creswell, 2018). Data collection techniques for conducting interviews were used as an interview guide. Observation method employed in this study was simultaneously connected with enriching the research by presenting additional data to support the information obtained from interviews.

Results: From the implementers point of view, HIV/AIDS control efforts are not yet priority, as there are still high urgency agency programs. In addition, the implementation considered HIV/AIDS control program only to continue a previous one. Various factors, which underlined the compliance in the implementers in using HIV/AIDS control policies were due to the absence of socialization in regional regulations, so that the majority of informants did not know about them. Moreover, the contents and objectives of regional regulations are unclear and not detailed, so it is difficult to interpret aims and objectives. Additionally, there is unclear role of administrators in the implementation of HIV/AIDS control and the absence of mayor regulations and technical guidelines to follow Regional Regulation No. 11/2012.

Conclusions: Local regulations cannot be implemented optimally. It is necessary to have clear regulations in the implementation of HIV/AIDS control policies in order to increase the compliance of the implementers in policy application.

HIV AIDS Rev 2025; 24, 1: 20-28
DOI: https://doi.org/10.5114/hivar/150857

Key words: methods' compliance, implementers' compliance, policy implementation, HIV/AIDS policy, analysis of policy, policy-making, public policy.

Address for correspondence: Nana Noviana, Regional Research and Development Agency, South Kalimantan Province, Indonesia, e-mail: gadysnoviana@gmail.com

Article history:
Received: 28.04.2022
Received in revised form: 10.06.2022
Accepted: 10.06.2022
Available online: 19.03.2025

International Journal of HIV-Related Problems
HIV & AIDS Review

Introduction

Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) prevention efforts are not significantly mentioned in the sustainable development goals, but these goals are universal to achieve good health and well-being of all individuals. The end of AIDS epidemic, which is a public health threat, is targeted for 2030 [1]. HIV/AIDS prevention efforts in the city of Banjarmasin cannot be separated from the national HIV/AIDS prevention efforts, while the central government's HIV/AIDS prevention efforts are stated in the 2015-2019 national AIDS strategy [1]. The national HIV/AIDS strategy is a declaration of the government's commitment to tackle HIV/AIDS, and it is a proposal for fighting HIV/AIDS in Indonesia. Therefore, government policies, whether national, provincial, or global, are the basis for consideration in efforts to control HIV/AIDS in the city of Banjarmasin [2].

The involvement and complexity of multiple stakeholders in HIV/AIDS policy implementation are needed. With so many participants in policy implementation, there are many confusing orders for implementers, and this can affect the application process and contribute to the failure of policy implementation [3]. Most of the organizational structures in implementing policies are multi-organizational, meaning that policy implementation is carried out with coordination with many organizations and factors. For well-running of the cooperation process, it is necessary to comply with all factors to implement the policy. According to a study conducted in Colombia by Nehla (2015), "Those programs should, however, be backed by legislation and implemented by the Ministry of Education." This could be a difficult task, given the lack of involvement from education sector in the national plan's implementation [4]. The application of HIV/AIDS prevention policies in the city of Banjarmasin is a part of the national HIV/AIDS prevention and control policies. Efforts to prevent and control AIDS are mandated by presidential regulation number 75 (2006) to avoid major impacts in the health, social, political, and economic sectors [3, 5]. The city of Banjarmasin has the highest number of AIDS cases among its 13 districts/cities in South Kalimantan Province. In addition, in 2018, there were 9 deaths recorded due to AIDS [2]. This shows the need for maximum efforts to prolong lives of people living with HIV/AIDS. So far, the Banjarmasin City Government has made efforts to prevent and control HIV/AIDS by carrying out health promotion activities and HIV/AIDS patients screening through TB screening in community health centers of Banjarmasin's working area. Moreover, the Banjarmasin City Government has also issued a regional regulation to handle HIV/AIDS as an evidence of the government's interest for managing HIV/AIDS. However, efforts to control and prevent HIV/AIDS are difficult due to the phenomenon of HIV/AIDS spreading. Thus far, we have only focused on "surface" events; the prevention activities carried out do not touch the target directly, and the programs implemented do not fully consider the needs and abilities of people living with HIV/AIDS. In a HIV/AIDS treatment program, HIV/AIDS-positive patients acquire their medicines from a health facility, i.e., AIDS treatment hospital, and the medicines must be paid for at the counter, which may impair patients' financial capabilities. HIV/AIDS patients have limited activities, and they are struggling to make ends meet. The cost of drug-taking can increase their overall burden, and the implementation of HIV/AIDS therapy can be interrupted [3]. Therefore, HIV/AIDS handling requires to be achieved optimally, and it is necessary to implement active multi-sectoral participation. The compliance of policy facilitators in implementing HIV/AIDS treatment programs plays a very important role in the success of achieving program goals. Increasing number of HIV/AIDS cases and concerns regarding HIV/AIDS prevention in Banjarmasin was reported to the Banjarmasin City Government by issuing regional regulation No. 11 in 2012. With the existence of this regulation, it was hoped that these issues can become a legal aspect for local governments in carrying out HIV/AIDS prevention efforts in order to suppress the spread of HIV/AIDS in the city of Banjarmasin.

Literature review

Policy implementation is a very important aspect of the entire policy process, because, in addition to the mechanism for elaborating decisions, it involves choices on who and what steps are employed in a policy concerning conflict issues. Policy implementation has a broad definition, which is a means of public administration, where stakeholders, organizations, procedures, techniques, and resources, are organized together to execute policies for achieving a desired impact or goal.

Efforts to control HIV/AIDS involve health services, which are government's distributive policies in allocating services for controlling HIV/AIDS. The aim of HIV/AIDS control policy is to assist the community in efforts to control HIV/AIDS transmission, and provide support to HIV/AIDS community groups in the form of medical and other services. This was mentioned by Ripley in Erwan (2012), who reported that the programs or services provided by the government for certain communities and groups are distributive policies [6]. The implementation of these programs leads to several policies, which are based on program objectives and results desired by government officials. To make a program run smoothly, it must include actions by policy partners. This Ripley policy model is seen as a cycle that allows an evolution of policy to occur within a policy stage. With that, it is possible for fundamental changes to be innate, and people will be able to understand more of the knowledge [6]. Ripley and Franklin (1982) in their book "Policy Implementation and Bureaucracy", stated that the successful implementation of program policies can be seen in their study [6]: "From a compliance perspective, the level of compliance of subordinates to superiors or implementers to the implementation of policies or regulations contained in policy implementation documents will affect the success rate of policy implementation. Compliance is carried out by the standards and

procedures set out in the policy". This is the policy implementation model according to Ripley and Franklin.

The indicators for the compliance approach presented by Ripley are the implementer's behavior and the implementer's understanding of the policy [6]. Ripley explains that there are several indicators to explain this approach: 1) a number of partners involved; 2) clarity of objectives and clarity of policy content is the clarity and consistency of objectives, which can be understood, so that they are easy to implement; 3) participation in all government units meaning the participation of all partners involved in policy implementation; 4) uncontrollable factors affecting implementation: i) there are no issues; the smooth running of routine and the absence of problems in policy implementation are the success indicators of implementation; ii) performance that satisfies all parties, especially the expected beneficiaries. Successful implementation of policies refers to the realization of desired performance and impacts (benefits) of all policy objectives.

According to an article written by Nana Noviana, Bambang Supriyono, and Budi Suryadi, presented at the International Conference on HIV/AIDS Interdisciplinary Scientific Investigation in Ankara, Turkey, understanding of stakeholders is very influential in efforts to prevent HIV/AIDS in adolescents. The problem of HIV/AIDS is not only faced by the world of education, but is also related to health, social culture, economy, and religion [7]. Therefore, efforts to prevent HIV/AIDS require the participation of all parties and the community to achieve the desired goals. One way to make efforts in successful prevention of HIV/AIDS is to collaborate with the world of education. In the field of education, prevention efforts can be easily implemented because HIV/AIDS understanding can be provided in learning. Achieving the success of policy implementation not only requires accuracy of objectives, but also needs supporting resources [3]. In this case, an active role of bureaucrats/stakeholders is needed to socialize regional regulations, so that they achieve their goals correctly. The perspective of relevant stakeholders with minimal knowledge on health problems is a deviation from the objectives of policy implementation. Deviating from the objectives of policy implementation can cause unresolved problems, and hinder successful implementation of HIV/AIDS control policies, especially HIV/AIDS prevention efforts among school students [3]. The commitment of policy implementer is very influential in achieving the policy. A policy implementer, who has a high commitment, can strongly contribute to the success of a policy. Therefore, it is necessary to take concrete steps to overcome this issue, one of which is by making HIV/AIDS information a subject or an additional subject in schools.

Material and methods

Data

A system analysis method to investigate data on policies, guidelines, and implementation of HIV/AIDS prevention programs in Banjarmasin City was used. This study tried to find and present empirical facts from the actions of Banjarmasin City Government in a naturalistic manner and to reveal hidden values; it was expected to describe the implementation phenomenon that affects the application of government policies on HIV/AIDS prevention in Banjarmasin City.

The selection of participants was carried out purposively based on various considerations, according to information needed from agencies and community, who better understand the implementation and policies of HIV/AIDS prevention programs in the city of Banjarmasin: the AIDS Control Commission, Banjarmasin City Health Office, City Social Service Banjarmasin, Banjarmasin City Education Office, Banjarmasin City Tourism Office, Community Health Center (Advisor), NGOs, PLWHA, and community leaders.

This research was a qualitative study using a descriptive approach, based on a public policy perspective. The study followed an opinion of Creswell (2014), who stated that a qualitative approach is an approach for building knowledge statements based on a constructive perspective. Data collection techniques were utilized as interview guidelines in conducting interviews. Sampling technique was part of the concurrent triangulation design (Creswell, 2012; Creswell, 2018) [8]. Observation method in this study was connected simultaneously to improving the research by presenting additional information to support data obtained from interviews. This observation activity was expected to acquire a more detailed and real picture of the implementation process of HIV/AIDS prevention policies in the city of Banjarmasin. Documentation was used to obtain secondary information in the form of written data relating to the HIV/AIDS prevention program that has been implemented in the form of decisions, documents, archive guidelines, books, data, and reports related to the research.

Data collection technique

Data collection techniques were used in interviews with guidelines in a way that interviews were directed and defined by the research objectives, so that the interview process did not widen and was out of context. The observation method in this research was connected simultaneously to enriching the study by presenting additional information to support data obtained from the interview. This observation activity was expected to get a more detailed and real picture of the process of implementing HIV/AIDS control policies in the city of Banjarmasin. Documentation was used to obtain secondary information in the form of written data related to HIV/AIDS control programs, which have been carried out in the form of decisions, documents, archival guidelines, books, data, and reports related to the study. In the field of data collection technique, the researcher could use relevant procedures in the study, such as entering the study's location (getting in), relationships with study subjects (getting along), and collecting data (logging the data) [8].

Entering the study's location (getting in)

In the study, the researcher obtained a study permission from the Banjarmasin City Government. A research letter would validate the researchers to obtain data, both from interviews and documents related to HIV/AIDS. The researchers conducted the interviews with respondents, whose eligibility was determined according to the study's requirements.

Relationships with study's subjects (getting along)

Some of the interview's processes went smoothly, but efforts were needed to establish trust with the respondents. Therefore, maintaining relationships with HIV/AIDS patients was quite difficult, because HIV/AIDS problems are very sensitive, and persistence and determination were needed in obtaining data. However, the researchers were able to establish trust with the subjects to obtain accurate data. The interviews with stakeholders were carried out in each stakeholder's agency face-to-face, while with non-governmental organizations (NGOs) and AIDS patients, they were conducted in restaurants, according to the respondent's request for convenience.

Collecting data (logging the data)

According to Creswell, the qualitative research data collection procedure involves four types of strategies, including: 1) qualitative observation; 2) qualitative interviews; 3) qualitative documents, and 4) qualitative audio and visual materials. However, in this study's data collection, the researchers used five data collection methods, such as: 1) interviews; 2) focus group discussions (FGDs); 3) observations; 4) documentation; and 5) audio and visual materials. The interviews were conducted with the respondents using in-depth interviews, with a time adjusted to conditions. The time needed for the in-depth interviews was 1-2 hours, according to the respondent's comfort. The interview was stopped when there was a similar statement from the respondent, or until data saturation. Interviews were conducted using an interview guide, a voice recorder, and documentation. The documentation in interviews with AIDS patients was preceded by asking the respondent's permission and taking pictures from behind the person to avoid disclosure and discomfort. Questions on HIV/AIDS prevention policies were related to how the HIV/AIDS prevention programs were implemented. This aimed to determine the extent to which stakeholders considered this policy important, and whether they complied with implementing it. Therefore, the stakeholder compliance with the implementation of HIV/AIDS control policy was not only related to a health agency considered in charge of HIV/AIDS prevention activities, but also to other agencies related to the implementation of the policy. Meanwhile, the purpose of the interviews with NGOs and AIDS patients was to understand the implementation of HIV/AIDS prevention services from their point of view.

Data validity and reliability

Validity is one of the strengths of a qualitative research, as a basis for determining whether the findings obtained are accurate from the perspective of the researcher, participant, or reader [8]. The validity and reliability of data are to be considered, so that the presented data is valid. Data validity and reliability are verified through triangulation, such as data validity checking techniques, by utilizing something other than data for purposes of comparing the data. In this study, the triangulation technique was used in data sources and data collection techniques. The triangulation of data sources was done by testing the correctness of certain data or information with other information. The triangulation technique was carried out by confirming the data from the informant with other informants, and verifying it against the existing documents. In essence, this triangulation model uses distinctly different approaches, and researchers can perceive things broadly with possible perspectives [9].

Results

The government has made efforts to control HIV/AIDS patients in Banjarmasin City by issuing the regional regulation number 11/2012 on HIV/AIDS control in Banjarmasin. The policy must be implemented in order to achieve the policy's stated goal. However, the implementation of these regional regulations has not been maximal, because several agencies involved in these regional regulations did not know the regional regulations. This was conveyed by a Banjarmasin City Education Service officer with the initials (R) as follows:

"If I personally do not know (local regulation), I will try later to ask the others, but there is nothing else." (Interview conducted on February 6, 2019).

Likewise, officers from the Banjarmasin City Social Service, with the initials (I) and (H) stated that:

"From the social service, I feel that I have never received this regulation No. 11 of 2012… maybe just the province. I'll try later to ask if there is a regional regulation governing this but in that local regulation, it is different. We have made changes, namely the social service is not just a workforce anymore. So, the local regulation has not been revised." (Interview on February 7, 2019).

Due to insufficient regulations, the government and related stakeholders were unable to control the growth of places for sex-free transactions, which are still not optimal. This was conveyed by an officer from the Tourism Office with the initials (R):

"So, I have been in the Tourism Office for a long time, holding various positions, but I never knew about the local regulations and so far, there has never been any socialization about those local regulations. The Health Office has never socialized us about this aids local regulation." (Interview conducted on February 18, 2019).

The more community groups are at risk, the more various services are provided, and the implementers have more free-

dom to act, so it will be more difficult to make clear and firm regulations.

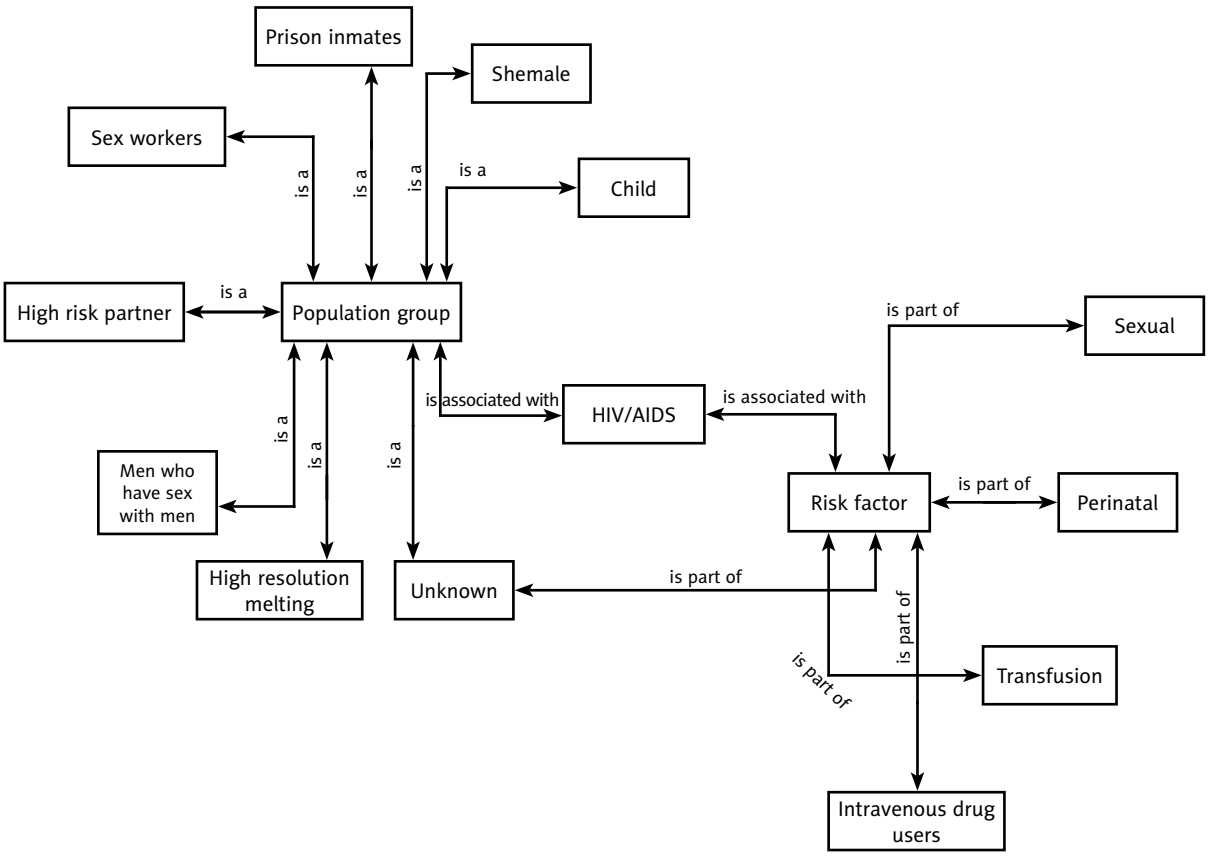
The following Table 1 is an overview of HIV/ AIDS cases according to population groups [20].

Based on the data above, it can be seen that the number of HIV/AIDS cases is spread across various population groups. The high percentage of HIV/AIDS cases in the MSM population is due to free sex and changing partners, while the percentage of HIV/AIDS cases in other populations is still small. Therefore, the government can find it difficult to provide services for this group, require more policy implementers, and different method is needed from other re-

Table 1. HIV/AIDS case definitions according to population groups, 2012-2018

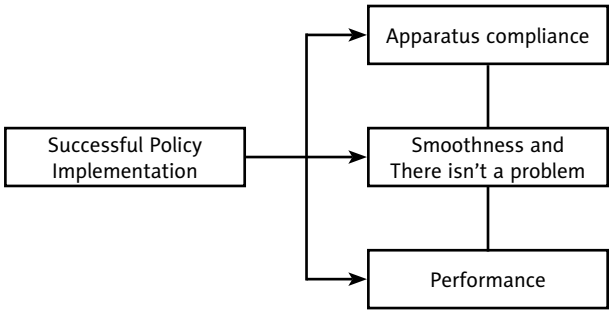
Year	Population groups									
	HRM	High-risk spouse	Transvestites	LSL	WPS L	WPS TL	IDU	Child	WBP	Unknow
2012	33	23	1	4	3	4	7	1	0	0
2013	21	16	0	8	4	0	1	3	2	0
2014	44	20	1	11	3	0	5	7	0	0
2015	40	30	1	22	2	0	1	3	4	0
2016	38	33	0	48	7	3	0	2	3	10
2017	26	42	1	85	10	8	2	6	2	0
2018	25	43	2	51	3	9	0	3	0	0
Total	227	207	6	229	32	24	16	25	11	10

Source: Banjarmasin City Health Office, 2019; data processed by the researchers.



Source: Data processed by the researchers from Atlas Ti 8, 2018

Figure 1. Description of HIV/AIDS cases by population group (2012-2018)



Source: Erwan, 2012.

Figure 2. Ripley and Franklin image model of policy implementation (1990)

gions to control HIV/AIDS. In order to implement the policies correctly and to be right on target, it is necessary to disseminate these policies to agencies related to HIV/AIDS managing, and invite all stakeholders to share responsibility in the effort to control HIV/AIDS. In addition, to achieve the success of a policy, it is necessary to accurately target recipients of HIV/AIDS control policy. The following is (J)'s statement from the Banjarmasin City Health Office:

"Actually, six of our public health centers are implementing the policy, including Teluk Dalam, Cempaka, Kelayan Timur, Pekauman, Cempaka Putih, and Pelambuan. " (Interview conducted on February 6, 2019).

Followed by the statement of an office from the AIDS Commission in Banjarmasin with the initials (A):

"We did it in five areas or sub-districts due to a lack of funds. Our target group is to provide socialization to the funeral home, BPK, and community leaders." (Interview conducted on January 24, 2019).

Clear policies and concrete roles for each agency related to HIV/AIDS are very supportive in achieving policy objectives by exercising authority and being responsible in the process of implementing policies appropriately. The following is the statement of social service's worker with the initials (I):

"And from the Ministry of Social Affairs, we also pay attention to them, we follow the rules and share their companions throughout Indonesia, so that they understand that this is an organization or NGO that cares about them. This is our contribution to them, coordination with those concerned (origin "concerned in the city area.") (Interview on February 7, 2019).

The implementation of regional regulation Number 11/2012 aims to improve the health status of the community, so that it is able to prevent and control the transmission of HIV/AIDS. Efforts to change risky social behaviors in the community with the access to correct and right policy implementation and policy objectives for recipients, are the desired policy implementation process. The minimal point of view of the related stakeholders on information and health problems is a deviation from the goal of policy implementation. The process of implementing public policies follows a cycle of support and attention from relevant stakeholders and the public. Deviations from the objective of policy implementation will cause unresolved problems. Based on the data obtained from the current study, it seems that the related agencies implementing HIV/AIDS control are only implementing routine programs derived from previous year's programs. The level of subordinates compliance with superiors or implementers and the implementation of policies or regulations contained in policy implementation documents, will affect the success rate of policy implementation. Compliance is carried out in accordance with the standards and procedures set out in the policy.

The following Figure 2 is the policy implementation model according to Ripley and Franklin [6, 11].

The indicators for the compliance approach presented by Ripley are the implementer's behavior and the implementer's understanding of the policy. Ripley explained that there are several indicators to explain this approach: the more complex a program is, the more involved parties in the process of implementing the policy. Clarity of policy content means clarity and consistency of objectives that can be understood, so that it is easy to implement. The complexity of a program can be seen by the level of complexity of the rules of the program concerned. Participation in all government units in question is the participation of all parties involved in policy implementation as well as uncontrollable factors that can affect policy implementation, such as non-technical issues, which exceeded the limit. Control from the implementers, indirectly related to the implementation of the program can hinder or even stop the implementation of previously designed programs.

Discussion

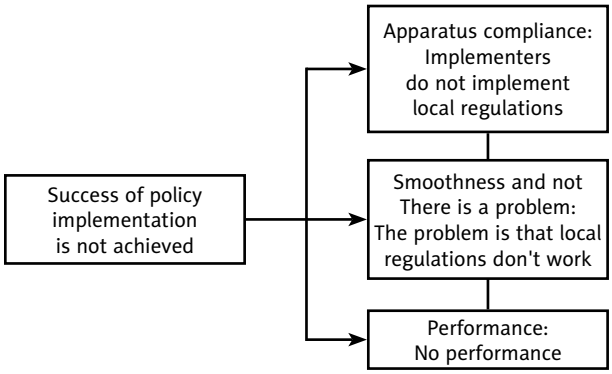
In the effort of implementation of HIV/AIDS control policies in Banjarmasin City, there are no guardians or technical instructions to apply HIV/AIDS control efforts. Relevant agencies carry out HIV/AIDS control efforts, because programs from activities with central programs, such as the Health Office, carry out HIV/AIDS control efforts concerning the Ministry of Health. In the absence of a guardian or technical guide for implementation, this is an obstacle for policy implementation. Policy implementation includes not only routine procedural mechanisms, but also decisions regarding who implements policies, what they obtain, and addresses conflict issues in their implementation. Achieving the success of a policy implementation requires not only the accuracy of objectives, but also supporting resources. In this case, an active role of the bureaucrats is needed to socialize local regulations, so that they can achieve their goals appropriately [6]. This is because agencies related to HIV/AIDS control efforts, as stated by the regional regulation Number 11/2012, have no knowledge about it [12]. Therefore, there is no socialization regarding these regional regulations, and majority of informants do not know about them. In addition, the content and objectives of these regional regulations are unclear and not detailed, making it difficult

to interpret the aims and objectives. The unclear role of bureaucrats in the implementation of HIV/AIDS control and the absence of a guardian (mayor regulation) or technical instructions to follow the regional regulation Number 11 of 2012, means that regional regulations cannot be implemented optimally [6]. This cannot provide strategic answers to questions about the success of policy implementation in terms of policy objectives and program suitability [13]. In this case, HIV/AIDS control policy has not been able to change the fate of the target groups, as shown in the stated policy objectives.

Apart from that, the orientation of policy-makers supports the implementation of policies. However, if the orientation of policy-makers to define policy's objectives is still influenced by external factors, then the objectives of a policy will not be achieved. The rational assumptions of policy-makers influence policy implementation, and this influence may come from superiors and other related institutions [14]. In addition, Ripley [6] stated that the implementer compliance is the success of policy implementation, which explains that the more complex programs are, the policy implementation process involves more parties, and is supported by skills.

The following is a policy implementation model according to Ripley and Franklin, where the implementer compliance is a factor supporting the success of policy implementation [6, 11].

The problem of implementer's compliance in applying HIV/AIDS control policies in the City of Banjarmasin, following the indicators of the compliance approach presented by Ripley, is the implementer's behavior and the implementer's understanding of the policy that the number of parties involved in the implementation of HIV/AIDS control policies is large, because HIV/AIDS problem is a complex issue [6]. In implementing HIV/AIDS control policies, implementers must have appropriate abilities, such as skills of a counselor in conducting counseling before and after HIV testing. The clarity of the HIV/AIDS control policy objectives also affect successful implementation of HIV/AIDS control policy. The implementers perceive the objectives of HIV/AIDS control policy in Banjarmasin City as being too broad, and the goals are gray and white. Clarity of policy content is defined by the transparency and consistency of objectives, which can be understood, so that they are easy to implement. Clear policy content makes it easier for implementers to understand, and translate policies into real action. Conversely, if the content of the policy is not clear, it creates distortions in policy implementation [3]. The development and complexity of a program can be seen from the dynamic implementation instructions provided. The HIV/AIDS control policy in Banjarmasin City is not based on implementation guidelines or guardians, so the policy cannot be implemented properly due to lack of financial resources. There is no participation of all government units, especially those related to HIV/AIDS control, as stipulated in regional regulations. According to Ripley *et al.* [6], this affects the success of policy implementation.



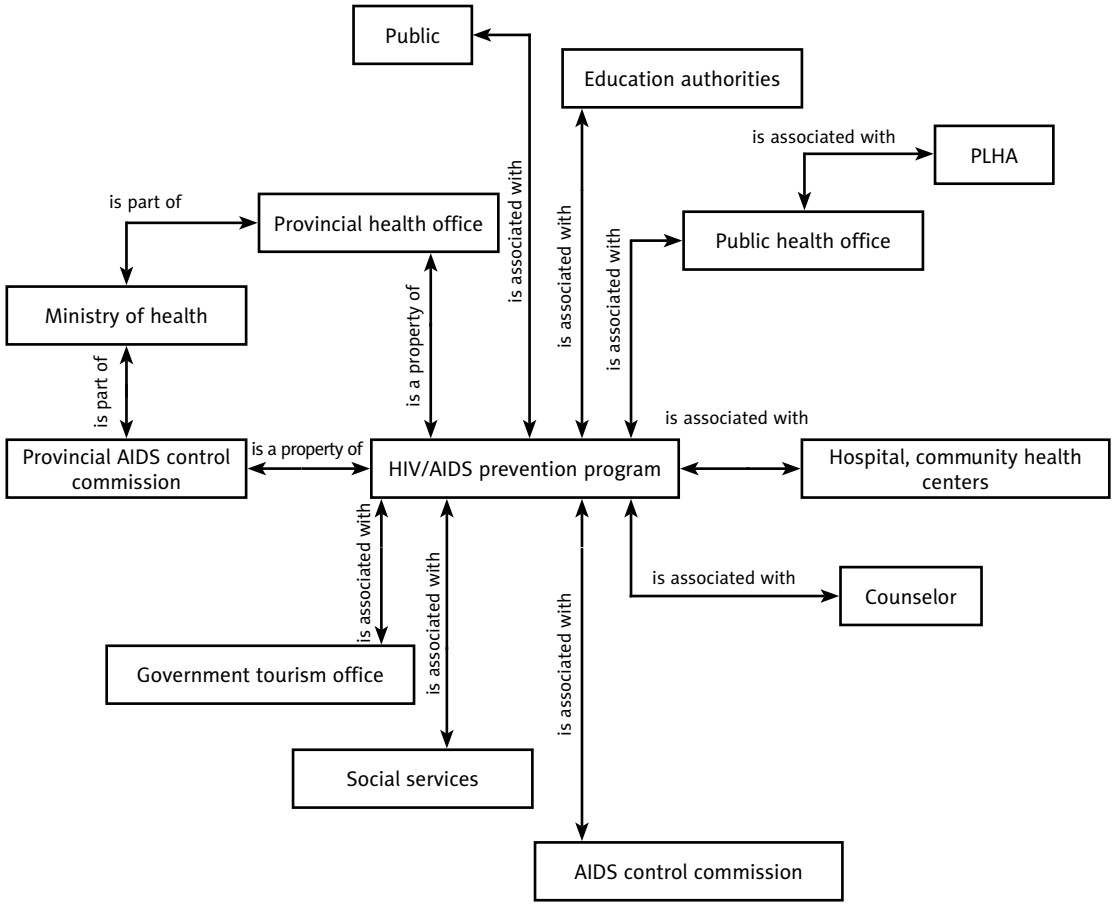
Source: Erwan, 2012.

Figure 3. Successful HIV/AIDS policy implementation model according to Ripley and Franklin (1990)

A multi-sectoral approach is needed in efforts to control HIV/AIDS, because the HIV/AIDS problem is increasingly complex and widespread, requiring the involvement of many parties. Stakeholders involved in efforts to control HIV/AIDS include those with formal legal power, with financial capacity, and with organizational ability. Efforts to solve the HIV/AIDS problem, which is a public concern, are no longer dependent on the state; efforts to solve these matters are carried out collaboratively within a network of parties, including the state and NGOs [16].

The implementation of the regional regulation No. 11/2012 in efforts to control HIV/AIDS is supported by international assistance, such as the Global Fund and IAC, in collaboration with the government and NGOs to implement HIV/AIDS control programs in Banjarmasin City [6, 17, 18]. This international donor agency provides operational costs for NGOs on AIDS due to the NGOs' involvement in fighting HIV/AIDS, which has been recognized as treatment agencies (UNAIDS, 2004) [16]. NGOs are key parties in multi-parties interventions in the fight against HIV/AIDS (UNAIDS, 2004) [16]. NGOs are easier to accept by HIV/AIDS patients, because they have flexible advocacy and service delivery capacities. The role of HIV/AIDS patients in providing peer assistances and policy educators for AIDS patients is critical [21] [19]. Their involvement in HIV/AIDS control includes peer assistance, education, and promotion of condoms in their environment. They should also be the subject of policy, but efforts to involve AIDS patients in controlling HIV/AIDS are still constrained by stigma and professional staff. Controlling HIV/AIDS requires the involvement of multiple resources and policy-makers, considering all the impacts and complexities of HIV/AIDS. Policy-makers need to consider inter-dependence, and must recognize that governments and other stakeholders are not able to solve public problems without collaboration [16].

The description of implementation of the regional regulation Number 11/2012 in Banjarmasin City is a deliberative policy by showing a policy network, where deliberative policy is a process of consultation, considering, and argu-



Sources: data processed by the researchers; Atlas Ti 8, 2018.

Figure 4. An overview of the parties in the implementation of HIV/AIDS control in Banjarmasin City

ing among citizens for public policy-making [16]. However, in implementing the policy network in Banjarmasin City, the government is still the source of policy, but roles of other related parties have not played their maximum role, and have not even played a role in controlling HIV/AIDS. All parties involved should collaborate in terms of resources, information, and financing to control HIV/AIDS. If the regional regulation is implemented appropriately and seriously by the government, related agencies, NGOs, and the community, HIV/AIDS cases can be detected quickly and the number of morbidities due to HIV/AIDS will reduce. However, if the regional regulation is not implemented properly, there can be a serious increase in HIV/AIDS cases.

Conclusions

Compliance with the implementation of HIV/AIDS control policies is still low, because it is based on the absence of socialization of the regional regulation on HIV/AIDS control in Banjarmasin City, the absence of a mayor regulation as a basis for technical guidelines in the implementation of HIV/AIDS control, low participation of many parties, and support in the coordination of HIV/AIDS responses [3].

Disclosures

1. Institutional review board statement: Not applicable.
2. Assistance with the article: The authors would like to thank the anonymous reviewers for their comments, which helped improving the manuscript. Also, the authors thank everyone involved for their valuable suggestions.
3. Financial support and sponsorship: None.
4. Conflicts of interest: None.

References

1. Directorate General of Disease Prevention and Environmental Health, Ministry of Health of the Republic of the Jakarta Technical Guidance for the HIV/AIDS Control Program and PIMS First Level Health Facilities.
2. The Health Office in Banjarmasin City, South Kalimantan Province. Annual activity report. Banjarmasin National HIV and AIDS Commission, National Strategy and Action Plan 2015-2019: Combating HIV and AIDS in Indonesia, Jakarta, 2015.

3. Noviana N, Suwitri S. Implementasi Kebijakan Kesehatan dalam Pengendalian HIV/AIDS. PT. Pena Persada. Jawa Tengah; 2019.
4. Djellouli N, Quevedo-Gómez MC. Challenges to successful implementation of HIV and AIDS-related health policies in Cartagena, Colombia. Soc Sci Med 2015; 133: 36-44.
5. Presidential Regulation No. 75 of 2006 concerning the National AIDS Commission.
6. Ripley RB. Policy Analysis in Political Science. Chicago: Nelson-Hall; 1986.
7. Noviana N, Supriyono B. Policy of learning systems: policy implementor perspective on HIV/AIDS. International Conference on HIV/AIDS. European Conference on Interdisciplinary Scientific Research. Ankara, Turkey July 4-5, 2020.
8. Creswell J. Research Design: Qualitative and Mixed Approach. 4th ed. Los Angeles: SAGE; 2014.
9. Denscombe M. Panduan Penelitian Baik: untuk skala penelitian sosial kecil, edisi ke-4. Buckingham: Open University Press; 2010.
10. Report of the Asian Commission on AIDS. Redefining AIDS in Asia: Crafting an Effective Response. New Delhi: Oxford University Press; 2008.
11. Erwan AP. Implementation of Public Policy "Concept and Its Application in Indonesia". Yogyakarta: Gava Media; 2012.
12. Kabayakgosi G, Mpule KP. Beyond public administration? HIV/AIDS policy networks and the transformation of public administration in Botswana. Public Administration and Development 2008; 28: 301-310.
13. Banjarmasin City Government. Banjarmasin City Regional Regulation No. 11 of 2012 concerning HIV/AIDS Control in Banjarmasin City. 2012.
14. Goggin ML, Bowman AO, Lester JP, O'Toole LJ Jr. (eds.). Implementation Theory and Practice: Toward a Third Generation. Glenview, IL: Scott, Foresman and Little, Brown; 1990.
15. Nigro FA. Modern Public Administration. 5th ed. New York: Harper & Row Publishers; 1980.
16. Hajer M, Wagenaar H (eds.). Delibarative Policy Analysis: Understanding Governance in the Network Society. New York: Cambridge University Press; 2003.
17. UNAIDS. On the Fast-Track to End AIDS. 2014.
18. https://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf
19. Policy Research Report of the World Bank. Confronting AIDS: Public Priorities in a Global Epidemic. New York: Oxford University Press; 1997.
20. Banjarmasin City AIDS Commission. Narrative Report of the NFM Phase Global Fund Support Program Quarter 8 Semester 4. Banjarmasin; 2019.
21. Paxton S, Stephens D. Challenges to the meaningful involvement of HIV positive people in the response to HIV/AIDS in Cambodia, India, and Indonesia. Asia Pac J Public Health 2007; 19: 8-13.
22. Banjarmasin City Health Office, South Kalimantan Province. Annual Activity Report. Banjarmasin; 2017.