



Promotive, Preventive, Curative, and Rehabilitative Services in Preventing and Overcoming HIV-AIDS During and Post-covid-19 Pandemic in Surakarta, Indonesia

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ABSTRACT. The increase in HIV-AIDS case number in Indonesia, including Surakarta, during Covid-19 pandemic makes the public's social, economic, and health conditions harder. This research studies healthcare services in preventing and overcoming HIV-AIDS during and post-Covid-19 pandemic in Surakarta, Indonesia. Surakarta Service Office, healthcare service officer, AIDS Overcoming Commission, NGOs caring about AIDS, people with HIV-AIDS (PWA), Solo Plus Peer Group, Citizen Caring about AIDS and the group with a high risk of being infected with HIV-AIDS in Surakarta selected purposively are the unit of analysis in this case study. Data collection was conducted through observation, in-depth interview, and documentation. Data source triangulation was used to validate the data that was then analyzed using Weber's Theory of Bureaucracy. The result shows that during Covid-19 pandemic, Surakarta Government has done program, activity, and budget refocusing on preventing and overcoming Covid-19; thus, HIV-AIDS service, prevention, and overcoming run less optimally. Promotion and socialization made to the public, high-risk group, and HIV-AIDS patient, either directly or through social media, have run less actively. Care, support, and treatment (CST) and access to Antiretroviral (ARV) treatment and administration to PWA are still less optimal. The optimization of sustainable comprehensive service needs to do to the group with high risk of being infected with HIV and the public post-Covid-19 pandemic by involving the corresponding stakeholders actively.

Keywords: Sustainable comprehensive service · HIV-AIDS · during and post-Covid-19 pandemic

1 Introduction

Public health aspect is prioritized during the Coronavirus disease-19 (Covid-19) pandemic, because government has an orientation to keep lowering the number of Covid-19 active cases to achieve sustainable development goals *Coronavirus-19* (Covid-19).

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D. Mulyadi et al. (Eds.): LEWIS 2022, ASSEHR 758, pp. 126–132, 2023.

https://doi.org/10.2991/978-2-38476-078-7_15

Although the Covid-19 pandemic has not been removed completely, the attempts of preventing and overcoming Covid-19 have exerted positive impacts. There have been 18,685 Covid-19 active cases per October 24, 2022, in which this figure has decreased by 700 cases compared with the previous one. In Surakarta, 139 active cases and 38,733 cured cases have been recorded per October 24, 2022. The government's focus on Covid-19 impacted the management of other health problems including the prevention and the treatment of *Human Immunodeficiency Virus-Acquired Immuno Deficiency Syndrome* (HIV-AIDS) through Triple Elimination Movement for HIV, Hepatitis, and Syphilis toward Getting Zero HIV [2] in 2030.

Considering the data of Republic of Indonesia's Ministry of Health, there have been 519,158 HIV-AIDS active cases, with 47,417 cases coming from Central Java, including Surakarta, in 2022. HIV-AIDS epidemic situation in 2021 still concentrated on the age group older than 15 years (about 26%). Papua and Papua Barat (West Papua) are not the area with highest HIV-AIDS transmission rate, but East Java, West Java, DKI Jakarta (Jakarta Special Capital Region) and Central Java are those with highest HIV-AIDS transmission rate. There are 4,569 HIV-AIDS cases with 3536 treated cases in Central Java. The estimated key population is still high, 5,546,953, and 543,100 cases for people with HIV-AIDS (PWA). Among 52,677 PWAs, 42,542 cases have been found and 33,559 cases are still alive, and 13,518 cases of PWAs on ARV are found (August, 2022). There are 8 Viral Load (VL) services, 647 treatment and medication services, and 1096 HIV services in Central Java.

HIV situation in Surakarta shows that highest number is found in Surakarta in 2017 (393 cases), 2018 (329 cases), 2019 (289 cases), 2020 (250 cases), 2021 (345 cases) and per August 2022 (244 cases). Covid-19 pandemic highly affects all society and state life aspects. All society life sectors, particularly in Surakarta, are affected by the malignancy of Covid-19. The reduced quantity of medical workers as the effect of Covid-19 has an implication to the less optimum healthcare service related to HIV-AIDS, while the medical workers are the front guard in the attempt of preventing Covid-19 further transmission. Such condition strikes the government distinctively in the attempt of providing healthcare service to the public. Bureaucracy is the place for managing public service in administrative form, including healthcare service. Thus, the service authority is inherent strongly as it has public legitimacy. Productivity, service, quality, responsiveness, responsibility, and accountability are the indicators of public bureaucratic performance [3].

An ideal organizational service includes eight structural characteristics. Rules are legalized, regulation and procedure are standardized, and actions of organization members are directed in achieving the organizational duty. The specialized role of organization members gives the employee division an opportunity of simplifying the activity of employees in completing the complicated task or duty. The hierarchy of formal organizational authority and the legitimacy of organization member's power build on the skill of position holders individually, help direct intrapersonal relation between members of organization to complete the organizational tasks. The high-quality personnel work builds on their technical ability and ability of doing the task assigned to them. The ability of exchanging personnel in the responsible organizational role allows for the completion of organizational activity by different individuals. Impersonality and professionalism in

intrapersonal relation between organizational members leads the individuals to the performance of organizational task. The detailed task elaboration should be given to all members of organization as the outline of formal task and job responsibility. Rationality and predictability of activities in organization and the achievement of organizational objective help improve the stability of organization [4]. The objective of research is to study primitive, preventive, curative, and rehabilitative services in preventing and overcoming HIV-AIDS during and post-pandemic in Surakarta Indonesia.

2 Method

This qualitative research with case study took place in Surakarta. Primary data was obtained directly from the Secretary and the Program Manager of Commission for overcoming HIV-AIDS of Surakarta, the Head of Disease Control and Environmental Health Division of Surakarta Health Service Office, and the Head of Solo Plus Peer Support Group. The main informants employed here were citizens caring about AIDS in Banjarsari and Semanggi, and PWH affiliated with the Solo Plus Peer Support Group (PSG). Meanwhile, the supporting informant consisted of 2 healthcare officers including a counselor of Voluntary Counseling and Testing in Dr. Moewardi Hospital and a nurse in Manahan Public Health Center, and an activist of NGOs Caring about AIDS in Surakarta. Secondary data was documents related to sustainable comprehensive service in preventing and overcoming HIV-AIDS. Data obtained from in-depth interview, observation, and written document were analyzed using qualitative analysis. To validate the data, data source triangulation was done by matching the results of interview with one informant to that with another, including observing the informant's behavior and studying the related document [5].

3 Discussion

HIV-AIDS is a health problem important to solve. During Covid-19 pandemic, the Surakarta Government provided service to HIV-AIDS patients including socializing about how to prevent and to cope with HIV-AIDS, and how to access medication and antiretroviral (ARV) medication, despite less optimality.

The implementation of social restriction during Covid-19 pandemic becomes a distinctive dilemma to the attempts of preventing and overcoming HIV-AIDS. In addition to stigma and the preventive attempt through wearing condom, there are some other dilemmatic problems arising during Covid-19 pandemic. The problems are the less optimum socialization and education about HIV-AIDS prevention usually done massively with limited digital education media; the delayed implementation of mobile VCT or HIV test in the risky population, due to limited resource, transferred to Covid-19 prevention and overcoming; and the limited access to antiretroviral therapy (ART) and PWH or PWHA's bigger vulnerability risk of being infected with Covid-19. This HIV-AIDS issue is like time bomb that can explode anytime, either with or without Covid-19 pandemic. Therefore, it needs serious special attention, and concrete measures needs to take to reduce the number of new HIV infection incidence, particularly in the population with high risk of being infected with HIV [6].

Regional Commission for Overcoming AIDS of Surakarta (KPAD Surakarta) estimated 2,675 of PWHAs cases in Surakarta per August 2022, with 1,476 positive cases and 1,232 PWHAs on ARV. PWhA with status of loss to follow up (LFU) were found in 753 cases and death in 791 cases since 2005. Seeing the data, stakeholders should cooperate in P2 HIV in not only HIV domain but also TBC as secondary disease and illicit drugs as integral part contributing to HIV transmission rate should be broadcasted as well. Therefore, the collaboration is needed between Regional Apparatus Organization, NGO, WPA, and HIV Narcotic TBC activist institution to fulfill the Surakarta people's right to health.

Since 2005, the finding of HIV-AIDS cases in Surakarta indicates highest case in 2017 that then decreases until the Covid-19 incidence in 2019 and 2020. During transition period in 2021, HIV education and screening movement has run normally and thus, the case number in the risky group returns to the previous one. However, not only education and screening activity should be done by NGO as the recipient of P2 HIV program but WPA movement should be done intensively to track information at RT (neighborhood association), RW (citizen association), PKK (Family Welfare Program), and *karang taruna* (youth organization).

Centers for Disease Control and Prevention (CDC) states that the program of preventing and overcoming HIV-AIDS become the people's guideline in adopting lifetime stance and behavior supporting public health and welfare, including the behavior that can reduce the risk of HIV transmission and other sexually transmitted disease (STD) [7]. HIV infection and Sexually transmitted disease still become the health problem to either world or Indonesian people [8]. At national level, the number of people with PWH is fluctuating. Based on the data of HIV epidemic modeling with Asian Epidemic Modeling and Spectrum application, there are around 543,100 PWH distributed in Indonesia [9]. This figure tends to be fluctuating. Republic of Indonesia' Ministry of Health is committed to eliminating AIDS in 2030. The commitment is reflected on the target of 95-95-95: firstly 95% of PWH know their HIV status, secondly, 95% PWH get ARV therapy, and thirdly the viral load in 95% of PWH who have gotten ARV decreases. A number of strategic measures have been arranged by government along with stakeholders, among others, related to publishing National Action Plan of Eliminating HIV-AIDS.

The government's attempt of preventing and overcoming HIV-AIDS is to provide VCT service in each of *Puskesmas* (Public Health Center). This attempt facilitates the people (public) to access VCT service. However, we should remember that many risky communities are not willing to access VCT service due to some factors: still feeling fit and not needing, fearing of stigma and discrimination by the service officers. It, of course, still inhibits the government in achieving the targeted elimination.

The effect of Covid-19 pandemic becomes threats and opportunities all at once in the implementation of HIV-AIDS prevention and overcoming. In the Post-Covid 19 pandemic, deconstruction of health promotive, preventive, curative, and rehabilitative healthcare services should be made over the group with high risk of being infected with HIV and the public through the active participation of corresponding stakeholders. Policy makers should optimize HIV-AIDS healthcare service through Sustainable Comprehensive Service that has been coined since 2012, involving STD service, HIV screening and education and sustainable access to ARV (ARV acceleration), available

logistics of HIV-AIDS prevention and overcoming (P2 HIV-AIDS). LKB is expected to bridge the comprehensive healthcare service from upstream to downstream; thus the high-risk community and the people's need for right to healthcare can be fulfilled in post-Covid-19 pandemic era [10].

The attempt needing to take in overcoming HIV-AIDS in relation to Covid-9 is to encourage the patients to pay more attention to the attempt of preventing Covid-19 by applying health protocol and vaccination. As the number of Covid-19 case decreases, the implementation of Testing, Tracking, and Treatment (3T) should be optimized. Specific budget should be allocated to HIV-AIDS management involving facilities and infrastructures, human resources, logistics, and activities related to HIV-AIDS [11].

The optimization of preexisting PDP service includes providing viral load service more accessible to the PWH community. The fulfillment of right to healthcare by Surakarta government to people with HIV is considered not optimal yet, because some needs of PWH have not been fulfilled, for example, the viral load test, the examination of virus number in people with HIV (PWH). In Surakarta, there is only one healthcare service provider that can do viral load test with 50–200 quotas per month. This viral load test can be accessible for free to those with Health Insurance (BPJS Kesehatan), while those without it should pay IDR 130,000 for registration and laboratory costs. To the communities still unwilling to disclose their HIV status to the healthcare facility around them, this is so hard recalling the use of BPJS should be done gradually from the first healthcare facility (Faskes I) consisting of *Puskesmas* or physician around the communities' house to Faskes II and then to Faskes III.

In addition to load viral test, STD examination and treatment provided today is considered not optimal because out of 17 *Puskesmas* in Surakarta, only 4 can provide STD testing service, 2 can provide STD treatment or medication with injection, and 4 can provide STD treatment orally. It has an impact on the community's difficult access to STD service.

Considering the study, it is important to get the public's attention back to the importance of the attempt of preventing and overcoming HIV-AIDS by optimizing information technology through developing Digital CIE including videography, infography, and other digital products and making mobile socialization and disseminating it through social media.

The medical workers' attention should be paid again to HIV-AIDS prevention and overcoming through refreshment and improvement of capacity to build care about the high risk group. Access to healthcare service should be improved in order to be more responsive to HIV-AIDS overcoming attempt and to reactivate STD service and Sterile Injection Service [12]. Surakarta Government needs to build a simple and low-cost viral load test service to the high risk group. The government can give guarantee for the availability of logistics related to HIV prevention and overcoming and improve the distribution system to make it available more evenly. Synergy should be established between the parties, in this case including government, private, civil society, and other community groups to empower the high-risk group and the people with HIV (PWH). The government supports the attempt of overcoming HIV-AIDS through increasing the

budget allocated to HIV Prevention and Overcoming Program and the HIV-AIDS prevention and overcoming activity, including the budget to provide LASS and to eradicate the used needle.

4 Conclusion

Deconstruction of healthcare promotive, preventive, curative, and rehabilitative service should be conducted over the group with high risk of being infected with HIV and the public **post-Covid 19 pandemic through** active participation of related stakeholders. In addition, access to prevention, HIV diagnosis service, ART and opportunistic infection should be expanded, cooperation should be established along with related stakeholders, and innovation should be made in preventing and overcoming HIV-AIDS and STD.

Acknowledgments. This research was done by self-funding and it would not have been possible without supported by stakeholders in preventing and overcoming HIV-AIDS in Surakarta Indonesia.

Authors' Contributions. Author take responsibility for it is content and approve it is publication, made design of the work, acquisition, data collection, analysis and interpretation of data; drafting and revise article for important intellectual content.

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