

## Challenges to The Government's Efforts to Fight HIV/AIDS: A Literature Review

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### ABSTRACT

The government's efforts to deal with HIV/AIDS are essential and vital as a manifestation of their responsibility to improve the quality of healthcare system, as mandated by the law. This is urgent because HIV/AIDS problems are an ongoing issue that is remain unsolved while it is being exacerbated by the emergence of the COVID-19 pandemic, which has made the efforts to cope with HIV/AIDS became more difficult to do. Therefore, the government is working in various efforts to overcome HIV/AIDS in Indonesia. This study attempted to examine the extent of the government's role in addressing HIV/AIDS. Literature review is used as the method to carry out this study by collecting and identifying a number of scientific publications on related topics. The results of the analysis indicate that the government has attempted to play a role in dealing with HIV/AIDS, but majority of the studies considered that the government's role had not been effective. It is important to strengthen, applying new strategies, and the involvement of various stakeholders for HIV/AIDS prevention efforts to be effective.

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### 1. INTRODUCTION

Being healthy is one of the aspects of human rights that fall under the responsibility of the government, according to the mandate of the law, which includes protection, promotion, enforcement, and fulfillment. Its implementation is carried out through legal protection, regulations establishment, as well as policies related to efforts to maintain and improve the quality of healthcare systems for public. In the Law on Health (Law No. 36/2009), health is defined as "a state of well-being, physically, mentally, spiritually, and socially, that enables every single person to live proctive life, socially and economically". Therefore, health is one of the foundations for human dignity. The presence of an unhealthy individual is basically the failure of the state to create and maintain equality among its people.

The effort to maintain and improve of health are carried out by the government through various means, including the health-oriented national development, promoting community self-reliance for healthy living, maintaining and improving the quality of affordale healthcare services and preserving and improving individual, family, community, and environmental health.

Generally speaking, the government efforts to improve the quality of healthcare can be categorized into four approaches, (1) the improvement of the quality of healthcare itself (promotive), (2) prevention towards potential threats (preventive), (3) immediate treatment as a response to occuring health problems (curative), and (4) rehabilitation as a follow-up to treatment to restore health condition to their original state (rehabilitative). These four approaches-in the effort to improve quality of health-must be implemented comprehensively and continuously. These approaches require good cooperation between the government and the community to be successfully and optimally implemented.

In Indonesia, the commonly found diseases are generally dominated by infectious diseases such as tuberculosis (TB), acute respiratory infections, malaria, diarrhea, and skin diseases. However, non-communicable diseases like cancer, diabetes, and heart diseases also have been significantly

increasing (Sunarti & Dan Widayatun, 2008). Besides, there are also emerging infectious diseases, the diseases that appear and affect certain population for the first time (or previously existed but are rapidly increasing), either the increase of new cases within a population or their spread to new geographic areas (re-emerging infectious diseases). Some diseases in this category include Dengue Hemorrhagic Fever (DHF), HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome), Chikungunya, SARS (severe acute respiratory syndrome), and the new variants of SARS-CoV-2 that are currently affecting the world, known as COVID-19 (Coronavirus Disease).

### **Getting to Know: HIV/AIDS**

HIV and AIDS are two terms that are often misunderstood. Although these terms are strongly related, both HIV and AIDS referred to two different meanings. HIV (Human Immunodeficiency Virus) is the name of a virus which attacks the immune system by weakening the ability of the body to fight infections and diseases, eventually leading to the development of AIDS. AIDS (Acquired Immune Deficiency Syndrome) itself is a collection of symptoms occurred as effect of the weakened immune system caused by HIV infection. This condition occurs when HIV virus infection in the body reaches the final stage. When someone has AIDS, the body no longer has the ability to fight infections. The immune system no longer functions at all, so infections from any other viruses or bacteria that are generally not dangerous to most people become very deadly and fatal to individuals with AIDS. Nevertheless, someone whose tests positive for HIV is not always necessarily has AIDS. There are many cases where HIV-positive does not develop into AIDS. However, what is confirmed is that the HIV virus in the body will continue to damage the immune system. As a result, viruses, fungi, and bacteria that were previously harmless will become very dangerous because of the compromised immune system of the infected individual.

Vaccine for HIV has not been invented until today. However, with early HIV diagnosis and effective treatment, individuals infected with HIV can prevent the progression to AIDS, because the development of the virus can be slowed down. This provides them with chance to live normal life for a longer time.

### **The Spread of HIV/AIDS**

In short, the HIV virus works by damaging the immune system by destroying white blood cells which play a role in helping the body to fight infections, while replicating itself at the same time. The more cells are damaged or destroyed, the weaker a person's immune system becomes. The primary causes of HIV/AIDS infections are unsafe sexual intercourse and multiple sexual partners. Sharing hypodermic needles among drugs users is also a major cause of transmission. This is because HIV transmission occurs through contact with body fluid of an infected person, such as blood, semen, pre-seminal fluid, rectal fluid, vaginal fluid, anal fluid, and breast milk. When these fluids get into contact with mucous membranes such as the rectum, vagina, penis opening, mouth, or are directly injected into the bloodstream, it is highly possible that HIV transmission will occur. It is notable that HIV is not transmitted through the air, water, sweat, tears, saliva, mosquito bites, or physical touch. As long as these fluids do not contain the blood of an infected person, the probability of infection is relatively low.

### **Prevention of HIV/AIDS**

Indeed, there are several ways can be taken to prevent HIV transmission. Maintaining a monogamous relationship and not having multiple sexual partners is one of the best possible ways to avoid transmission. Additionally, practicing contraceptive sexual activity (using condoms), avoiding the use of drugs and dangerous substances, especially those used through injection, and adopting a healthy lifestyle are also important preventive actions.

If someone is suspicious that they have recently been infected or exposed to the HIV virus (like after having sexual intercourse with an HIV-positive individual), looking for immediate medical attention is the right thing to do. The goal is to receive antiretroviral medication or Post-Exposure Prophylaxis (PEP). For those who are HIV-positive, being open to their partner is a wise move so that they can also undergo HIV testing as soon as possible. Discussing with a doctor if someone is

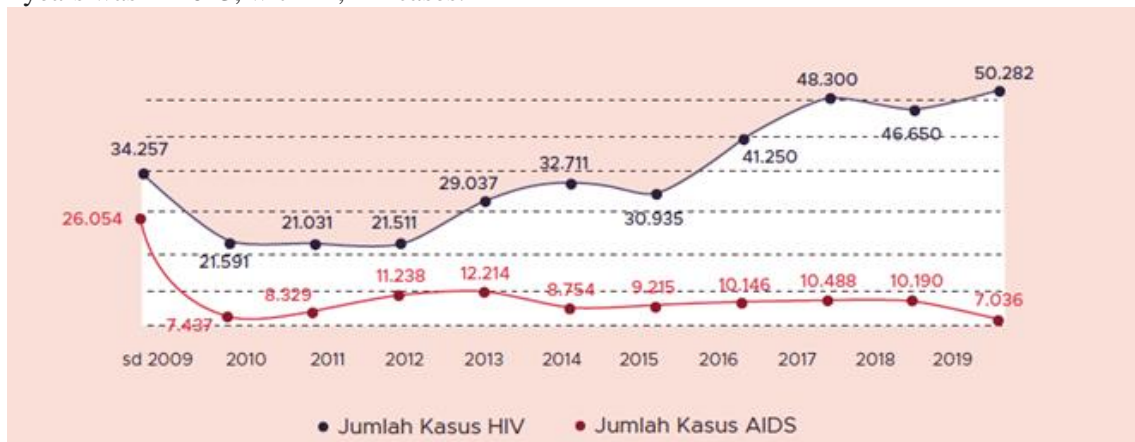
diagnosed with HIV during pregnancy is also a good preventive step to prevent HIV transmission from mother to fetus.

### HIV Transmission in the World and Indonesia

The global health problems caused by HIV/AIDS has been further aggravated by the emergence of COVID-19 pandemic over the past two years. This has put global HIV/AIDS responses under serious threat, in addition to economic and humanly issues in many places around the globe that have yet to be resolved. The progress towards ending AIDS as a public health threat by 2030 was already off track before the COVID-19 outbreak. Now this crisis has the potential to blow the world even further. Modelling conducted on behalf of UNAIDS and the World Health Organization has shown that a six-month disruption to medical supplies could result in an additional 500 000 AIDS-related deaths in sub-Saharan Africa alone by the end of 2021 (UNAIDS, 2020).

The data reported from (UNAIDS, 2020) stated that of the 38 million people living with HIV, 25.4 million people are now on treatment. That means 12.6 million people are still waiting. New infections have been reduced by 23% since 2010, thanks in large part to a substantial decrease of 38% in eastern and southern Africa. But HIV infections have increased by 72% in eastern Europe and central Asia, by 22% in the Middle East and North Africa and by 21% in Latin America. Globally, there were still 690 000 AIDS-related deaths in 2019 and 1.7 million new infections. Our 2020 targets of reducing AIDS-related deaths to fewer than 500 000 and new HIV infections to fewer than 500 000 will be missed.

In Indonesia, HIV/AIDS cases tend to increase every year, although the number is fluctuative. Figure 1 displays that over the past eleven years, the number of HIV cases in Indonesia reached its peak in 2019, with a total of 50,282 cases. According to data from the WHO in 2019, 78% of new HIV infections occurred in the Asia-Pacific. As for AIDS cases, the highest recorded in the past eleven years was in 2013, with 12,214 cases.



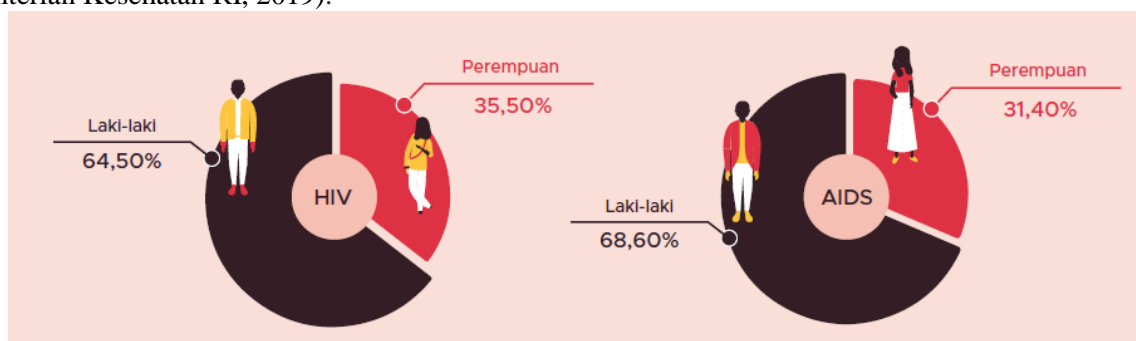
**Figure 1** Annual HIV/AIDS case in Indonesia

(Source: Ditjen P2P Sistem Informasi HIV/AIDS dan IMS (SIHA), Report of 2019)

The data shown in figure 1 indicates that in 2019, there were a total of 50,282 HIV/AIDS cases in Indonesia. From this number, the five provinces with the highest number of HIV cases were East Java (8,935 cases), DKI Jakarta (6,701 cases), West Java (6,066 cases), Central Java (5,630 cases), and Papua (3,753 cases). These provinces also had the highest number of HIV cases in 2017. As for AIDS cases, out of the 7,036 confirmed cases, the provinces with the highest number of cases were consistently Central Java (1,613 cases), Papua (1,061 cases), East Java (968 cases), DKI Jakarta (585 cases), and the Riau Islands (411 cases). The AIDS cases in Central Java accounted for approximately 22% of the total cases in Indonesia. The trend of the highest HIV and AIDS cases from 2017 to 2019 remained the same, with the majority located on the island of Java (Kementerian Kesehatan RI, 2019).

If we review HIV/AIDS cases based on gender, data from the Ministry of Health in 2019 as shown in figure 2 indicates that the number of HIV/AIDS cases in males is higher than in females. Out of the total reported cases in 2019, 64.50% were male, while for AIDS cases, 68.60% of the cases

were male. These numbers are predominantly within the productive age group of 25-49 years (Kementerian Kesehatan RI, 2019).

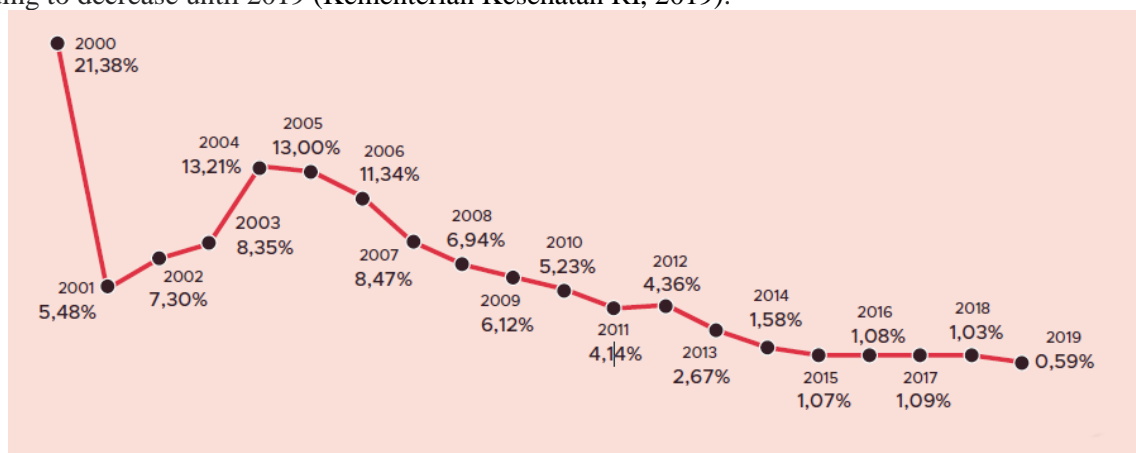


**Figure 2** Percentage HIV/AIDS case according to gender

(Source: Ditjen P2P Sistem Informasi HIV/AIDS dan IMS (SIHA), Report of 2019)

The good news is that the CFR (Case Fatality Rate), or the percentage of deaths compared to the number of HIV/AIDS cases, has been decreasing from 2000 to 2009. This can be interpreted as a sign that efforts to combat HIV/AIDS cases in Indonesia have started to yield results, as the mortality rate due to HIV/AIDS has declined. An illustration of this CFR reduction is presented in figure 3.

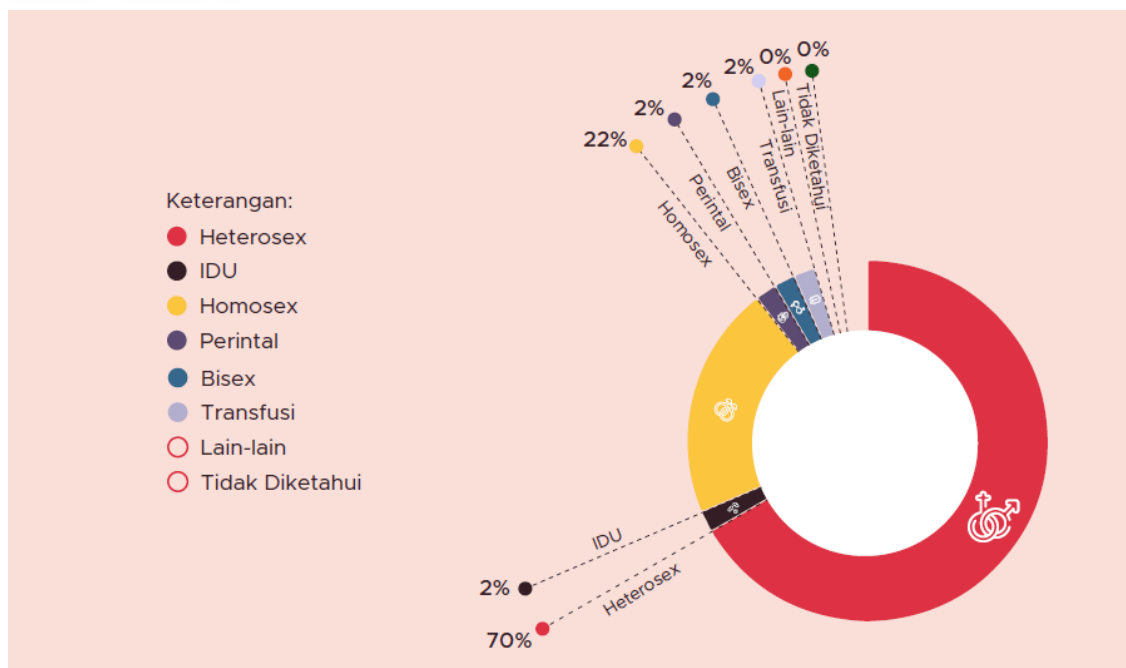
During the period from 2000 to 2019, the highest CFR (Case Fatality Rate) occurred in 2004, reaching 13.21%, following its lowest percentage in 2001 at 5.48%. Subsequently, in 2005 and beyond, the CFR percentage continued to decline steadily, reaching below 5% in 2011 (4.14%) and continuing to decrease until 2019 (Kementerian Kesehatan RI, 2019).



**Figure 3** Case Fatality Rate AIDS (Year 2000-2019)

(Source: Ditjen P2P Sistem Informasi HIV/AIDS dan IMS (SIHA), Report of 2019)

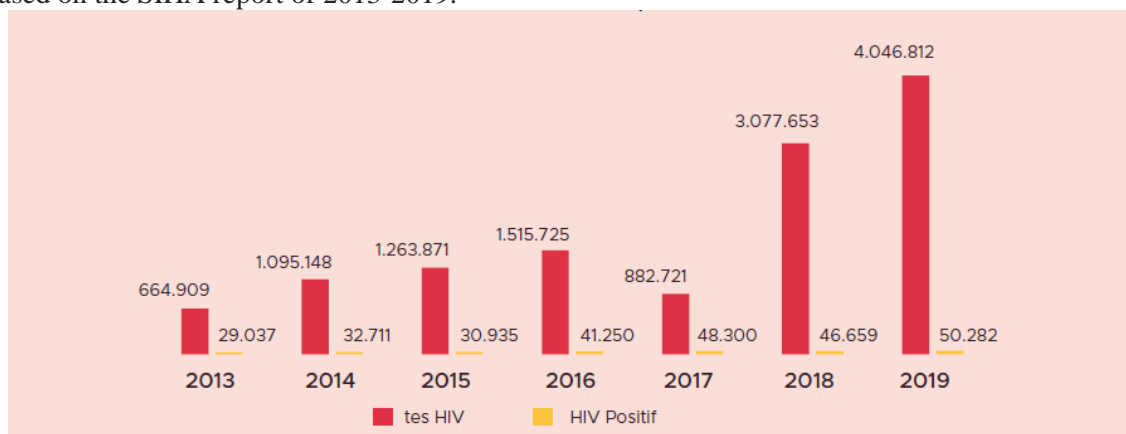
Furthermore, when discussing about risk factors, figure 4 displays data collected from report related to HIV/AIDS situation in 2019 (third quarter) released by Ministry of Health of the Republic of Indonesia. The data in figure 4 shows us that the largest AIDS risk factor is heterosexual intercourse (70%), followed by homosexual intercourse (22%). The remaining factors include Injection Drug Users (IDU), perinatal transmission (transmission due to childbirth), bisexual contact, and blood transfusion, each accounting for 2% (Kementerian Kesehatan RI, 2019).



**Figure 4** Percentage of reported AIDS case according to risk factors, October-December 2019 (Source: Ditjen P2P Sistem Informasi HIV/AIDS dan IMS (SIHA), Report of 2019)

### HIV Test

According to the report issued by Information System of HIV/AIDS (SIHA) from 2013 to 2019, according to the report by healthcare facilities, the number of individuals undergoing HIV test tent to increase, with only decrease recorded in 2017. In 2017, a total of 882,721 people were tested for HIV, with 48,300 of them resulted positive positive. This number declined compared to 2016. Until 2019, the highest number of tests occurred in 2019, with total 4,064,812 HIV tests, and 50,282 of them were found to be positive. The data in figure 5 below represents HIV tests and HIV-positive cases based on the SIHA report of 2013-2019.



**Figure 5** TES HIV test & HIV positive according to report by SIHA (2013-2019)

(Source: Ditjen P2P Sistem Informasi HIV/AIDS dan IMS (SIHA), report of 2019) According to the 2019 report of SIHA (Indonesian AIDS Commission), if viewed from risk groups perspective, MSM (Men who have Sex with Men) ranked third in terms of the percentage of HIV-positive individuals undergoing HIV testing, with 8.75%. The second rank was held by CSW (Commercial Sex Workers) at 10.57%, and the top rank was Sero Discordant (where one partner has HIV while the other does not) at 92.19%. Below are the numbers of HIV tests and HIV-positive cases based on risk groups in 2019 (Kementerian Kesehatan RI, 2019).

**Table 1** The number of HIV tests and HIV-positive cases by risk group in 2019

Risk Factor	HIV test	HIV Positive	Percentage of HIV Positive
Women Sex Worker	92.612	2.243	2,42%
Men Sex Worker	1.279	103	8,05%
Trans women)	14.287	539	4,15%
Gay Sex	101.994	8.929	8,75%
IDU ( <i>Injecting Drug User</i> )	12.119	409	3,37%
High risk couple	76.445	3.852	5,04%
Sex Worker Customer	27.755	2.935	10,57%
Inmates of penal institution	56.900	444	0,78%
<i>Sero Discordant</i> (couple with one of them has HIV)	397	366	92,19%

## 2. METHOD

This study carried out with literature review. The author conducted the study by gathering, identifying, and evaluating published scientific sources which investigate government efforts in dealing with HIV/AIDS. The data sources used in the research are secondary data sources, where data are obtained from Google Scholar and relevant journals specified in public health to find articles discussing HIV/AIDS and how the government's role in its prevention. The obtained articles were then selected according to relevant topics and titles. Selection is done based on the relevance of these titles, which are then identified and analyzed. Table 2 below contains a list of published studies, authors, research methods, instruments, and research outcomes. The obtained articles are then narrowed down to 11 articles, as presented in table 2 below.

**Table 2** Scientific Publications

No.	Author	Title (year)	Method	Istruments	Results
1	Reza Syahputra	Peran Dinas Kesehatan Kota dalam Pencegahan Penyakit HIV/AIDS di Kota Samarinda (2015)	Descriptive (qualitative)	Interview, literature review	Prevention was done through: <ul style="list-style-type: none"> <li>- Strengthening religious aspect</li> <li>- Education about basic knowledge related to HIV/AIDS</li> <li>- Campaign of healthy life</li> </ul> Note: Religious strengthening wasn't optimal
2	Sintia Ranti, Dedy Hermawan, Ita Prihantika	Strategi Dinas Kesehatan Provinsi Lampung dalam Menanggulangi Penyebaran HIV/AIDS di Provinsi Lampung (2020)	Descriptive (qualitative)	Interview, Questionnaire, Documentation	<ul style="list-style-type: none"> <li>- The study conclude that human resources to combat HIV/AIDS were enough, in terms of number and capability</li> <li>- The obstacles come from</li> </ul>

					<p>external factor such as politics, laws and technology which prevent the attempts to deal with HIV/AIDS to be effective</p> <ul style="list-style-type: none"> <li>- The proper strategy to use was to maximize the human resources as well as working together with NGOs whose concern is dealing with HIV/AIDS</li> </ul> <p>Note: Analysis uses SWOT</p>
3	Suharto, Fitriani Pramita Gurning, Muchti Yuda Pratama, Emdat Suprayitno	Implementasi Kebijakan Penanggulangan HIV/AIDS di Puskesmas Teladan (2020)	Descriptive (qualitative)	Interview	<ul style="list-style-type: none"> <li>- The implementation of rules was done well</li> <li>- People with high risk were well organized, as well as those who's living with HIV/AIDS, the healthcare system became more active with mobile clinic, doing health checking on site</li> <li>- The implementation of HIV/AIDS-related rules was statistically successful</li> </ul>
4	Sri Sunarti Purwaningsih, Widayatun	Perkembangan HIV dan AIDS di Indonesia (2008)	Mixed Methods	Deep interview, focus group discussion, observation	<ul style="list-style-type: none"> <li>- It is urgent to spread the information about the danger of AIDS, especially to teenagers</li> <li>- The AIDS-related education program</li> </ul>

					<p>penyuluhan needs to be accompanied by the improvement acces to healshcare facility</p> <ul style="list-style-type: none"> <li>- Prevention of aids must be followed by the drugs control, because drugs and dangerous substances (especially ones which is used through needles or syringe) is also the highest cause of AIDS' infection in Indonesia</li> </ul>
5	Yani Anggina, Yuniar Lestari, Zairil	Analisis Faktor yang Mempengaruhi Penanggulangan HIV/AIDS di Wilayah Kerja Dinas Kesehatan Kabupaten Padang Pariaman Tahun 2018 (2019)	Descriptive (qualitative)	Interview (guided), literature review	<ul style="list-style-type: none"> <li>- Performance of medical staff in in IV/AIDS prevention still far from expected</li> <li>- Pople with HIV/AIDS don't have enough information about themselves</li> <li>- People or community still have negative stigma about those who's living with HIV/AIDS around them</li> <li>- There was education related to HIV/AIDS and Healthy Marriage Movement</li> </ul>
6	Tri Rini Puji Lestari	Kebijakan Pengendalian HIV/AIDS di Denpasar (2013)	Qualitative	Interview, observation	<ul style="list-style-type: none"> <li>- Large number of case</li> <li>- Government's support in the efforts to prevent HIV/AIDS wasn't maximal</li> </ul>

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					<ul style="list-style-type: none"> <li>- There were regulations issued addressing the prevention of HIV/AIDS. These regulations included the promotion, prevention, counseling and secret patient-consent testing and treatment. But the local government have not maximally implemented these regulations. The majority of HIV/AIDS treatment programs were national programs from central government.</li> <li>- Negative stigma, discrimination and refusal also ignorance by the marinal group and people with HIV/AIDS</li> <li>- Partnership with NGOs is needed</li> </ul>
7	Muh. Rum Ramadhan Rahman	Peran Pemerintah Daerah dalam Pencegahan dan Penanggulangan HIV-AIDS di Kabupaten Merauke (2017)	Descriptive (qualitative)	Observation, interview, literature review	<ul style="list-style-type: none"> <li>- The government have attempted to prevent HIV/AIDS through communication, information and education related to HIV/AIDS</li> <li>- There were regulations and facility for HIV testing</li> <li>- There were prevention programs as well as supportive program</li> </ul>

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					<ul style="list-style-type: none"> <li>- The challenges were the lack of education, the lack of understanding about the danger HIV/AIDS can casuse</li> <li>- Negative stigma and discrimination experienced by those who is living with HIV/AIDS</li> </ul>
8	Prasita Ayu Widyaningtyas	Implementasi Kebijakan Pengendalian Penularan HIV/AIDS Melalui Hubungan Seksual (2019)	Qualitative (Documentary research)	Literature review	<ul style="list-style-type: none"> <li>- The regulations of HIV/AIDS prevention in Indonesia not yet optimal, this can be viewed by dillema in the terms o law and implementation, indicated by the failure to adopt the global and national strategies of AIDS prevention into local-oriented prevention program so that they can be easily to measure</li> <li>- The programs were not consistently implemented so the results still far from expected</li> <li>- It required synergy from other governmental sector, not only the medical staffs</li> </ul>
9	Agung Rheza Fauzy, Amy Yayuk Sri Rahayu	Pencegahan HIV/AIDS Melalui Collaborative Governance antara	Descriptive (qualitative)	Interview	<ul style="list-style-type: none"> <li>- There were colaborative management among the governmental sector, NGOs and</li> </ul>

		Pemerintah, Lembaga Swadaya Masyarakat dan Masyarakat di Provinsi DKI Jakarta (2019)			also the community
10	Diyan Purnomo, Mochammad Saleh Soeaidy, Minto Hadi	Analisis Kebijakan Penanggulangan HIV dan AIDS di Kabupaten Malang (2015)	Descriptive (qualitative)	Library research, interview	<ul style="list-style-type: none"> <li>- The obstacle was the role of these sectors still depend on the fundings by donor</li> <li>- Regulation of HIV/AIDS prevention was issued and implemented with the support from people and community and commitment by the government</li> <li>- The challenges, the lack of coordination between stakeholders so the realization of the program was not maximal</li> <li>- The low level of education of the community is also the challenge</li> <li>- High level of mobility by the high risk group</li> </ul>
11	Prima Rita Idayu	Efektivitas United Nations Programme on HIV AIDS Menangani HIV/AIDS di Indonesia Tahun 2009-2012 (2014)	Qualitative (Documentary research)	Literature review	<p>Generally, it's hardly possible for the implementation of UNAIDS program to fight HIV/AIDS to be successfully implemented because:</p> <ul style="list-style-type: none"> <li>- It's hard to break te habit of needles sharing among drugs users while these party possesses high risk of HIV infections</li> <li>- Harm reduction program harm reduction by United Nations is</li> </ul>

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contradictive with the law in Indonesia which has zero tolerance towards the consumption of drugs (although it's arguably safe, if they are not sharing the needles or syringe)

- Direct socialization is hard to do because the geographic and demographic condition in Indonesia
- Certain religion group refuses the implementation of the programe because it's contradictive with their belief

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### 3. RESULTS AND DISCUSSION

The government's role in combating HIV/AIDS is carried out through several aspects, such as through legal protection, the establishment of regulations, and government policies related to efforts to maintain and improve the quality of healthcare services for all segments of society.

There are several regulations that have been enacted and serve as the legal basis for HIV/AIDS prevention programs in Indonesia (BBKH Fakultas Hukum Universitas Pasundan, 2020). Some of them are:

1. Regulation by Minister of Health of Republic of Indonesia (Reg No. 21/2013) on the prevention of HIV/AIDS.
2. Regulation by Minister of Health of Republic of Indonesia (Reg No. 82/2014) on the prevention of infectious diseases.
3. Regulation by Minister of Health of Republic of Indonesia (Reg. No. 51/2013) about the guidance of HIV prevention from mother to child.
4. Presidential regulation No. 72/2012 on the national healthcare system.
5. Law No. 36/2009 about the healthcare system
6. Law No. 23/2014 about local government.
7. Minister of Home Affairs regulation (Reg. No. 20/2007) about the general guidelines on the Establishment of the Commission for AIDS Control and Community Empowerment.

These regulations are then implemented into strategic movements in the effort of HIV/AIDS prevention, both at the central and regional levels, or both level synced. This synergy also occurs between national institutions or government agencies, such as the Department of Health and the National Narcotics Agency (BNN). Synergy between the government and communities or NGOs (Non-Governmental Organizations), as well as civil society involvement, for example, the synergy between communities and the Department of Social at the regional government level, results in policies that facilitate key populations in accessing healthcare facilities.

For example, the implementation of Regulation No. 21 of 2013 is formulated at the community level into several strategic steps as follows (Direktur Jenderal P2P Kementerian Kesehatan RI, 2017):

1. Implementation of HIV counseling and testing in every healthcare facilities.
2. HIV testing becomes integral part of Medical Service Standards like other laboratory tests, as instructed by law no. 37/2012 on the management of public health laboratory.
3. In the areas where HIV prevalence is high, the testing for HIV is offered to all patients who are visiting healthcare facilities, as a part of standard procedure.
4. In areas where HIV epidemic is concentrated, HIV test is offered to all pregnant women, TB patients, hepatitis patients, STI patients, partners of people living with HIV, and key populations.
5. Patient consent for the test can be given verbally (no more requirement for written consent).
6. Patients may refuse HIV testing. If a patient declines, they are asked to sign a written refusal letter.

In general, the government's strategy for controlling HIV/AIDS is divided into five main steps (Direktur Jenderal P2P Kementerian Kesehatan RI, 2017):

1. Improving early detection of HIV cases.
2. Expanding the coverage of provision and retention for Antiretroviral Therapy (ARV), as well as chronic care.
3. Enlarge access of testing for CD4 and viral load, including early infant diagnosis (EID), up to the nearest secondary healthcare services to ensure that as many People Living with HIV/AIDS (ODHA) as possible reached and remain under surveillance, receive care, and start ARV treatment as soon as possible, through patient referral or specimen referral systems.
4. Improving the quality of healthcare facility services by conducting clinical mentoring provided by hospitals or Primary Health Care Centers (FKTP).
5. Advocating local governments to reduce the cost burden related to HIV-AIDS testing and treatment services.

According to the analysis of the obtained scientific articles, majority of studies emphasized that the government has made efforts to be involved in HIV/AIDS prevention in Indonesia (Syahputra, 2015); (Suharto et al., 2020); (Lestari, 2013); (Rum & Rakhman, 2017); (Widyaningtyas, 2019); (Fauzi et al., 2018); (Diyan Purnomo, 2008). However, these studies emphasized that the government has not been successful in addressing HIV/AIDS (Ranti et al., 2020); (Sunarti & Dan Widayatun, 2008); (Anggina et al., 2019); (Lestari, 2013); (Rum & Rakhman, 2017); (Fauzi et al., 2018); (Diyan Purnomo, 2008); (Rita Idayu, 2014), with only a small number considering HIV/AIDS control as successful (Syahputra, 2015) & (Suharto et al., 2020). These conclusions are drawn according to several parameters, such as public perception, statistical changes in case numbers, the regulations governing HIV/AIDS prevention and control efforts, and so on.

There were several factors provided as rationale why the government's role considered not yet maximal in dealing with HIV/AIDS. These factors are:

1. Legal framework (Ranti et al., 2020); (Widyaningtyas, 2019); (Rita Idayu, 2014). The lack of a legal foundation affects the legitimacy of those directly involved in HIV/AIDS control efforts.
2. Lack of publication and awareness (Sunarti & Dan Widayatun, 2008); (Anggina et al., 2019); (Rita Idayu, 2014). Inadequate public awareness and limited dissemination of information hinder efforts to educate both people living with HIV/AIDS (ODHA) and those at high risk about the dangers of HIV/AIDS. Education is crucial for changing behaviors and reducing HIV/AIDS transmission rates.
3. Low public knowledge related to HIV/AIDS (Anggina et al., 2019); (Rum & Rakhman, 2017); (Diyan Purnomo, 2008); (Rita Idayu, 2014). Limited knowledge among the public about HIV/AIDS is attributed to geographical conditions or reluctance among the community to actively seek information about HIV/AIDS.
4. Negative stigma (Anggina et al., 2019); (Lestari, 2013); (Rum & Rakhman, 2017). Negative stigma surrounding HIV/AIDS and people living with the disease is a result of insufficient education about HIV/AIDS and how to interact with those infected within the community.

5. Lack of government support (Lestari, 2013). Limited government support leads to slow and inefficient HIV/AIDS control efforts.
6. Lack collaboration with Non-Governmental Organizations (Lestari, 2013); (Widyaningtyas, 2019). Inadequate cooperation with non-governmental organizations and NGOs that could assist in HIV/AIDS control efforts results in insufficient logistical support for these organizations, making the control efforts less effective.
7. Inconsistency of the government (Widyaningtyas, 2019). Inconsistency in the government's role in addressing HIV/AIDS can hinder progress.
8. High mobility rate of the high risk group (Diyan Purnomo, 2008). The high mobility of communities contributes to the high and unpredictable spread of HIV/AIDS.

Several articles specifically suggest for the government's role in HIV/AIDS prevention efforts to be more effective. These suggestions include the need for human resource empowerment (Ranti et al., 2020), the importance of increasing awareness and public education about the dangers of HIV/AIDS (Sunarti & Dan Widayatun, 2008), the necessity to involve non-governmental sectors or private institutions to collaborate with the government in the fight with HIV/AIDS (Widyaningtyas, 2019), and recommendations for HIV/AIDS prevention to be accompanied by the eradication of using drug and dangerous substance (Sunarti & Dan Widayatun, 2008).

#### 4. CONCLUSION

Continuously carried out studies on HIV/AIDS to the present day have provided comprehensive information about the dangers of HIV/AIDS, also the extent of this threat; presented in data and statistical number. Although government efforts have begun to show notable results, considering the potential for massive transmission and the difficulty in predicting the spread of the HIV virus, there are lots of work awaiting. Things are aggravated by the fact that HIV/AIDS is not the only health problem the government is dealing with, at the moment. Recently, the COVID-19 pandemic hits the world and puts the healthcare in most countries, including Indonesia into emergency state. Indonesia's healthcare system was nearly paralyzed due to COVID-19, making HIV/AIDS prevention not the sole priority of the government at this time. This has resulted in HIV/AIDS prevention in Indonesia still being far from successful. Many studies have measured the government's efforts to fight HIV/AIDS, yet most consider its effectiveness far from expected. Besides continuing the efforts made so far, the government needs to work more seriously on disseminating information and knowledge about HIV/AIDS to the public. It is crucial for all parties (not just the government) to collaborate in educating the public about HIV, how the virus spreads, preventive measures to prevent an excessive response to HIV/AIDS, and at the same time, provide social support to people living with HIV so that they can lead a normal life without discrimination.

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