Mitigasi HIV-AIDS di Jawa Barat: Bagaimana Pemerintah Menentukan Prioritas?

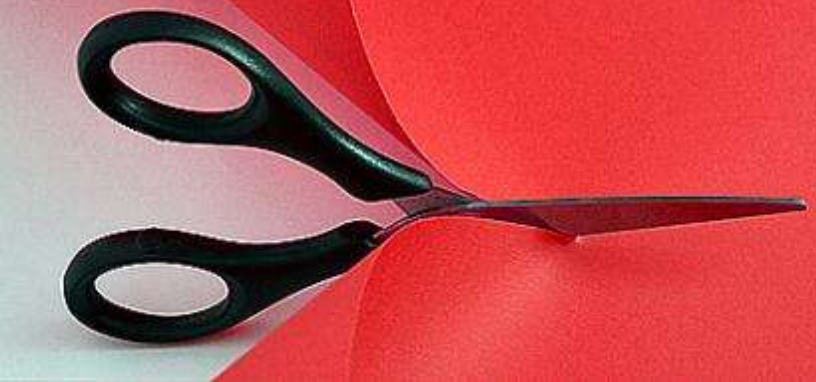
*Noor Tromp, **Rozar Prawiranegara**, Harris Riparev, Adiatma Siregar, **Deni Sunjaya**, Rob Baltussen*

Kata Kunci

- **Pembuatan Renstra HIV-AIDS**
- ***Accountability for Reasonableness* (A4R)**
- ***Multiple Criteria Decision Analysis* (MCDA)**

Latar Belakang

- Ketersediaan sumber daya untuk penanganan HIV-AIDS sangat terbatas (NASA, 2007)
- Pada tahun 2008, hanya sekitar US$ 49 milyar dihabiskan dari US$ 154 milyar yang dibutuhkan (UNGASS, 2010)
- Indonesia harus menentukan prioritas dalam mengontrol epidemi HIV-AIDS



Jarum Suntik

Anti retroviral therapy

PMTCT

Kondom

Voluntary Counselling & testing

Methadone therapy

Pencegahan di Sekolah

Mobile clinics

Perawatan pasien AIDS

BAGAIMANA PRIORITAS DITENTUKAN?

- Apakah prioritas berlandaskan cukup bukti (*evidence-based*)?
- Kriteria apa saja yang digunakan?
- Seberapa jauh para *stakeholder* dilibatkan?
- Apakah peranan publik / masyarakat dalam penentuan prioritas?

Box 1. Four conditions of the A4R framework (Daniels & Sabin, 2002 and Daniels, 2008).

1. Relevance	The rationales for priority-setting decisions must rest on reasons that stakeholders can agree are relevant in the context.
2. Publicity	Priority-setting decisions and their rationales must be publicly accessible. Publicity means that leaders must take action to 'push' the message out to all segments of the public.
3. Appeals & revision	There must be a mechanism for challenge, including the opportunity for revising decisions in light of considerations that stakeholders may raise.
4. Enforcement/leadership and public regulation	There must be organizational leadership and public regulation of the process to ensure that the first three conditions are met.

Metode

- **Analisis dokumen** kepemerintahan
- **Wawancara kualitatif** semi-terstruktur dengan perwakilan berbagai lembaga yang mengikuti rapat penyusunan Renstra
- Lokasi: Tingkat **Kota Bandung** dan **Propinsi Jawa Barat**

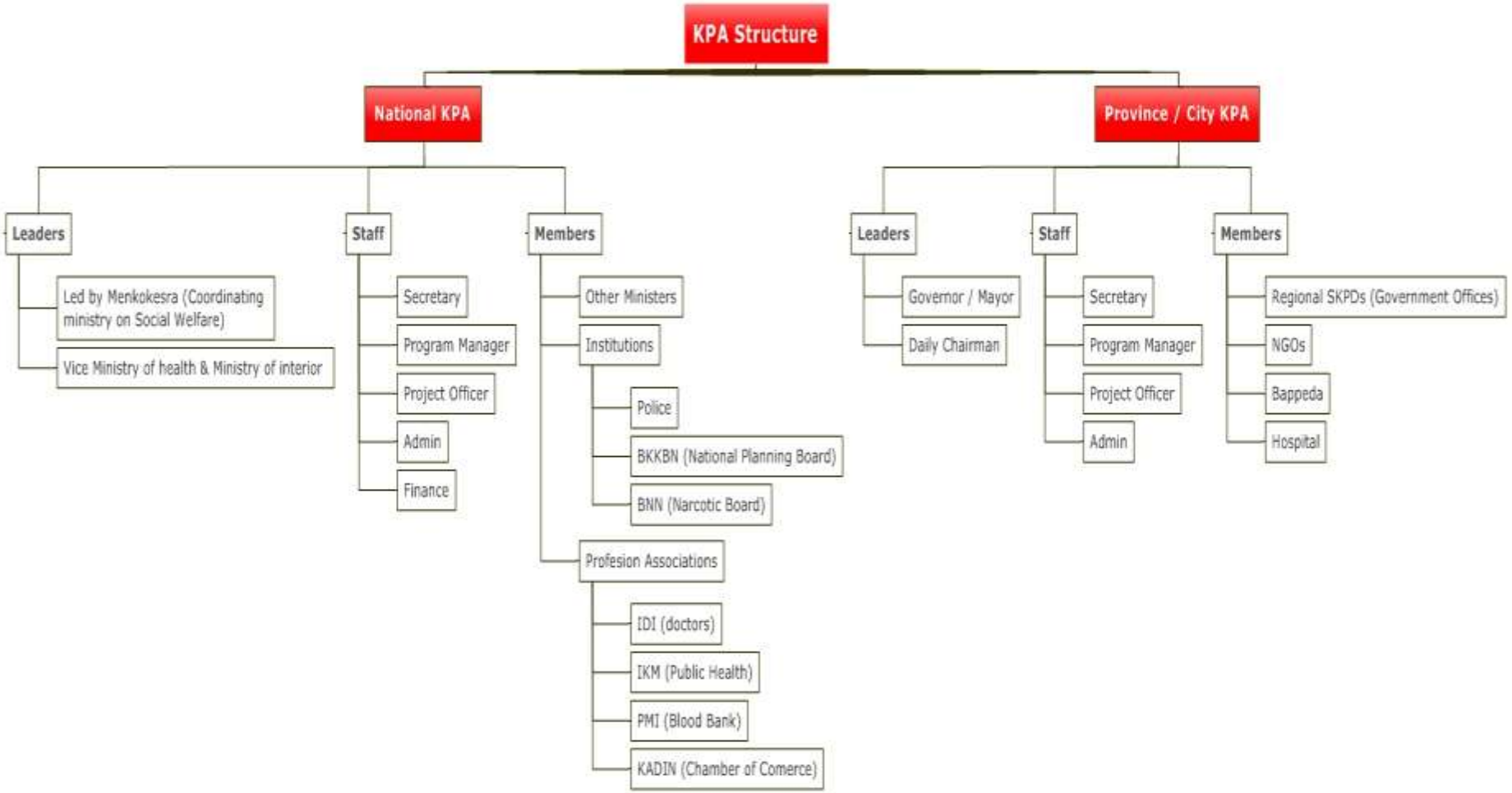
Tabel 2. Respondent per institution for Bandung city and West-Java province level

	Bandung city	West-Java Province
AIDS commission	2	3
Government health office	4	3
Local planning board	2	1
NGO/HIV-AIDS care providers	2	5
Experts	3	
Total	25	

Garis Besar Temuan

- Prioritas tertuang dalam dokumen **RENSTRA** (Rencana Aksi Strategis) HIV-AIDS
- Pembuatan RENSTRA **melibatkan berbagai *stakeholder*** dari lintas sektor dibawah dikoordinasi Komisi Penanggulangan HIV-AIDS (KPA)
- Penentuan prioritas penanganan HIV-AIDS dilakukan di **berbagai tingkatan** (Nasional, Provinsi, dan Kota)
- Implementasi program dilaksanakan oleh berbagai pemangku kepentingan dengan dana multi-sumber

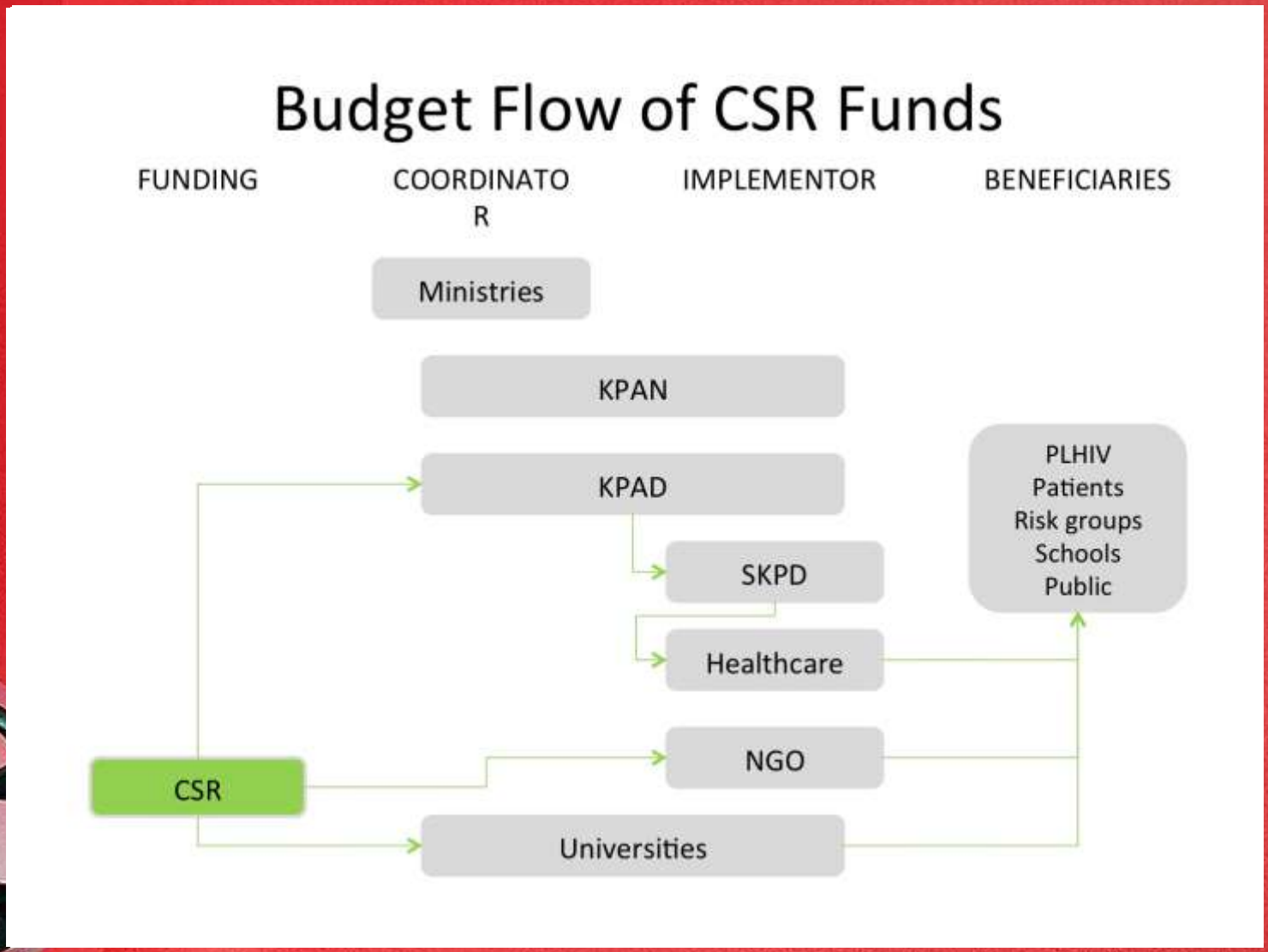
Struktur KPA



Proses Pembuatan Renstra (Kota)

Draft I	• Dibuat oleh staf KPA • Merupakan draft Renstra pertama (awal)
Rapat Draft	• Semua Perwakilan (2-3 orang per lembaga) • 4-5 pertemuan , 2 bulan • Reps consulted their superiors
Rapat Intensif	• 1 orang per lembaga • P2PL Dinas Kesehatan, manajer program • 2 hari
Sosialisasi	• Seluruh anggota KPA • Puskesmas, NGO, masyarakat umum

Pendanaan Program HIV-AIDS



TANTANGAN

1. Sumber & ketersediaan dana yang sangat terbatas
2. Variasi prevalensi dan karakteristik epidemi HIV-AIDS di berbagai daerah
3. Tuntutan pendekatan lintas sektor, koordinasi dengan berbagai pemangku kepentingan di daerah
4. Manajemen desentralisasi & otonomi daerah

A4R: Relevansi

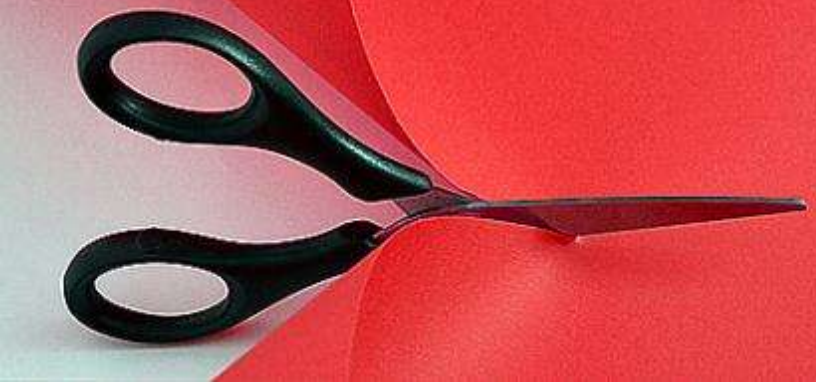
- Kriteria penentuan prioritas disepakati secara **implisit**. Kriteria yang lazim digunakan antara lain:
  - Situasi epidemi HIV-AIDS terkini
  - Keselarasan dengan Renstra yang lebih tinggi
  - Nilai-nilai lokal (politik, kultur & agama)
  - Evaluasi efektivitas program di tahun sebelumnya

A4R: Relevansi

- Kompilasi data dan survey dipergunakan secara ekstensif dalam pengembangan *draft* RENSTRA
- *Stakeholder* yang relevan telah terlibat aktif dalam diskusi
- Aspirasi masyarakat umum terjaring melalui berbagai mekanisme
  - Perwakilan tokoh masyarakat melalui LSM
  - Menghadiri MUSREMBANG
  - Merujuk pada RPJM dan RKPD

A4R: Publisitas & Daya Banding

- Dokumen RENSTRA terdistribusikan kepada para pemangku kepentingan
- Masyarakat dapat mengakses RENSTRA melalui media & KPA (**Sosialisasi Selektif** : Kondom, program LSL)
- Belum ada mekanisme banding yang ditetapkan untuk melakukan revisi pada RENSTRA



A4R: Pelaksanaan (*Enforcement*)

- Komitmen pemimpin daerah berperan sangat signifikan. Walikota Bandung mengupayakan dana hibah Rp 1 Milyar untuk program HIV-AIDS
- Renstra merupakan **panduan**. Pelaksanaan Program secara umum diserahkan kepada masing-masing lembaga. Institusi pemerintah mengajukan pendanaan program secara terpisah kepada Bappeda
- Bergantung pada komitmen delegasi lembaga di KPA. Rotasi & disposisi mempengaruhi pengusulan program di lembaga tersebut

BAGAIMANA PRIORITAS DITENTUKAN?

- Apakah prioritas berlandaskan cukup bukti (*evidence-based*)?

  DATA DIPERGUNAKAN SECARA **EKSTENSIF**
- Kriteria apa saja yang digunakan?

  KRITERIA DISEPAKATI SECARA **IMPLISIT**
- Seberapa jauh para *stakeholder* dilibatkan?

  BERGANTUNG PADA **KOMITMEN** DELEGASI
- Apakah peranan publik / masyarakat dalam penentuan prioritas?

  TERWAKILI OLEH DELEGASI & DOKUMEN, TERSOSIALISASIKAN SECARA **TEPAT SASARAN**

Ad-hoc priority setting

Decision-maker

Intervention complexity
Socio-economic status
High risk group
Severity of disease
Reduced transmission
Age
Budget impact
Vulnerable populations

Clinical effectiveness analysis

Rational & legitimate priority setting

Decision-maker

Fair process

Severity of desease	1.	Rank ordering of interventions
Intervention complexity	2.	
High risk group	3.	
Socio-economic status	4.	
Vulnerable populations	5.	
Budget impact	6.	
Age	7.	
Reduced transmission	8.	

Multi-Criteria Decision Analysis

Clinical effectiveness analysis

Feasibility analysis

Fairness analysis

Efficiency analysis

MCDA

Multiple Criteria Decision Analysis

Dikembangkan oleh **Rob Baltussen,PhD** (NICHE, Radboud University The Netherlands) bekerja sama dengan **World Health Organization**.

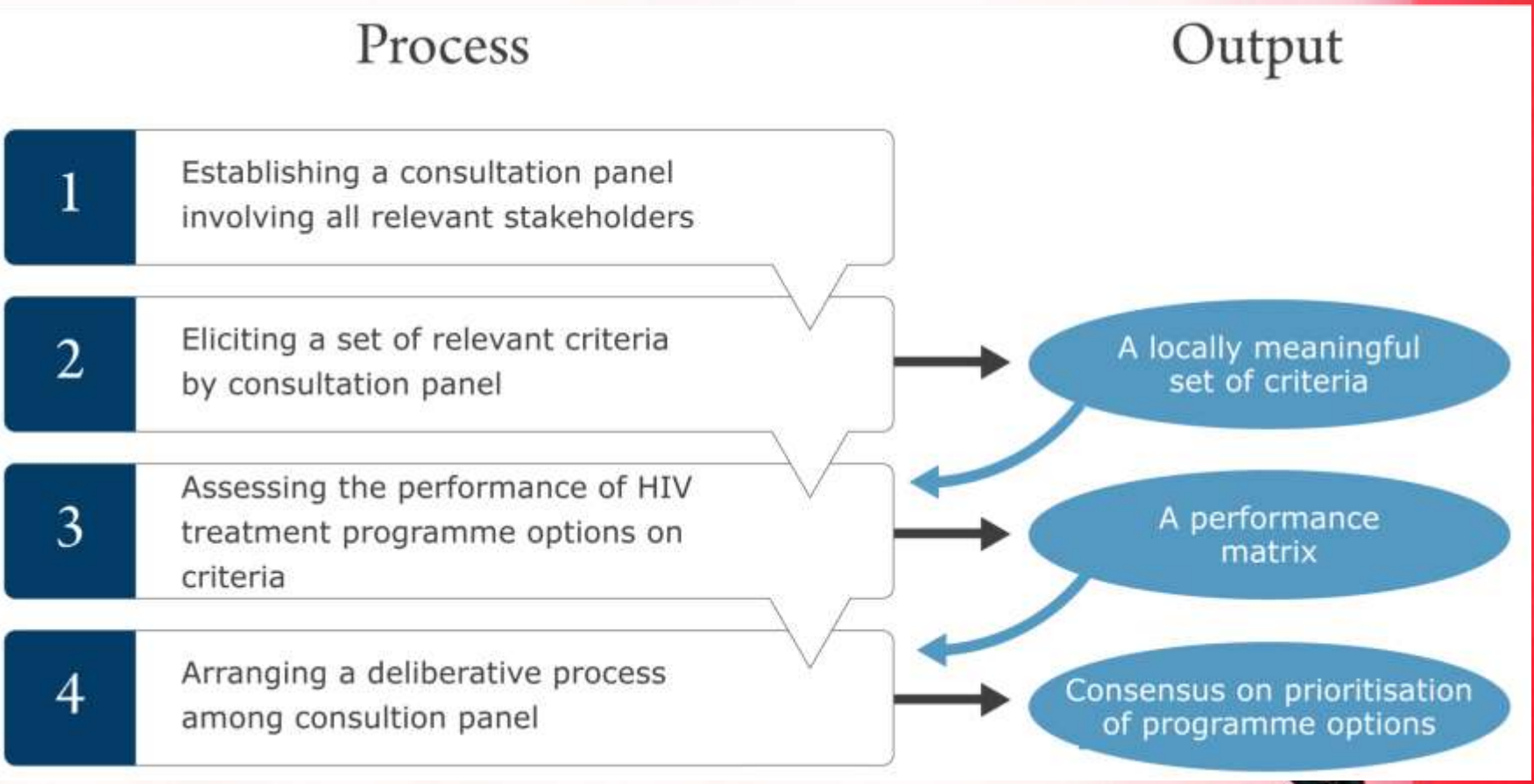
Telah berhasil diterapkan di berbagai negara seperti Thailand, Nepal, Ghana

Keunggulan menggunakan MCDA

- Mempertimbangkan kriteria-kriteria intervensi secara lebih sistematis dan transparan
- Meningkatkan peran aktif *stakeholders* semenjak awal
  - Menstimulasi aspirasi & ide program
  - Meningkatkan kepemilikan *stakeholders* yang kuat terhadap Renstra

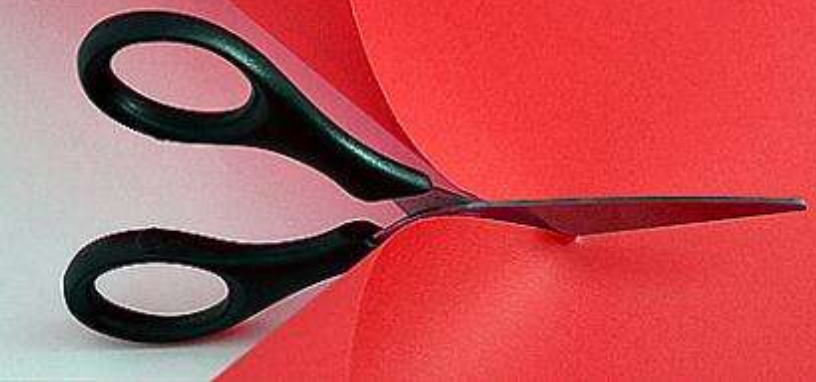
Proses Pembuatan Renstra

- Melibatkan seluruh stakeholder
  - > Lebih transparan
- Mengevaluasi intervensi berdasarkan bukti & pengalaman lapangan
  - > Lebih *evident-based*
- Mencakup segala intervensi HIV-AIDS secara komprehensif
  - > Lebih sistematis



Tahapan MCDA

RENSTRA	MCDA
Draft making - Data collection - Stakeholder meeting	List of Implemented program & new ideas
	FGD with stakeholders on Criteria
	Data collection to build Performance Matrix
Intensive Meeting	Present Rank Order & Performance Matrix



TERIMA KASIH

Prodi IKM FK Unpad

UPK FK Unpad

KPA Provinsi Jawa Barat

KPA Kota Bandung

Dinas Kesehatan Provinsi Jawa Barat

Dinas Kesehatan Kota Bandung

Bappeda Provinsi Jawa Barat

Bappeda Kota Bandung


PENJELASAN TAMBAHAN

Interventions	Performance of HIV/AIDS interventions on each criterion†													
	Target group of intervention				Gender of target group			Type of intervention			Effectiveness		Quality of evidence on effectiveness	
	Children	Teenagers	High risk adults	All adults	Male	Female	Both genders	HIV	AIDS	Prevention	Low effective	High effective	weak quality of evidence	Strong quality of evidence
Using nucleic acid test screening (NAT) of voluntary blood donations (General Public)	0	0	1	0	0	0	1	0	0	1	0	1	0	1
Screening blood products and donated organs for HIV (General Public)	0	0	0	1	0	0	1	0	0	1	0	1	1	0
Improved STI treatment servcies (MSM)	0	0	0	1	0	0	1	0	0	1	0	1	1	0
Improved STI treatment services (IDU)	0	0	1	0	1	0	0	0	0	1	0	1	0	1
Improved STI treatment services (HIV sero-discordant couples)	0	0	1	0	0	0	1	0	0	1	0	1	0	1
Improved STI treatment services (Youth)	0	0	1	0	0	0	1	0	0	1	0	1	0	1
Improved STI treatment services (FSW)	0	1	0	0	0	0	1	0	0	1	0	1	0	1
Improved STI treatment services (General Public)	0	0	1	0	0	1	0	0	0	1	0	1	0	1
Prevention mother to child transmission	0	0	0	1	0	0	1	0	0	1	0	1	0	1
PEP for healthcare workers	0	0	1	0	0	1	0	0	0	1	0	1	0	1
Increased alcohol tax	0	0	0	1	0	0	1	0	0	1	1	0	0	1
Highly active antiretroviral therapy for AIDS patients	0	0	0	1	0	0	1	0	0	1	0	1	1	0
Highly active antiretroviral therapy for HIV infection	0	0	0	1	0	0	1	0	1	0	0	1	0	1
Definitive treatment and care for opportunistic infections, and other palliative care	0	0	0	1	0	0	1	1	0	0	0	1	0	1
	0	0	1	0	0	0	1	0	1	0	0	1	0	1

DCE, discrete choice experiment; PLWHA, people living with HIV/AIDS; VHVs, village health volunteers; MSM, men who have sex with men; IDU, injectable drug users; FSW, female sex workers; STI, sexual transmitted infection; VCT, voluntary counseling and testing; PEP, post-exposure prophylaxis

† '0' denotes the absence, and '1' denotes the presence.

HIV/AIDS intervention (target group)	Ranking					
	Policy makers		PLWHA		VHVs	
	DCE	Group discussion	DCE	Group discussion	DCE	Group discussion
Community-based education (MSM)	11	3	15	1	15	3
Community-based education (IDU)	14	3	11	1	13	3
Community-based education (Youth)	2	3	2	1	1	1
Community-based education (FSW)	4	3	12	1	5	3
Workplace-based education condom distribution/ free STI clinic (FSW)	8	1	14	1	9	2
Workplace-based education condom distribution/ free STI clinic (general public)	12	3	9	1	10	2
Workplace-based education condom distribution/ free STI clinic (male conscripts in military camps)	3	2	13	1	8	2
School-based sex education program (Youth)	7	1	4	1	2	1
Peer education (MSM)	11	1	15	1	15	2
Peer education (IDU)	9	1	8	1	11	3
Peer education (Youth)	10	3	7	1	7	1
Peer education (FSW)	4	1	12	1	5	3
Mass media campaign (general public)	12	3	9	1	10	1
VCT ± STI clinic/condom distribution (Prison inmate)	6	1	6	1	4	2
VCT ± STI clinic/condom distribution (MSM)	3	1	13	1	8	3
VCT ± STI clinic/condom distribution (IDU)	1	1	3	1	3	1
VCT ± STI clinic/condom distribution (HIV sero-discordant couples)	6	1	6	1	4	2
VCT ± STI clinic/condom distribution (Youth)	7	2	4	1	2	1
VCT ± STI clinic/condom distribution (FSW)	8	1	14	1	9	3
VCT ± STI clinic/condom distribution (general public)	5	2	5	1	6	2
Provider-initiated voluntary HIV screening at healthcare settings (general public)	5	2	5	1	6	1
Condom use (availability & accessibility)(FSW)	4	1	12	1	5	2
Condom use (availability & accessibility)(general public)	12	3	9	1	10	1
Condom use (availability & accessibility)(HIV sero-discordant couples)	6	1	6	1	4	1
Condom use (availability & accessibility)(MSM)	3	1	13	1	8	2
Street outreach (IDU)	1	1	3	1	3	1
Substitution treatment (IDU)	1	1	3	1	3	3
Using nucleic acid test screening of voluntary blood donations for HIV	12	1	9	2	10	3
Screening blood products & donated organs for HIV	12	1	9	1	10	2
Improved STI treatment services (MSM)	3	1	13	2	8	2
Improved STI treatment services (IDU)	1	1	3	2	3	1
Improved STI treatment services (HIV sero-discordant couples)	1	1	3	2	3	2
Improved STI treatment services (Youth)	2	1	2	2	1	1
Improved STI treatment services (FSW)	4	1	12	2	5	2
Improved STI treatment services (general public)	5	1	5	2	6	2
Prevention mother to child transmission	4	1	12	1	5	2
PEP for healthcare workers	13	1	10	1	14	3
Increase alcohol tax	12	3	9	3	10	3

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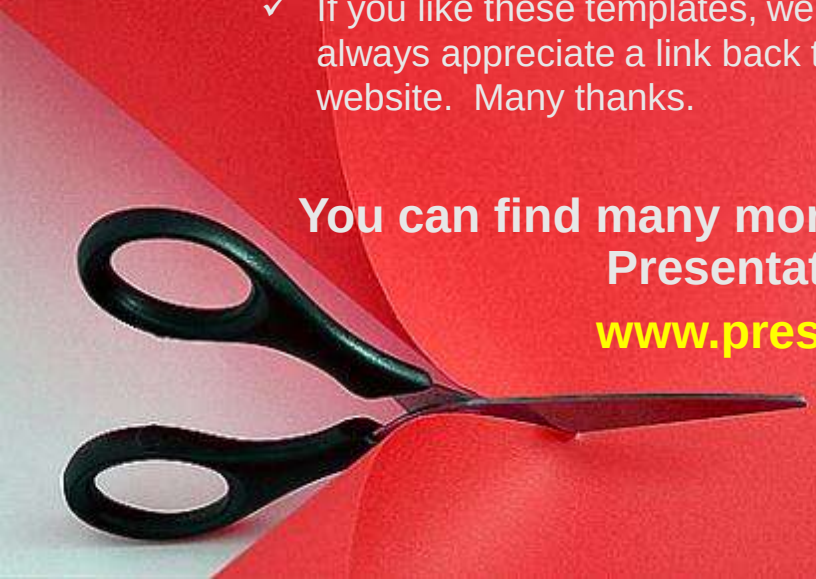

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