Indonesia HIV and Human Resources for Health (HRH) Policy & Site-level Assessment: POLICY ANNEXES

HRH2030: Human Resources for Health in 2030

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HRH2030: Human Resources for Health in 2030

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Cover photo: Keepsake from VCT Counselor Meetings and PMTCT poster on display at the HIV Directorate, Ministry of Health of Indonesia; Hand holding ARTs. (Credit: R Deussom/Chemonics; Chemonics)

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Code	Key Informant Interview Guide A
Informant	(1) Sub-directorate HIV/AIDS, Directorate of Communicable Disease (2) Sub-Directorate Malaria, Directorate of Communicable Disease (3) Sub-directorate Maternal and Neonatal Health Services

1. Can you describe what types of HRH are needed to implement Test and Start?
   a. How do these HRH needs differ from the previous program (SUFA)?
   b. How many additional human resources will be needed to implement Test and Start?
   c. How will these HRH needs be fulfilled/completed?

2. What is the role of your organization/division in HRH policies/management for HIV/AIDS? Please choose one of the options and describe:
   a. Planning and budgeting of HRH
   b. Quality and work standards
   c. Licensing, accreditation, certification
   d. Employment condition (salaries, allowances, benefit)
   e. Education and training (in-service/pre-service)

3. Can you describe the existing policies and regulations related to these roles?[1]

4. How do these HRH policies align with the goals and strategies outlined in SUFA? How, if at all, do they conflict with SUFA?

5. What changes, if any, would be needed to these policies to support scale-up of the Test and Start Program?

6. Is there a specific HRH policy in place that aims to meet the increasing needs of HIV/AIDS services in Indonesia? Describe. If not, are there plans to develop such a policy? Describe.
   a. Number of HRH for HIV/AIDS
   b. Quality and competence for HIV/AIDS continuum of care

7. What are your ideas for implementing task-shifting in the Indonesia's SUFA and Test and Start program (in the future)? How would it work? How would it be possible? What challenges do you anticipate in implementing task shifting?

[1] The interviewers need to check whether the informants know about the followings policies. Please check the policies that match with their functions: (a) Permenkes no 21 tahun 2013 tentang Pedoman Penanggulangan HIV; (b) Permenkes no 87 tahun 2014 tentang Pedoman Pengobatan ARV; (c) Permenkes no 51 tahun 2013 tentang Pedoman Pencegahan Penularan HIV dari Ibu ke Anak; (d) Permenkes no 74 tahun 2014 tentang Pedoman Pelaksanaan Konseiling dan Tes HIV; (e) Permenkes no 55 tahun 2015 tentang Pengurangan Dampak Buruk pada Pengguna NAPZA Suntik; (f) Permenkes no 52 tahun 2017 tentang Eliminasi Penularan HIV, Sifilis dan Hepatitis B dari Ibu ke Anak

8. What resources are needed to implement the HRH policies across the HIV/AIDS continuum of care (human resources, infrastructure, equipment, information)?
    a. Are the resources available/allocated? From where? (Explore: National State Budget/APBN, Province or District Budget/APBD, Global Fund etc)
    b. If you lack funding for something, how do you deal with that? Are there "work-arounds" or solutions?
    c. Who makes the decisions about funding? Who influences funding decisions?
    d. With regard to budget constraints, if any, how would the MOH would like to anticipate and or overcome this issue in the future?

9. What is the state of leadership and commitment for HRH policy implementation?

    a. Probe: Is there a champion, or someone that you get a lot of support from to implement HRH policies related to the HIV/AIDS continuum of care? If yes who, and how does s/he push the work forward?

10. How are other stakeholders and government units involved in policy implementation? Describe
    a. How are different sectors—both inside and outside the public sector—engaged in implementation and to what effect?
    b. How are groups involved in advocating for and monitoring implementation?
    c. How are the groups most affected by the policy involved in implementation?

10. Who holds you accountable for implementing these HRH policies? Do they provide any incentives to encourage performance? Are there any consequences in case of a lack of performance? Please describe.

11. Who is accountable to you for implementing HRH policies?

Probe:
    a. What is the monitoring and evaluation mechanism for policy implementation?
    b. How well does the mechanism function? Give example.
    c. Is there any specific performance-based system for HRH across the HIV/AIDS continuum of care?

12. What barriers do you face implementing these policies?
    a. Are there any challenges in providing services, and how these challenges are addressed?
    b. Is there flexibility to adapt the strategies to respond to diverse local needs? Describe.

13. What is your recommendation for meeting the needs of HRH for HIV/AIDS services in Indonesia? Which priority issues to be addressed and what are the appropriate strategies/policies should be formulated?

Code	Key Informant Interview Guide B
Informant	(1) Sub-directorate Primary Health Services
Function	• Formulation of policies on the improvement of services, facilities, and quality of primary, referral, traditional and complementary health care • Implementation of policies in health services, facilities, and quality of primary, referral, traditional and complementary health services • Formulation of norms, standards, procedures, and criteria in the services, facilities and quality of primary, referral, traditional, and complementary health care • Provision of technical guidance and supervision in the field of service, facilities, and quality of primary, referral, traditional and complementary health care • Implementation of evaluation and reporting on the improvement of services, facilities, and quality of health services; primary, referral, traditional, and complementary health care

1. What is the role of your division in HRH policies/management for HIV/AIDS continuum of care? Please choose one of the options and describe:
   a. Planning and budgeting of HRH
   b. Quality and work standards
   c. Licensing, accreditation, certification
   d. Employment condition (salaries, allowances, benefit)
   e. Education and training (in-service/pre-service
   f. Others, please explain: _____

2. Can you describe any specific policies and regulation related to the role you mention above in HRH management for HIV/AIDS continuum of care?[2]

3. Are you aware about SUFA/Test and Treat policy? If yes:
   a. How do these HRH policies align with the goals and strategies outlined in SUFA?
   b. How, if at all, do they conflict with SUFA?
   c. How do you anticipate that these policies will align or conflict with the new Test and Start program?
   d. What changes, if any, would be needed to these policies to support scale-up of the Test and Start Program?

4. Is there a strategic plan/workplan to implement the policy(s) related to HRH management for HIV/AIDS continuum of care? Describe. If not, what guides implementation?

5. What is the state of leadership and commitment for meeting HRH needs for implementation of SUFA/Test and Treat?

[2] (a) Permenkes no 21 tahun 2013 tentang Pedoman Penanggulangan HIV; (b) Permenkes no 87 tahun 2014 tentang Pedoman Pengobatan ARV; (c) Permenkes no 51 tahun 2013 tentang Pedoman Pencegahan Penularan HIV dari Ibu ke Anak; (d) Permenkes no 74 tahun 2014 tentang Pedoman Pelaksanaan Konseiling dan Tes HIV; (e) Permenkes no 55 tahun 2015 tentang Pengurangan Dampak Buruk pada Pengguna NAPZA Suntik; (f) Permenkes no 52 tahun 2017 tentang Eliminasi Penularan HIV, Sifilis dan Hepatitis B dari Ibu ke Anak

Probe:

a. Is there a champion, or someone that you get a lot of support from to implement HRH policies related to the HIV/AIDS continuum of care?
b. If yes who, and how does s/he push the work forward?

6. Are there any influential groups or opinions leaders that actively support or make it difficult for you to implement HRH policies related to the HIV/AIDS continuum of care? Who?

Probe:

a. How do they provide support or make it difficult to implement the policies?
b. How do civil society groups influence policy implementation?

7. Do you have sufficient funding to implement the HRH management policies? What activities are funded sufficiently and what activities lack sufficient funding?

Probe:

a. What resources are needed to implement the policies (human resources, infrastructure, equipment, information)? Are the resources available/allocated? From where? (Explore: National State Budget/APBN, Province or District Budget/APBD, Global Fund etc)
b. If you lack funding for something, how do you deal with that? Are there "work-arounds" or solutions?
c. Who makes the decisions about funding? Who influences funding decisions?
d. With regard to budget constraints, if any, how would the MOH would like to anticipate and or overcome this issue in the future?

8. What barriers do you face implementing these HRH management policies?

9. Health workers have different roles in the HIV/AIDS continuum of care at primary and referral health service facilities. How do existing scopes of practice for each cadre influence the workforce in delivering HIV services under SUFA? What are the challenges and opportunities?
    a. Physician
    b. Nurse
    c. Midwives
    d. Lab technician
    e. Community workers
    f. Others: _____

Probe:

a. What are the existing HRH policies to prepare/increase/monitor the number, quality and competence of these health workers for HIV/AIDS continuum of care?
b. How are these health workers recruited, trained and retained? What is the role of your division?

10. Do you coordinate with other institutions on developing and implementing HRH management policies for HIV/AIDS care? (i.e. other MoH unit, BPPSDM, local government) Describe.

Probe:

a. What is the relationship/collaboration mechanism between these stakeholders?
b. What is the capacity of these stakeholders in implementation?

c. At subnational level, how do you coordinate with the local government or local health workforce for the implementation of the policy?

11. What are your ideas for implementing task-shifting in the Indonesia's SUFA and Test and Start program (in the future)? How would it work? How would it be possible?

12. Who holds you accountable for implementing these HRH policies? Do they provide any incentives to encourage performance? Are there any consequences in case of a lack of performance? Please describe.

13. Who is accountable to you for implementing HRH policies?

Probe:

a. What is the monitoring and evaluation mechanism for policy implementation?
b. How well does the mechanism function? Give example.
c. Is there any specific performance-based system for HRH across the HIV/AIDS continuum of care?

14. What is your recommendation for meeting the needs of HRH for HIV/AIDS services in Indonesia? Which priority issues to be addressed and what are the appropriate strategies/policies should be formulated?

Code	Key Informant Interview Guide C
Informant	**Directorate of Pharmacy and Health Equipment (*Direktorat Farmasi dan Alat Kesehatan*)**
Function	• Formulation of policies on the production and distribution of pharmaceutical supplies, medical devices and household health supplies, monitoring of medical devices and household health supplies, health supply management and pharmaceutical services • Implementation of policies on the production and distribution of pharmaceutical supplies, medical devices and household health supplies, monitoring of medical devices and household health supplies, health supply management and pharmaceutical services; • Development of norms, standards, procedures, and criteria on the production and distribution of pharmaceutical supplies, medical devices and household health supplies, monitoring of medical devices and household health supplies, health supply management and pharmaceutical services • Provision of technical guidance and supervision on the production and distribution of pharmaceutical supplies, medical devices and household health supplies, monitoring of medical devices and household health supplies, health supply management and pharmaceutical services • Evaluation and reporting on the production and distribution of pharmaceutical supplies, medical devices and household health supplies, monitoring of medical devices and household health supplies, health supply management and pharmaceutical services

1. In terms of HIV/AIDS continuum of care, can you explain which health workers are competent and given autonomy to prescribe ARV at different level of health services?
   a. Physician
   b. Pharmacist
   c. Nurse
   d. Midwives
   e. Lab technician
   f. Community workers
   g. Others: _____

2. How are these health workers recruited, trained and retained? What is the role of your division?

3. What is the existing mechanism for drug and equipment supply and procurement for HIV/AIDS?

4. What is the number and type of health workers needed to secure these supplies?

5. What is the role of your division in HRH management working for drug/equipment supplies for HIV/AIDS:
   a. Planning and budgeting of HRH
   b. Quality and work standards
   c. Licensing, accreditation, certification

d. Employment condition (salaries, allowances, benefit)
e. Education and training (in-service/pre-service
f. Others, please explain….

6. What will change in the drug and equipment supply and procurement for HIV/AIDS when the SUFA or Test and Treat is implemented?
   a. What kind of human resources issues will arise?
   b. How are these issues being addressed?

7. What kind of human resources are needed for the management of drug and equipment supply and procurement for HIV/AIDS at subnational level? How are these human resources managed?

8. Is there any competition with regard to budgeting and human resources issues to secure drug and equipment supplies for the implementation of HIV/AIDS continuum of care?

Probe:
   a. With regard to budget constraints, if any, how would the MOH like to anticipate and or overcome this issue in the future?
   b. With regard to human resources, how would the MOH like to anticipate and or solve this issue?

9. Is there any coordination with other institutions in managing HRH for drug and equipment supply and procurement policy? Who do you collaborate with to implement these policies? (i.e. other MoH unit, BPPSDM, local government)

Probe:
   a. What is the relationship/collaboration mechanism between these stakeholders?
   b. What is the capacity of these stakeholders in implementation?
   c. At subnational level, how do you coordinate with the local government or local health workforce for the implementation of the policy?

10. Who holds you accountable for implementing these HRH policies? Do they provide any incentives to encourage performance? Are there any consequences in case of a lack of performance? Please describe

11. Who is accountable to you for HRH management for drug and equipment supply and procurement?

Probe:
   a. What is the monitoring and evaluation mechanism for policy implementation?
   b. How well does the mechanism function? Give example.
   c. How do you monitor the quality of prescription as well as drug supply and procurement by health workers?

12. What are the barriers for implementing these HRH for drug and equipment supply procurement policies?

13. What is your recommendation for meeting the needs of HRH for HIV/AIDS services in Indonesia? Which priority issues to be addressed and what are the appropriate strategies/policies should be formulated?

Code	Key Informant Interview Guide D
Informant	**BPPSDM (**Bureau of Development and Empowerment of Human Resources for Health (Biro PPSDM)
Function	• Formulation of technical policy in the development and empowerment of HRH including planning, distribution, competencies and quality improvement of HRH • Development and empowerment of HRH including planning, distribution, competencies and quality improvement of HRH • Monitoring, evaluation and reporting of development and empowerment of HRH including planning, distribution, competencies and quality improvement of HRH

1. What are the main tasks and functions of the Centers under BPPSDM? What are the main tasks and functions of your unit?
   Probing how HR management below is done:
   - HRH planning
   - HRH empowerment
   - HRH education
   - HR training (in-service training)
   - HRH quality
   - Salary, intensive, etc.

2. What are the policies and regulations issued by BPPSDM?

   Probing:
   - What are the basis/justification/data to formulate the policies and regulations issued by BPPSDM?
   - How is the process of the formation of those policies and regulations?
   - What other Ministries/Bodies are playing a role in HR policies and regulations?

3. How is the HRR payment and budgeting done at national and sub-national levels? Where are the sources of funding for HRH expenditures?

4. What bodies, at national and sub-national levels, are responsible on the implementation of the HR policies and regulations? How is the supervision mechanism of the implementation of those policies?

5. What bodies are playing a role in the HRH policies and regulations and the implementation at the sub-national level?

   Probing:
   - How are the HRH needs planned and implemented at the sub-national level?
   - What is the role of decentralization in HRH policies and regulations?
   - How is the monitoring mechanism to see the adequacy of HRH at the sub-national level?

- How is the monitoring mechanism to see the quality of HRH at the sub-national level?

6. What are the HRH issues faced all this time? What are the barriers in the implementation of HRH policies?

7. Does Indonesia have a specific strategy for HRH policy in general?

8. Is there any strategy or policy and regulation specifically for HIV/AIDS HRH (for both program management and service delivery)?

   Probing:
   - How is the BPPSDM coordinating with CDC in terms of HRH needs for CDC service delivery especially HIV/AIDS?
   - How is the planning and implementation process of HIV/AIDS program training done?

9. The implementation of Test and Start will have significant implication towards HRH management, especially in terms of quantity and quality of HRH that are qualified to provide compressive HIV/AIDS service. How is the role or plan of BPPSDM to anticipate this challenge?

10. Provinces with highest HIV/AIDS burden are provinces with HRH issues such as inadequacy of doctor and trained health professional (e.g.: Papua). How is the role or plan of BPPSDM to anticipate this challenge?

11. What is your opinion if part of health professional tasks are carried out by lay people (e.g: community worker (kader), NGO, etc.)? Are there any policy and regulation supporting this practice?

Code	Key Informant Interview Guide E
Informant	(1) Health Policy Unit (2) Indonesian Health Worker Council (Majelis Tenaga Kesehatan Indonesia/MTKI)

1. What is the role of your organization/division in HRH policies/management for HIV/AIDS? Please choose one of the options and describe:
   a. Planning and budgeting of HRH
   b. Quality and work standards
   c. Licensing, accreditation, certification
   d. Employment condition (salaries, allowances, benefit)
   e. Education and training (in-service/pre-service)

Others: _____

Can you describe any specific policies and regulations related to the role you mention above in HRH management across the HIV/AIDS continuum of care?

2. Can you explain the process of policy formulation for HRH at national and province/district level? How was this policy formulated? Who are involved in the formulation of the policies? How was this policy disseminated and implementation at national and province/district level?

a. Planning and budgeting of HRH
b. Quality and work standards
c. Licensing, accreditation, certification
d. Employment condition (salaries, allowances, benefit)
e. Education and training (in-service/pre-service)

Others: _____

3. What kind of resources needed to implement these strategies/policies? What are the funding resources available for HRH at national and province/district level?

4. Is there a strategic plan/work plan to implement the policy(s) related to HRH management? What is the existing accountability mechanism for HRH policies?

5. We acknowledge that Puskesmas is the front line of primary health care for the community. Currently, there are plenty of health programs run at Puskesmas. In order to have ready-to-use health workers to be assigned at Puskesmas, as well as dealing with the gaps for doctors and other health workers at Puskesmas, is it possible to add a component consisting Puskesmas health programs at the level of pre-service education and training program? We frequently heard that new health workers assigned at Puskesmas are not ready to deal and serve the community, especially related with program. If the basic knowledge could be given during pre-service education or training, at least it would be able to cover this gap.

6. Still in relation to the gaps on health workers at Puskesmas, especially at sub-national level, in the past, mandatory government service for health workers are guaranteed by presidential instruction (inpres). Apparently, this is very helpful and supports to guarantee the availability of health workers at the sub-national level for two reasons:

(1) health workers are distributed equally; (2) basic needs of the health workers during assignment is covered (accommodation, salary, staple food (rice). Is it possible for the MOH to propose similar regulation, so that at least it would solve the issue of unequal distribution of health workers in Indonesia, which is very vast.

7. Fast mutation/rotation policy seems to be necessary to be reviewed. It seems to aggravate the issue of unequal distribution of health workers.

8. What are the roles of MTKI in HRH policy and management, specifically for HIV/AIDS? Could you please explain the specific policy and regulation in relation to the role you mentioned?

9. Is there any specific HR policy to handle the needs of HIV/AIDS control, both at sub-national and national level?

10. As far as you know, what are the barriers in meeting the needs of health workers in general and for HIV/AIDS specifically?

11. Are you aware of SUFA or Test and Treat approach? If yes, how do you think Test and Treat approach will imply to HRH? What changes, if any, would be needed to these policies to support scale-up of the Test and Treat Program?

12. What is the state of leadership and commitment for meeting HRH needs for implementation of SUFA or Test and Treat? Is there a champion, or someone that you get a lot of support from to implement HRH policies related to the HIV/AIDS continuum of care? If yes who, and how does s/he push the work forward?

13. What is your recommendation for meeting the needs of HRH for HIV/AIDS services in Indonesia? Which priority issues to be addressed and what are the appropriate strategies/policies should be formulated?

Code	Key Informant Interview Guide F
Informant	PHO DKI Jakarta
Function	• Development of operational policy in surveillance, immunization, communicable and non-communicable disease control • Implementation of operational policy in surveillance, immunization, communicable and non-communicable disease control • Provision of technical assistance and supervision to programs in surveillance, immunization, communicable and non-communicable disease control • Monitoring and evaluation of programs in surveillance, immunization, communicable and non-communicable disease control

1. Can you describe how many and what type of HRH needed in each Puskesmas for implementing SUFA in Jakarta Province?

2. Do you know if SUFA will be replaced with Test and Start soon in the future? How many and what type of HRH needed in each Puskesmas for implementing Test and Start in Jakarta Province? What are the differences of these needs compare to the previous program (SUFA)? How these HRH do needs will be fulfilled/completed?

3. What is the role of your organization/division in HRH policies/management, especially related with the implementation of SUFA in Jakarta province? Please **choose** one of the options and describe:
   a. Planning and budgeting of HRH
   b. Quality and work standards
   c. Licensing, accreditation, certification
   d. Employment condition (salaries, allowances, benefit)
   e. Education and training (in-service/pre-service)
   f. Others: _____

4. Can you describe any specific policies and regulations related to the role you mention above in HRH management across the HIV/AIDS continuum of care?[3]

5. How do these HRH policies align with the goals and strategies outlined in SUFA? How, if at all, do they conflict with SUFA? How do you anticipate that these policies will align or conflict with the new Test and Start program? What changes, if any, would be needed to these policies to support scale-up of the Test and Start Program?

[3] The interviewers need to check whether the informants know about the followings policies. Please check the policies that match with their functions: (a) Permenkes no 21 tahun 2013 tentang Pedoman Penanggulangan HIV; (b) Permenkes no 87 tahun 2014 tentang Pedoman Pengobatan ARV; (c) Permenkes no 51 tahun 2013 tentang Pedoman Pencegahan Penularan HIV dari Ibu ke Anak; (d) Permenkes no 74 tahun 2014 tentang Pedoman Pelaksanaan Konseiling dan Tes HIV; (e) Permenkes no 55 tahun 2015 tentang Pengurangan Dampak Buruk pada Pengguna NAPZA Suntik; (f) Permenkes no 52 tahun 2017 tentang Eliminasi Penularan HIV, Sifilis dan Hepatitis B dari Ibu ke Anak

6. Is there a strategic plan/workplan to implement the policy(s) related to HRH management for HIV/AIDS continuum of care at the province? Describe. If not, what guides implementation

7. What is the state of leadership and commitment for meeting HRH needs for implementation of SUFA at the province?

Probe:

- Is there a champion, or someone that you get a lot of support from to implement HRH policies related to the HIV/AIDS continuum of care? If yes who, and how does s/he push the work forward?

8. Are there any influential groups or opinions leaders at the province that actively support or make it difficult for you to implement HRH policies related to the HIV/AIDS continuum of care? Who?

Probe:

a. How do they provide support or make it difficult to implement the policies?
b. How do civil society groups influence policy implementation?

9. Do you have sufficient funding to implement the HRH management policies? What activities are funded sufficiently and what activities lack sufficient funding?

Probe:

a. If you lack funding for something, how do you deal with that? Are there "work-arounds" or solutions?
b. Who makes the decisions about funding? Who influences funding decisions?
c. With regard to budget constraints, if any, how the PHO would like to anticipate and or overcome this issue in the future?
d. With regard to human resources, how the PHO would like to anticipate and or solve this issue?

10. What barriers do you face implementing these HRH management policies at the province?

11. What are your ideas for implementing task-shifting in the Indonesia's SUFA and Test and Start program (in the future)? How would it work? How would it be possible?

12. Do you coordinate with other institutions on developing and implementing HRH management policies for HIV/AIDS care? Describe.
    a. What is the relationship/collaboration mechanism between these stakeholders?
    b. What is the capacity of these stakeholders in implementation?

13. Who holds you accountable for implementing these HRH policies? Do they provide any incentives to encourage performance? Are there any consequences in case of a lack of performance? Please describe.

14. Who is accountable to you for implementing HRH policies?
    a. What is the monitoring and evaluation mechanism for policy implementation?
    b. How well does the mechanism function? Give example.
    c. Is there any specific performance-based system for HRH across the HIV/AIDS continuum of care?

15. What is your recommendation for meeting the needs of HRH for HIV/AIDS services in Indonesia? Which priority issues to be addressed and what are the appropriate strategies/policies should be formulated?

Code	Key Informant Interview Guide G
Informant	**(1) WHO** **(2) UNAIDS** **(3) UNFPA** **(4) UNICEF** **(5) USAID Implementing Partners** **(6) Civil Society Organization**

1. Can you describe, the situation of SUFA implementation since the policy released up to these days?

2. You may know that the MOH will replace the policy of SUFA with Test and Treat very soon. Learning from SUFA, what is the most challenging aspect during the implementation of SUFA? And what is the most critical aspect that needs to be addressed to make the implementation of the new policy (Test and Start) successful?

3. Can you describe the existing policies and regulation? [4]

Probe:

a. Are the policy's goal and objectives clear and appropriate given the issue to be addressed?
b. Are the policy's strategies clear and appropriate given the issue to be addressed?
c. Do the policies address the underlying problems through appropriate policy action?
d. Do the key stakeholders agree on the goals and strategies?
e. How was this policy formulated? How far the stakeholders engaged in the formulation of these policies?
f. How was this policy disseminated? Do people who responsible for implementing and using them understand the policies? Do the end beneficiaries who get benefits from the existence of the policies are aware about it?

4. The social, political, and economic contexts influence what policies are developed and whether and how those policies are put into practice. Contextual and environmental factors can provide both opportunities and constraints for effective policy implementation.

Probe:

a. How political factors at local and national levels (such as alignment of the policy with other relevant national and local policies, changes in government, and divergent priorities at national and local levels) affect policy implementation?
b. How social factors at local and national levels (such as gender norms and cultural beliefs) affect policy implementation.
c. How economic factors at local and national levels (such as poverty and global assistance mechanisms) affect policy implementation

[4] The interviewers need to check whether the informants know about the followings policies. Please check the policies that match with their functions: (a) Permenkes no 21 tahun 2013 tentang Pedoman Penanggulangan HIV; (b) Permenkes no 87 tahun 2014 tentang Pedoman Pengobatan ARV; (c) Permenkes no 51 tahun 2013 tentang Pedoman Pencegahan Penularan HIV dari Ibu ke Anak; (d) Permenkes no 74 tahun 2014 tentang Pedoman Pelaksanaan Konseiling dan Tes HIV; (e) Permenkes no 55 tahun 2015 tentang Pengurangan Dampak Buruk pada Pengguna NAPZA Suntik; (f) Permenkes no 52 tahun 2017 tentang Eliminasi Penularan HIV, Sifilis dan Hepatitis B dari Ibu ke Anak

5. What is the state of leadership and commitment for policy implementation?

Probe:

a. How do the opinion leaders and institutions respond to the policy implementation? Do their opinions affect the implementation of the policy?
b. How do individuals/organizations demonstrate leadership and what are the results?
c. How do the leaders engage others in decision making?

6. Do you think HRH is becoming one of important aspects that will affect the successful of the implementation of SUFA and Test and Start? If yes, can you describe your observation related to this aspect?

7. Is there a strategic plan/workplan to implement the policy(s) related to HRH management for HIV/AIDS continuum of care? Describe. If not, what guides implementation?

8. Are there any influential groups or opinions leaders that actively support or make it difficult for you to implement HRH policies related to the HIV/AIDS continuum of care? Who?
   a. How do they provide support or make it difficult to implement the policies?
   b. How do civil society groups influence policy implementation?

9. What are the budgeting and human resources issues to secure the implementation of SUFA and in the future for test and treat?

10. Does coordination with other organizations in implementing the policy exist? Who do you think the MOH need to collaborate with to implement these policies? (i.e. main implementing agencies and other stakeholders)

Probe:

a. What is the relationship/collaboration mechanism between these stakeholders?
b. What is the capacity of these stakeholders in implementation?

11. What is the existing accountability mechanism for these policies?

Probe:

- What is the monitoring and evaluation mechanism for policy implementation? What is the methods and system for monitoring implementation?

12. What are your ideas for implementing task-shifting in the Indonesia's SUFA and Test and Start program (in the future)? How would it work? How would it be possible?

13. What is your recommendation for meeting the needs of HRH for HIV services in Indonesia? Which priority issues to be addressed and what are the appropriate strategies/policies should be formulated?

Code	Key Informant Interview Guide H
Informant	IBI

1. What is the role of your organization/division in HRH policies/management for HIV/AIDS? Please choose one of the options and describe:
   a. Planning and budgeting of HRH
   b. Quality and work standards
   c. Licensing, accreditation, certification
   d. Employment condition (salaries, allowances, benefit)
   e. Education and training (in-service/pre-service)

   Others: _____

   Can you describe any specific policies and regulations related to the role you mention above in HRH management across the HIV/AIDS continuum of care?

2. Can you explain the process of policy formulation for HRH at national and province/district level? How was this policy formulated? Who are involved in the formulation of the policies? How was this policy disseminated and implementation at national and province/district level?
   a. Planning and budgeting of HRH
   b. Quality and work standards
   c. Licensing, accreditation, certification
   d. Employment condition (salaries, allowances, benefit)
   e. Education and training (in-service/pre-service)

   Others: _____

3. What kind of resources needed to implement these strategies/policies? What are the funding resources available for HRH at national and province/district level?

4. Is there a strategic plan/workplan to implement the policy(s) related to HRH management? What is the existing accountability mechanism for HRH policies?

5. We acknowledge that Puskesmas is the front line of primary health care for the community. Currently, there are plenty of health programs run at Puskesmas. In order to have ready-to-use health workers to be assigned at Puskesmas, as well as dealing with the gaps for doctors and other health workers at Puskesmas, is it possible to add a component consisting Puskesmas health programs at the level of pre-service education and training program? We frequently heard that new health workers assigned at Puskesmas are not ready to deal and serve the community, especially related with program. If the basic knowledge could be given during pre-service education or training, at least it would be able to cover this gap.

6. Still in relation to the gaps on health workers at Puskesmas, especially at sub-national level, in the past, mandatory government service for health workers are guaranteed by presidential instruction (inpres). Apparently, this is very helpful and supports to guarantee the availability of health workers at the sub-national level for two reasons: (1) health workers are distributed equally; (2) basic needs of the health workers during assignment is covered (accommodation, salary, staple food (rice). Is it possible for the MOH to propose

similar regulation, so that at least it would solve the issue of unequal distribution of health workers in Indonesia, which is very vast.

7. Fast mutation/rotation policy seems to be necessary to be reviewed. It seems to aggravate the issue of unequal distribution of health workers.

8. What are the roles of MTKI in HRH policy and management, specifically for HIV/AIDS? Could you please explain the specific policy and regulation in relation to the role you mentioned?

9. Is there any specific HR policy to handle the needs of HIV/AIDS control, both at sub-national and national level?

10. As far as you know, what are the barriers in meeting the needs of health workers in general and for HIV/AIDS specifically?

11. Are you aware of SUFA or Test and Treat approach? If yes, how do you think Test and Treat approach will imply to HRH? What changes, if any, would be needed to these policies to support scale-up of the Test and Treat Program?

12. What is the state of leadership and commitment at national and sub-national level for meeting HRH needs? Is there a group or opinion that influence or actively support the stakeholder to implement HR policy?

13. What is your recommendation for meeting the needs of HRH for HIV/AIDS services in Indonesia? Which priority issues to be addressed and what are the appropriate strategies/policies should be formulated?

Code	Key Informant Interview Guide I
Informant	Global Health Supply Chain

1. You may know that the MOH will replace the policy of SUFA with Test and Treat very soon. Learning from SUFA, what is the most challenging aspect during the implementation of SUFA? And what is the most critical aspect that needs to be addressed to make the implementation of the new policy (Test and Start) successful?
2. What will change in the drug and equipment supply and procurement for HIV/AIDS when the SUFA or Test and Treat is implemented?
3. What kind of human resources issues will arise?
4. How are these issues being addressed?
5. What kind of human resources are needed for the management of drug and equipment supply and procurement for HIV/AIDS at subnational level? How are these human resources managed?
6. Based on your observation, is there any competition with regard to budgeting and human resources issues to secure drug and equipment supplies for the implementation of HIV/AIDS continuum of care?

Annex C. Informed Consent (English)

HIV and Human Resources for Health Policy Assessment
"How the policy environment affects Indonesia's ability to implement and scale up the Test and Start policy"

Informed Consent

You are invited to participate in the study conducted by Human Resources for Health 2030 (HRH2030) project. HRH2030 is a global effort to help low- and middle-income countries develop the health workforce needed to prevent maternal and child deaths, support the goals of Family Planning 2020, control the HIV/AIDS epidemic, and protect communities from infectious diseases. This effort is supported by USAID and PEPFAR. The purposes of this study are to identify relevant HRH policies, protocols, scopes of practice, and task shifting practices that hinder or support the key cadres to implement and scale up SUFA/Test and Start program. We are interviewing individuals about the policy and its implementation of those policies in Indonesia. The findings will be used to strengthen the implementation of SUFA/Test and Start program. You were selected as a participant in this study because of your involvement in the development and or implementation of the HRH policy in general and or for HIV/AIDS sector.

The interview will take about 60 minutes and will include questions about your working experiences (or others') and opinions with regard to the HRH policies in Indonesia. There are no right or wrong answers and we hope that you will share your experiences with us.

All participation in this study is voluntary. You are free to decide if you want to take part or not. If you do agree to take part now, you can also change your mind at any time during the interview, without any implications. If you choose to end your participation during the interview, we will not use any information provided by you up to that point. If you do agree to take part, the interview will be audio-recorded and transcribed. If you do not wish to be recorded, the interviewer will take written notes.

All information discussed during the interview will be kept confidential. Any information that can be identified with you will remain confidential and will be released only with your permission. All interview transcripts and notes will be save in an internal database with access granted only to the study team, which is comprised of a team leader and two researchers.

For more information about this study, you can contact the researchers who are responsible: Ciptasari Prabawanti (ciptasari.prabawanti@siklusindonesia.org) and Astri Ferdiana (astriferdiana@gmail.com).
Do you have any questions that you would like to ask before we begin?

Written consent statement

I have read the preceding information, or it has been read to me. I have had the opportunity to ask questions about it and they have been answered to my satisfaction. I consent voluntarily to be a participant in this study and understand that I have the right to withdraw from the interview at any time.

I agree to be interviewed (please tick) I do not agree to be interviewed (please tick)

Respondent signature: _____ Date: _____

Interviewer signature:_____ Date:_____

Annex D. Informed Consent (Bahasa)

HIV and Human Resources for Health Policy Assessment
"How the policy environment affects Indonesia's ability to implement and scale up the Test and Start policy"

Lembar Persetujuan Wawancara

Kami mengundang Bapak/Ibu yang terhormat untuk berpartisipasi dalam penelitian yang dilakukan oleh sebuah upaya global yang disebut HRH 2030. HRH 2030 adalah suatu upaya yang dilakukan untuk membantu negara-negara berkembang untuk mengembangkan sumber daya manusia (SDM) kesehatan agar dapat mencegah kematian ibu dan anak, mendukung tercapainya tujuan keluarga berencana 2020, mengontrol epidemi HIV/AIDS, dan melindungi masyarakat dari penyakit menular. HRH 2030 ini didukung oleh USAID dan PEPFAR.

Tujuan dari studi ini adalah untuk mengidentifikasi kebijakan, protokol, ruang lingkup dan pendelegasian tugas SDM kesehatan yang mendukung atau menghambat SDM kesehatan dalam melaksanakan dan meningkatkan program SUFA/Test and Start. Kami akan melakukan wawancara kepada pihak-pihak yang terkait mengenai berbagai kebijakan tersebut dan implementasinya di Indonesia. Bapak/Ibu terpilih sebagai partisipan dalam studi ini karena keterlibatan bapak/ibu dalam pengembangan ataupun pelaksanaan kebijakan mengenai SDM kesehatan secara umum dan atau khususnya di sektor HIV/AIDS.

Wawancara ini akan berlangsung kurang lebih selama 60 menit dan pertanyaan yang akan ditanyakan akan meliputi pengalaman Bapak/Ibu (atau pihak lain) selama bekerja, serta pendapat Bapak/Ibu terkait SDM kesehatan di Indonesia. Tidak ada jawaban yang benar atau salah, dan kami sangat mengharapkan kesediaan Bapak/Ibu untuk berbagi pengalaman dengan kami.

Partisipasi dalam studi ini bersifat sukarela. Bapak/Ibu bebas untuk memutuskan apakah bersedia terlibat atau tidak. Bapak dan Ibu juga bisa memutuskan untuk menarik diri dari ketersediaan berpartisipasi saat wawancara sedang berlangsung. Kami menghargai keputusan tersebut dan tidak akan ada implikasi ke depan atas penarikan diri Bapak/Ibu dari studi ini. Jika Bapak/Ibu memutusakn untuk menarik diri, maka informasi yang sudah kami dapatkan dari Anda tidak akan kami gunakan dalam studi ini. Jika Bapak/Ibu memutuskan untuk terlibat dalam studi ini, kami mohon ijin untuk merekam dan menyalin hasil wawancara ke dalam tulisan biasa. Jika Bapak/Ibu keberatan kami merekamnya, maka kami akan hanya membuat catatan dari pembicaraan kita.

Semua informasi yang kita diskusikan dalam wawancara ini akan kami rahasiakan. Semua informasi yang dapat diidentifikasikan dengan Bapak/Ibu akan tetap menjadi rahasia dan tidak akan dipublikasikan tanpa seijin Anda. Semua salinan catatan dan pembicaraan akan kami simpan di *internal hard drive* kami dan hanya tim peneliti yang terdiri dari peneliti utama dan dua anggota peneliti yang memiliki akses informasi tersebut.

Jika ada pertanyaan yang berhubungan dengan studi ini, mohon kiranya untuk mengontak para peneliti yang bertanggung jawab di bawah ini:

b. Ciptasari Prabawanti (ciptasari.prabawanti@siklusindonesia.org)

c. Astri Ferdiana (astriferdiana@gmail.com)

Apakah bapak/ibu ada pertanyaan atau keberatan? Jika tidak, kami mohon Bapak/Ibu bersedia menandatangani persetujuan di bawah ini dan mohon ijin untuk memulai diskusi.

Bapak/Ibu akan mendapatkan salinan dari persetujuan ini

Pernyataan persetujuan tertulis

Saya yang bertanda tangan di bawah ini menyatakan bahwa semua informasi di atas sudah saya baca atau sudah dibacakan kepada saya. Saya sudah mendapatkan kesempatan untuk bertanya dan semua pertanyaan saya sudah dijawab dengan memuaskan. Saya memberikan persetujuan saya untuk menjadi partisipan studi ini secara sukarela dan bahwa saya dapat memutuskan untuk menghentikan partisipasi saya kapanpun saya inginkan.

Saya bersedia di wawancara (silahkan beri tanda X) Saya tidak bersedia di wawancara

Tandatangan yang diwawancara: _____ Tanggal: _____

Tandatangan pewawancara:_____ Tanggal:_____

Annex E. List of Key Informants

No	Institution	Name	Position
1	Sub-Directorate HIV/AIDS and STI (Subdit HIV/AIDS), Directorate of Communicable Disease	dr. Triya Novita Dinihari	Head of Section, STI Unit
		dr. Indri Suksmaputri	Subdit AIDS staff
2	Sub-Directorate Malaria, Directorate of Communicable Disease	dr. Yetty	Subdit Malaria staff
3	Sub-Directorate Maternal and Neonatal, Directorate of Family Health (Kesehatan Keluarga)	dr. Nida Rochmawati dr. Rima Damayanti	Head of Subdit, Subdit Maternal and Neonatal Head of Section, Neonatal, Subdit Maternal and Neonatal
4	Sub-Directorate Primary Health Care Service, Directorate of Health Services (Direktorat Pelayanan Kesehatan)	drg. Saraswati	Director of Health Services
5	Directorate Pharmacy and Health Equipment (Farmasi dan Alat Kesehatan)	Nadirah, Apt	Head of Sub-directorate of Drug Planning
		Hidayati, Apt	Head of Sub-directorate of Drug Management
6	Health Policy Unit, General Secretariat of MoH	dr. Trihono, MSc	Consultant Health Policy Unit, General Secretariate, MOH
7	Majelis Tenaga Kesehatan Indonesia		

8	Bureau of Development and Empowerment of Human Resources for Health	Bapak Zakaria	Kapusrengun SDMK
9	Provincial Health Office, Province of DKI Jakarta	dr. Finan Akbar	The PIC of HIV Program in PHO
10	WHO	Dr. Tin Tin Sint	Technical Officer (STI/AIDS/Hepatitis)
11	UNAIDS	Krittyawan Boonto	Country Representative
12	UNICEF[1]	dr. Artha Camellia, MHA, MPH dr. Asti Widihastuti	Health Specialist HIV/AIDS Consultant
13	UNFPA[1]	Oldri S. Mukuan	National Program Officer for HIV/AIDS
14	Indonesia AIDS Coalition (IAC)[1]	Aditya Wardhana	Director
15	Yayasan Intermedika[1]	Alan	Program Manager
16	IBI (Indonesia Midwives Association)[2]	Asniah	Majelis Etik Bidan IBI
17	LINKAGES, USAID Implementing Partners which support HIV/AIDS program in Indonesia	dr. Aulia Human, MPH	Technical Advisor
18	GHSC-PSM, USAID Implementing Partner	David Papworth	Country Director

Annex F. List of Regulations

Code	No	Title	Status
1. UNDANG-UNDANG (U)			
U.1	36/2009	Undang-undang tentang Kesehatan	Primary
U.2	29/2004	Undang-undang tentang Praktik Kedokteran	Primary
U.3	36/2014	Undang-undang tentang Tenaga Kesehatan	Primary
U.4	38/2014	Undang-undang tentang Keperawatan	Primary
U.5	23/2014	Undang-undang tentang Pemerintahan Daerah	Primary
U.6	15/2017	Undang-undang tentang Anggaran Pendapatan dan Belanja Negara Tahun Anggaran 2018	Background
U.7	20/2003	Undang-undang tentang Sistem Pendidikan Nasional	Background
U.8	12/2012	Undang-undang tentang Pendidikan Tinggi	Background
U.9	17/2003	Undang-undang tentang Keuangan Negara	Background
U.10	5/2014	Undang-undang tentang Aparatur Sipil Negara	Primary

U.11	44/2009	Undang-undang tentang Rumah Sakit	Background
U.12	40/2004	UU SJSN	Primary
U.13	13/2003	Undang-undang tentang Ketenagakerjaan	Background
2. PERATURAN PEMERINTAH (PP)			
PP. 1	51/2009	Peraturan Pemerintah tentang Pekerjaan Kefarmasian	Derivative from U.3
PP. 2	47/2016	Peraturan Pemerintah tentang Fasilitas Pelayanan Kesehatan	Background
PP. 3	90/2010	Peraturan Pemerintah tentang Penyusunan Rencana Kerja dan Anggaran Kementerian Negara/Lembaga	Background
PP. 4	45/2013	Peraturan Pemerintah tentang Tata Cara Pelaksanaan Anggaran Pendapatan dan Belanja Negara	Background
PP. 5	32/1996	Peraturan Pemerintah tentang Tenaga Kesehatan	Background → updated by U.3
PP. 6	2/2018	Peraturan Pemerintah tentang Standar Pelayanan Minimal	Primary
PP. 7	11/2017	Peraturan Pemerintah tentang Manajemen Pegawai Negeri Sipil	Primary
PP. 8	18/2016	Peraturan Pemerintah tentang implementasi SDM pada HIV/AIDS	Primary
3. PERATURAN PRESIDEN (PERPRES)			

Perpres. 1	124/2016	Peraturan Presiden tentang Perubahan Atas Peraturan Presiden Nomor 75 Tahun 2006 Tentang Komisi Penanggulangan Aids Nasional	Background
Perpres. 2	2/2015	Peraturan Presiden tentang Rencana Pembangunan Jangka Panjang Menengah Nasional Tahun 2015 - 2019	Background
4. PERATURAN MENTERI KESEHATAN (PMK)			
PMK.01	51/2013	Peraturan Menteri Kesehatan tentang Peraturan Menteri Kesehatan Tentang Pedoman Pencegahan Penularan Hiv dari Ibu ke Anak	Primary
PMK.02	21/2013	Peraturan Menteri Kesehatan tentang Penanggulangan HIV dan AIDS	Primary
PMK. 03	87/2014	Peraturan Menteri Kesehatan tentang Peraturan Menteri Kesehatan tentang Pedoman Pengobatan Antiretroviral	Primary
PMK. 04	52/2017	Peraturan Menteri Kesehatan tentang Eliminasi Penularan Human Immunodeficiency Virus, Sifilis, dan Hepatitis B dari Ibu Ke Anak	Primary
PMK. 05	74/2014	Peraturan Menteri Kesehatan tentang Pedoman pelaksanaan konseling dan tes HIV	Primary
PMK. 06	69/2014	Peraturan Menteri Kesehatan tentang Kewajiban Rumah Sakit dan Kewajiban Pasien	Derivative from U.01
PMK. 07	75/2014	Pusat Kesehatan Masyarakat	Not relevant

PMK. 08	33/2015	Peraturan Menteri Kesehatan tentang Pedoman Penyusunan Perencanaan Kebutuhan Sumber Daya Manusia Kesehatan	Primary
PMK. 09	26/2017	Peraturan Menteri Kesehatan tentang Pedoman pengadaan sumber daya manusia kesehatan dalam mendukung program Indonesia sehat dengan pendekatan keluarga	Primary
PMK. 10	64/2015	Peraturan Menteri Kesehatan tentang Organisasi dan tata kerja kementerian kesehatan	Background
PMK.11	80/2016	Peraturan Menteri Kesehatan tentang Penyelenggaraan Pekerjaan Asisten Tenaga Kesehatan	Primary
PMK.12	46/2013	Peraturan Menteri Kesehatan tentang Registrasi tenaga kesehatan	Derivative from U3
PMK. 13	2052/MENKES/PER/X/2011	Peraturan Menteri Kesehatan tentang Izin Praktik dan Pelaksanaan Praktik Kedokteran	Derivative from U3
PMK. 14	16/2017	Peraturan Menteri Kesehatan tentang Penugasan Khusus Tenaga Kesehatan dalam Mendukung program nusantara sehat	Primary
PMK. 15	39/2016	Peraturan Menteri Kesehatan tentang Pedoman Penyelenggaraan Program Indonesia Sehat dengan Pendekatan Keluarga	Background, related to PMK.09
PMK. 16	43/2016	Peraturan Menteri Kesehatan tentang SPM	Primary

PMK. 17	369/MENKES/SK/III/2007	Peraturan Menteri Kesehatan tentang Standar Kompetensi Bidan	Derivative from U3
PMK. 18	5/2014	Peraturan Menteri Kesehatan tentang Panduan Praktek Klinis bagi Dokter di Fasilitas Pelayanan Kesehatan Primer	Derivative from U3
PMK. 19	1438/MENKES/Per/IX/2010	Standar Pelayanan Kedokteran	Derivative from U.3
PMK. 20	1/2012	Peraturan Menteri Kesehatan tentang Sistem Rujukan Pelayanan Kesehatan Perorangan	Background
PMK. 21	75/2014	Peraturan Menteri Kesehatan tentang Puskesmas	Background
PMK. 22	71/2013	Peraturan Menteri Kesehatan tentang Pelayanan Kesehatan Pada Jaminan Kesehatan Nasional	Primary
KEPUTUSAN MENTERI KESEHATAN (KMK)			
KMK. 1	HK.02.02/MENKES/52/2015	Keputusan Menteri Kesehatan tentang Rencana strategis kementerian kesehatan	Background
KMK. 2	HK.02.02/MENKES/208/2015	Keputusan Menteri Kesehatan tentang Kelompok Kerja HIV/AIDS dan STI di Kementerian Kesehatan	Background
KMK. 3	HK.02.02/Menkes/482/2014	Keputusan Menteri Kesehatan tentang Rumah Sakit Rujukan Bagi Orang dengan HIV/AIDS	Background
5. PERATURAN MENTERI DALAM NEGERI (PMDN)			

PMDN. 1	20/2007	Peraturan Menteri Dalam Negeri tentang Pedoman Umum Pembentukan Komisi Penanggulangan Aids dan Pemberdayaan Masyarakat dalam Rangka Penanggulangan HIV dan AIDS di Daerah	Background
6. INSTRUKSI MENTERI DALAM NEGERI (IMDN)			
IMDL 01	444.24/2259/ SJ	Instruksi Menteri Dalam Negeri tentang Penguatan Kelembagaan dan Pemberdayaan Masyarakat dalam Penanggulangan HIV dan AIDS di Daerah.	Background
6. PERATURAN MENTERI NEGERA PEMBERDAYAAN PEREMPUAN DAN PERLINDUNGAN ANAK (PPPA)			
PPPA.01	09/2010	Peraturan Menteri Negara Pendayagunaan Perempuan dan Perlindungan Anak tentang Pedoman Perencanaan dan Penganggaran dalam Pencegahan dan Penanggulangan HIV/AIDS yang Responsif Gender	Background
7. PERATURAN BERSAMA MENTERI (PB)			
PB. 1	36/2013; 1/IV/PB/2013	Peraturan Bersama Menteri Kesehatan dan Menteri Pendidikan dan Kebudayaan tentang Uji Kompetensi bagi Mahasiswa Perguruan tinggi bidang kesehatan	Derivative from U.3
PB.2	61/2014; 68/2014; 08/SKB/MEN PAN-RB/10/2014	Peraturan Bersama Menteri Kesehatan, Menteri Dalam Negeri dan Menteri Pendayagunaan Aparatur Negara dan Reformasi Birokrasi mengenai Perencanaan dan Pemerataan Tenaga	Primary

		Kesehatan di Fasilitas Pelayanan Kesehatan milik Pemerintah Daerah	
8. KESEPAKATAN BERSAMA (SKB)			
SKB.01	432/Menkes/ SKB/XII/2012 ; 44.24-875 Tahun 212; 13/XII/KB/2012; 7 Tahun 2012; 02/HUK/2012	Kesepakatan Bersama Menteri Kesehatan , Menteri Dalam Negeri, Menteri Pendidikan dan Kebudayaan, Menteri Agama, dan Menteri Sosial tentang Peningkatan Pengetahuan Komprehensif HIV dan AIDS pada Penduduk Usia 15 sampai dengan 24 Tahun.	Background
9. KEBIJAKAN NON-KEMENTRIAN			
NM.01	Peraturan Konsil Kedokteran Indonesia 11/12	Standar Kompetensi Dokter	Derivative from U.2
NM.02	Persatuan Perawat Nasional Indonesia	Standar Kompetensi Perawat	Derivative from U.4

Annex G. Policy Inventory

1. LAW/ACT

i	Code	U.1
ii	Level	Law
iii	Institution	Government of Indonesia
iv	Date of issuance	13 Oct 2009
v	No	36/2009
vi	Title	Health
vii	Status	Valid
viii	Consideration	- Health is human right - Efforts to improve health status based on the principle of non-discriminatory, participatory and sustainable
ix	Relevant content	- Rights and obligations of citizen in health - Government responsibilities - Resources in health sector: the delegation of planning, recruitment, utilization, training and quality control of health personnel are regulated in Government Regulation - Health areas regulated including communicable and non-communicable diseases

i	Code	U.2
ii	Level	Law
iii	Institution	Government of Indonesia
iv	Date of issuance	6 October 2004
v	No	29/2004
vi	Title	Medical practice
vii	Status	Valid
viii	Consideration	Medical practice as the core of health efforts should be carried out by doctors and dentists who uphold high ethical and moral qualities, expertise and authority continuously upgraded through continuous education and training, certification, registration, licensing and coaching, and monitoring
ix	Relevant content	- Indonesian Medical Council - Standard of education - Education and training - Registration of doctors and dentists - The conduct of medical practice - Guidance and supervision - Criminal provisions

i	Code	U.3
ii	Level	Law
iii	Institution	Government of Indonesia
iv	Date of issuance	17 October 2014
v	No	36/2014
vi	Title	Health workers

vii	Status	Valid
viii	Consideration	The fulfillment of human rights by the delivery of various health services by responsible health workers who uphold high ethical and moral, expertise, and authority gained through continuous education and training, certification, registration, licensing, as well as guidance, supervision and monitoring
ix	Relevant content	- Responsibility and authority of the Government - Qualifications and classifications of health workers - Planning, recruitment, and distribution of health workers - Indonesian health worker council - Registration and licensing of health workers - Professional organizations - Foreign and native health workers - Rights and obligations of health workers - Professional conduct - Dispute resolution - Guidance and supervision - Administrative and criminal sanctions

i	Code	U.4
ii	Level	Law
iii	Institution	Government of Indonesia
iv	Date of issuance	17 October 2014
v	No	38/2014
vi	Title	Nursing Practice
vii	Status	Valid
viii	Consideration	Nursing practice should be carried out in a responsible, accountable, quality, safe and affordable manner by nurses with competence, authority, ethics and high moral
ix	Relevant content	- Types of nurses - Higher education for nurses - Registration, practice license and re-registration - Nursing practice - Rights and obligations - Professional organizations - Nursing college - Nursing council - Development, monitoring and supervision - Administrative sanctions

i	Code	U.5
ii	Level	Law
iii	Institution	Government of Indonesia
iv	Date of issuance	2 October 2014
v	No	23/2014
vi	Title	Local Governance
vii	Status	Valid
viii	Consideration	To implement Article 18 Paragraph (7) of the 1945 Constitution of the State of the Republic of Indonesia that the arrangements and procedures for the implementation of local government shall be regulated in Law

ix	Relevant content	Authority, structure, implementation, finance and development of the provincial and local government

i	Code	U.6
ii	Level	Law
iii	Institution	Government of Indonesia
iv	Date of issuance	22 November 2017
v	No	15/2017
vi	Title	Budget of the State Revenue and Expenditure Year 2018
vii	Status	Valid
viii	Consideration	The need for governance and the ability to collect revenue
ix	Relevant content	The allocation of State Budget (APBN) 2018 for health sector is determined as follows: - The Revenue Sharing Fund (DBH) of the Excise Tax on Tobacco Products from both the provincial and municipality/districts is allocated to fund the program as stipulated in the legislation on excise, with priority on health to support the national health insurance program. - Regular Allocation Fund (DAU): Health and Family Planning Sector amounting to Rp10,511,805,920,000.00 (ten trillion five hundred eleven billion eight hundred five million nine hundred and twenty thousand rupiah); - Special Allocation Fund (DAK) for Assignment of Health Sector: Rp4,241,656,425,000.00 (four trillion two hundred forty one billion six hundred fifty six million four hundred twenty five thousand rupiah); - Affirmative Special Allocation Fund (DAK): Health Sector amounting to Rp3,226,242,950,000.00 (three trillion two hundred twenty six billion two hundred forty two million nine hundred and fifty thousand rupiah); Special Allocation Fund (DAK) for Non Physical Sector; Health Operational Fund and Family Planning Fund for Rp10.360.020.000.000,00 (ten trillion three hundred sixty billion twenty million rupiah);

i	Code	U.7
ii	Level	Law
iii	Institution	Government of Indonesia
iv	Date of issuance	8 July 2003
v	No	20/2003
vi	Title	National Education System
vii	Status	Valid
viii	Consideration	- Equality at education - Quality management, improving current education system's relevance and efficiency to meet the changing demands of local, national, and global condition. - It is deemed necessary to reform the education system in a planned, directed and sustainable manner;
ix	Relevant content	- Curriculum of education - Evaluation, accreditation and certification

i	Code	U.8
ii	Level	Law
iii	Institution	Government of Indonesia
iv	Date of issuance	10 August 2012
v	No	12/2012
vi	Title	Higher education
vii	Status	Valid
viii	Consideration	Higher education plays a strategic role in improving the intellectual life of the nation and advancing science and technology. It also plays a role in producing intellectuals, scientists and/or professionals who are cultured and creative, tolerant, democratic, resilient, and honest for the benefit of the nation
ix	Relevant content	- Organization of higher education - Quality assurance of higher education

i	Code	U.8
ii	Level	Law
iii	Institution	Government of Indonesia
iv	Date of issuance	10 August 2012
v	No	12/2012
vi	Title	Higher education
vii	Status	Valid
viii	Consideration	Higher education plays a strategic role in improving the intellectual life of the nation and advancing science and technology. It also plays a role in producing intellectuals, scientists and/or professionals who are cultured and creative, tolerant, democratic, resilient, and honest for the benefit of the nation
ix	Relevant content	Organization of higher education Quality assurance of higher education

i	Code	U.9
ii	Level	Law
iii	Institution	Government of Indonesia
iv	Date of issuance	5 April 2003
v	No	17/2003
vi	Title	State finance
vii	Status	Valid
viii	Consideration	Implementation of Article 23 C Chapter VII of the 1945 Constitution
ix	Relevant content	- Financial relationships between government and state enterprises, local government, private, and Community Fund Management Body - Implementation and accountability of State and District Budget

i	Code	U.10
ii	Level	Law
iii	Institution	Government of Indonesia
iv	Date of issuance	15 January 2014
v	No	5/2014
vi	Title	State civil servant
vii	Status	Valid
viii	Consideration	The development of civil servant that is virtuous, professional, neutral, and free
ix	Relevant content	- Principles, basic values, and codes of ethics and codes of conduct - Types, status, and position

		- Functions, tasks and roles - Position - Rights and obligations - Institution - Management - Appointment for high leadership position - Organization

i	Code	U.11
ii	Level	Law
iii	Institution	Government of Indonesia
iv	Date of issuance	28 October 2009
v	No	44/2009
vi	Title	Hospital
vii	Status	Valid
viii	Consideration	- To achieve the highest level of public health - To build better quality and affordable services by the community - To regulate the rights and obligations of the community in obtaining health services
ix	Relevant content	- Duties and functions of hospital - Central and local government responsibilities - Hospital requirements - Types and classification of hospitals - Permissions - Obligations and rights of hospital and Patient - Hospital financing - Recording and reporting - Guidance and supervision - Criminal provisions

i	Code	U.12
ii	Level	Law
iii	Institution	Government of Indonesia
iv	Date of issuance	19 October 2004
v	No	40/2004
vi	Title	National Social Security System
vii	Status	Valid
viii	Consideration	The fulfillment of the right of everyone to social security
ix	Relevant content	Benefits of social health insurance in the form of maintenance of health and protection in meeting basic health needs, for participants and members of their families. Benefits of personal health care services including promotional, preventive, curative, and rehabilitative services, and also medicines and necessary medical consumables.

2. Government Regulation

i	Code	PP.1
ii	Level	Government Regulation
iii	Institution	Government of Indonesia
iv	Date of issuance	1 September 2009
v	No	51/2009
vi	Title	Pharmacy Practice
vii	Status	Valid
viii	Consideration	Implementation of Article 63 of Law Number 23 Year 1992 on Health
ix	Relevant content	- Organization of pharmaceutical works - Pharmaceutical manpower - Guidance and supervision

i	Code	PP.2
ii	Level	Government Regulation
iii	Institution	Government of Indonesia
iv	Date of issuance	31 October 2016
v	No	47/2016
vi	Title	Health Facilities
vii	Status	Valid
viii	Consideration	The provision of Article 35 paragraph (5) Law Number 36 Year 2009 on Health
ix	Relevant content	- Availability of health service facilities to conduct health services either promotive, preventive, curative, or rehabilitative - Licensing from the governor and district head for certain health facilities by the Minister of Health - Organization - Guidance and supervision

i	Code	PP.3
ii	Level	Government Regulation
iii	Institution	Government of Indonesia
iv	Date of issuance	27 December 2010
v	No	90/2010
vi	Title	Preparation of workplan and budget of State Ministry/Agency
vii	Status	Valid
viii	Consideration	To keep up with the dynamics of the development of the drafting process of the performance-based State Budgeting
ix	Relevant content	- The approach and the basic of Ministry/Agency Work Plans and Budgets Preparation (RKA-K/L) - The process of preparing RKA-K/L and its use in drafting the State Budget (APBN) draft - Budget allocations and budget execution documents - Changes of RKA-K/L in APBN implementation - Preparation of Plan of Expenditure (RDP)-General Treasurer of the state - Measurement and evaluation of budget performance - Information systems for planning, budgeting, and implementation of the state budget
i	Code	PP.4

ii	Level	Government Regulation
iii	Institution	Government of Indonesia
iv	Date of issuance	7 June 2013
v	No	45/2013
vi	Title	Procedure for the Implementation of the State Budget
vii	Status	Valid
viii	Consideration	In order to implement state revenues and expenditures contained in the Budget of the State as regulated in Article 2 of Law Number 1 of 2004 on State Treasury in a more professional, open and accountable manner
ix	Relevant content	- The state treasury official - Filing list of budget execution - Implementation of revenue budgets - Budget execution - Implementation of the financing budget - Implementation of revenues and expenditures of state budget at the end of the fiscal year - Administration of budget execution - State financial information system

i	Code	PP.5
ii	Level	Government Regulation
iii	Institution	Government of Indonesia
iv	Date of issuance	22 May 1996
v	No	32/1996
vi	Title	Health workers
vii	Status	Valid, as long there is no replacement for the latest government regulation regarding the implementation of Health Act, Law no. 36 Year 2009 on Health.
viii	Consideration	The implementation of the provisions of Law Number 23 Year 1992 on Health
ix	Relevant content	- Types of health worker - Requirements - Planning, acquisition, and placement - Professional standards and legal protection - Appreciation/reward - Professional ties - Foreign health workers - Guidance and supervision - Criminal provisions

i	Code	PP.6
ii	Level	Government Regulation
iii	Institution	Government of Indonesia
iv	Date of issuance	5 January 2018
v	No	2/2018
vi	Title	Minimum Service Standards
vii	Status	Valid
viii	Consideration	Implementation of Article 18 paragraph (3) Law Number 23 Year 2014 on Local Government
ix	Relevant content	- For HIV, the Type of Basic Service in MSS of health for districts/cities is defined as the Type of Basic Services of health services for persons at risk

		of viral infections impairing immune system (Human Immunodeficiency Virus), administered to persons at risk of viral infections that weaken human immune system (Human Immunodeficiency Virus)

i	Code	PP.7
ii	Level	Government Regulation
iii	Institution	Government of Indonesia
iv	Date of issuance	7 April 2017
v	No	11/2017
vi	Title	Management of civil servant
vii	Status	Valid
viii	Consideration	Implementation of Law 5/2014 on State Civil Apparatus
ix	Relevant content	- Preparation and needs assessment - Acquisition - Rank and position - Career development, competency development, and career management information systems - Performance appraisal and discipline - Appreciation - Termination - Payroll, benefits, and facilities - Pension and old age pension - Protection - Leave

i	Code	PP.9
ii	Level	Government Regulation
iii	Institution	Government of Indonesia
iv	Date of issuance	19 June 2016
v	No	18/2016
vi	Title	Local Apparatus
vii	Status	Valid
viii	Consideration	Implementation of the provisions of Article 232 paragraph (1) of Law 23/2014 on Local Government.
ix	Relevant content	- the establishment, type, and criteria for typology of local apparatus - the type of local apparatus - position, task, and function of local apparatus - criteria for local apparatus - the organizational structure of local apparatus - position of local apparatus - new local apparatus - expert staff - mapping of government affairs and nomenclature - coaching and control of local apparatus - the relationship between provincial and local apparatus

i	Code	PP.10
ii	Level	Government Regulation

iii	Institution	Government of Indonesia
iv	Date of issuance	11 November 2005
v	No	48/2005
vi	Title	Appointment of Honorarium Workers to Civil Servants
vii	Status	Valid for the period 2005-2009. Though it has been amended by PP 56 of 2012 on the Second Amendment of PP 48/2005, it is now irrelevant as the legal basis for the appointment of honorarium workers to civil servants.
viii	Consideration	The government appoints honorarium workers who have long worked and/or whose contributions are much needed to become civil servants to support governmental works at the central and regional government.
ix	Relevant content	This PP regulates the appointment of honorarium workers to civil servants for the budget year 2005 to 2009. Therefore, there is no relevant content for the current HHR-HIV/AIDS policies and arrangements.

3. PERATURAN PRESIDEN (PRESIDENTIAL REGULATION)

i	Code	PERPRES.1
ii	Level	Presidential Regulation
iii	Institution	President of Indonesia
iv	Date of issuance	31 December 2016
v	No	124/2016
vi	Title	Amendment to Presidential Regulation Number 75 Year 2006 About the National AIDS Commission
vii	Status	Valid, amending Perpres 75/2006
viii	Consideration	Changes in the nomenclature, organizational structure, and work procedure of ministries in the Working Cabinet require adjustments to the membership of the National AIDS Commission
ix	Relevant content	Changes in the membership structure of the National AIDS Commission and the change of nomenclature of the Coordinating Minister of Welfare as the Chairman of National AIDS Commission to the Coordinating Minister for Human Development and Culture

i	Code	PERPRES.2
ii	Level	Presidential Regulation
iii	Institution	President of Indonesia
iv	Date of issuance	8 January 2015
v	No	2/2015
vi	Title	National Medium-Term Development Plan 2015-2019
vii	Status	Valid, amending Perpres 75/2006
viii	Consideration	Implementation of Article 19 paragraph (1) of Law Number 25 Year 2004 on National Development Planning System
ix	Relevant content	The appendix of Book I contains the national development target of RPJMN 2015-2019, for health development targets regarding health workers and HIV-AIDS as follows: - The target for the number of sub-districts that have at least one Puskesmas accredited; the number of Puskesmas that have five types of health personnel

		- The target for increased control of communicable and non-infectious diseases, for HIV, the prevalence is <0.5

4. MINISTER OF HEALTH REGULATION

i	Code	PMK.01
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	6 August 2013
v	No	51/2013
vi	Title	Prevention Guidelines for HIV Transmission from Mother to Child
vii	Status	Valid,
viii	Consideration	- HIV and AIDS case tends to increase especially among reproductive age women - Prevention of Mother to Child HIV Transmission is one of the HIV and AIDS prevention efforts integrated within the mother and child health service at health service facility - Implementation of Article 20 of the Minister of Health Regulation No. 21 of 2013 on HIV and AIDS Control
ix	Relevant content	- Prevention Guidelines for HIV Transmission from Mother to Child - Delegation of support and supervision of the implementation of Prevention of Mother to Child HIV Transmission to the Ministry of Health, provincial health offices, and district/municipal health offices - Revocation of Regulation of the Minister of Health No. 038 of 2012 [1]

i	Code	PMK.02
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	21 March 2013
v	No	21/2013
vi	Title	HIV/AIDS control
vii	Status	Valid, revoking the Decree of the Minister of Health No.1285/Menkes/SK/X/2002
viii	Consideration	Increased incidence of HIV and AIDS that ranges from low epidemics, concentrated epidemics, and widespread epidemics needs a consolidated, comprehensive, and quality control effort;
ix	Relevant content	- Principles and strategies for HIV and AIDS control - Duties and responsibilities of government, local government, district/municipal government - Prevention activities - Surveillance for monitoring and decision-making in preventing HIV and AIDS - Impact mitigation to reduce health and socio-economic impacts - Health resources - Cooperation, community participation - Research and development - Recording and reporting - Support and supervision

i	Code	PMK.03
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	16 January 2015
v	No	87/2014
vi	Title	Guidelines for Antiretroviral treatment
vii	Status	Valid
viii	Consideration	Implementation of Article 34 paragraph (5) Permenkes 21 of 2013 on Antiretroviral Treatment Guidelines
ix	Relevant content	HIV Diagnosis, Procedures of ARV Treatment, Procedures of Opportunistic Infections and Comorbidity Treatment, and other supporting treatments, recording and reporting

i	Code	PMK.04
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	15 November 2017
v	No	52/2017
vi	Title	Elimination of Transmission of Human Immunodeficiency Virus, Syphilis, and Hepatitis B from Mother To Child
vii	Status	Valid
viii	Consideration	Efforts to eliminate transmissions of HIV, Syphilis, and Hepatitis B need to be integrated, sustainable, effective and efficient;
ix	Relevant content	- The target of transmission elimination is the year 2022 through employment of transmission elimination strategy - Transmission elimination program - The distribution of responsibilities of central and local governments - Human resources, medicine and medicinal equipments, and funding - Recording and reporting - Monitoring and evaluation - Education and supervision

i	Code	PMK.05
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	17 October 2014
v	No	74/2014
vi	Title	Operational Guidelines for counseling and HIV testing
vii	Status	Valid, revoking the Decree of the Minister of Health No. 507/Menkes/SK/X/2005 on Guidelines for Voluntary HIV and AIDS Counselling and Testing
viii	Consideration	Implementation of the provisions of Article 27 of the Regulation of the Minister of Health No. 21 of 2013 on HIV and AIDS Control
ix	Relevant content	Operational Guidelines for Counseling and HIV Testing for health workers, program managers, and professional groups working as HIV counselors, managers of workplaces, and other relevant parties in the administration of counseling and HIV test.

i	Code	PMK.06

ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	17 October 2014
v	No	69/2014
vi	Title	Hospital liability and patient obligations
vii	Status	Valid
viii	Consideration	Implementation of Article 29 paragraph (3) and Article 31 paragraph (2) of Law 44/2009 on Hospital
ix	Relevant content	Article 9 establishes Hospital Obligation to implement governmental programs in the field of health both regionally and nationally, one of which is disease control program, such as tuberculosis, HIV/AIDS, malaria

i	Code	PMK.07 → Not relevant

i	Code	PMK.08
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	11 May 2015
v	No	33/2015, revoking Decree of the Minister of Health No. 81/Menkes/ SK/I/2004
vi	Title	Preparation Guidelines for the Human Resource for Health Requirements Planning
vii	Status	Valid
viii	Consideration	Adequate and equitable human resources for health should be provided for every health service facility in Indonesia
ix	Relevant content	Reference for each work unit from the institutional, district/municipality, provincial and national levels in carrying out the preparation of human resource for health requirements planning according to their respective duties and functions. Contains the procurement mechanisms of HRH[2] [3]

i	Code	PMK.09
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	13 June 2017
v	No	26/2017
vi	Title	Guidelines for the provision of human resources for health in support of Healthy Indonesia program through Family Approach
vii	Status	Valid
viii	Consideration	Improving the quality and equity of health services and improving the effectiveness and efficiency of the utilization of human resources for health to support the Healthy Indonesia Program through Family Approach
ix	Relevant content	Guidelines for the Acquisition of Human Resources for Health as a reference for heads of district/municipality health services in the acquisition of human resources for health in accordance with their authority

i	Code	PMK.10
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	15 October 2015
v	No	64/2015
vi	Title	Organizational structure and work procedures of the Ministry of Health

vii	Status	Valid
viii	Consideration	The implementation of Article 44 of Presidential Regulation No. 35 of 2015 on the Ministry of Health
ix	Relevant content	- Article 305, the function of the Directorate of Prevention and Control of Direct Communicable Diseases as a policy formulation in the field of prevention and control of tuberculosis, acute respiratory infections, HIV AIDS and sexually transmitted diseases, hepatitis and gastrointestinal infection, and directly transmitted tropical diseases. - Article 306, this Directorate oversees the Sub Directorate of HIV AIDS and Sexually Transmitted Infections Disease

i	Code	PMK.11
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	17 January 2017
v	No	80/2016
vi	Title	Health worker assistant
vii	Status	Valid, revoking Permenkes No. 889/Menkes/Per/V/2011 and Permenkes 31 of 2016 on Amendment to Regulation of the Minister of Health No. 889/Menkes/Per/V/2011 on Registration, Permit, Practice and Work Permit for Pharmaceutical Workers;
viii	Consideration	To implement the provisions of Article 10 paragraph (3) of Law Number 36 Year 2014 on Health Personnel
ix	Relevant content	- Type of healthcare assistant - Organizing the work of assistant health workers through the process of graduation and competency test (does not require registration and permit) - Guidance and supervision by the Minister, governors and district head

i	Code	PMK.12
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	6 August 2013
v	No	46/2013
vi	Title	Registration of Health Personnel
vii	Status	Valid
viii	Consideration	In order to license and improve the quality of health services provided by health personnel
ix	Relevant content	Implementation of registration of health personnel by the establishment of central and provincial Indonesia Health Personnel Assembly (MTKI) consisting of elements of ministries and health professional organizations on behalf of the Minister of Health to ensure the quality of health personnel in providing health services

i	Code	PMK.13
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	28 October 2011

v	No	2052/MENKES/PER/X/2011
vi	Title	Medical practice licensing
vii	Status	Valid, revoke Permenkes No. 512/MENKES/PER/IV/2007
viii	Consideration	Implementation of Article 38 paragraph (3) and Article 43 of Law Number 29 Year 2004 on Medical Practice
ix	Relevant content	The organization of medical practice license for doctors, dentists, and participants of doctor internship program, Specialist Education Program (PPDS) or Dentist Specialist Education Program (PPDGS).

i	Code	PMK.14
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	11 April 2017
v	No	16/2017
vi	Title	Special Assignment of Health Personnel in Supporting Healthy Nusantara Program
vii	Status	Valid, revoking the Decree of the Minister of Health No. HK.02.02/MENKES/145/2015 on Assignment of Team Based Health Specialists in Supporting Healthy Nusantara Program
viii	Consideration	To meet the needs for health services and supporting the Healthy Indonesia Program through family approach
ix	Relevant content	Special assignment of team-based health personnel and special assignment of individual health personnel. This assignment is to improve access and quality of health services at community health centers (puskesmas) in remote or very remote area, especially in Disadvantaged Areas, Borderlands and Islands (DTPK); and is conducted to implement Healthy Indonesia program through family approach

i	Code	PMK.15
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	19 August 2016
v	No	39/2016
vi	Title	Guidelines for the Implementation of a Healthy Indonesia Program by Family Approach
vii	Status	Valid
viii	Consideration	- Public health status improvement - Integration of individual health efforts and community health efforts on an ongoing basis, targeting families, based on data and information from Family Health Profiles
ix	Relevant content	One of the priority program in the Healthy Indonesia Program by Family Approach, is the prevention of infectious diseases, specifically for HIV/AIDS is by: 1) Increasing the number and quality of counseling and testing on pregnant women. 2) Early diagnosis in infants and toddlers. 3) Counseling and testing in key populations, STD and Tuberculosis (TB) patients, and those in school age, working age and old age 4) Viral anti-retro therapy (ARV) in children and people with HIV-AIDS (ODHA) adults. 5) Interventions for the group at risk.

		6) Provision of cotrimoxazole prophylaxis in children and adults with HIV.

i	Code	PMK.16
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	3 October 2016
v	No	43/2016
vi	Title	Health Sector Service Minimum Standards
vii	Status	Valid
viii	Consideration	Achievement of national development goals and priorities in health sector.
ix	Relevant content	In appendix, item 12, the Type of Service of Minimum Service Standards for Health in District/City for People with Risk of HIV is to be given to pregnant women, TB patients, patients with sexually transmitted infections (STIs), transsexual / transgender, narcotic users, and convicts at penitentiary, and is conducted by health personnel in accordance with its authority and in a basic health facility (Puskesmas and its network) or in both public and private advanced health facility as well as in prisons/narcotics detention centers. Services include: a. Prevention efforts for people at risk of HIV infection b. HIV examination is offered actively by health workers to people at risk, which includes: - provision of information - rapid HIV testing - referral to facilities capable of ARV and counseling for the positively indicated. - re-examinations after three (3), six (6), and twelve (12) months prior to the first examination for people with sexually transmitted infections (STIs), transsexual / transgender, narcotic users, and convicts at penitentiary with the negative results during HIV test.

i	Code	PMK.17
ii	Level	Ministerial Decree
iii	Institution	Ministry of Health
iv	Date of issuance	27 March 2007
v	No	369/MENKES/SK/III/2007
vi	Title	Midwifery Professional Standard
vii	Status	Valid
viii	Consideration	All health workers who perform professional practice must adhere to certain competence standards, including midwife
ix	Relevant content	Midwives must possess knowledge on how to provide health education on HIV/AIDS and STI during antenatal care, identify and refer patients with complication such as HIV/AIDS and STI, plan and analyze nursing care, implement and evaluate midwifery intervention

i	Code	PMK.18
ii	Level	Ministerial Decree
iii	Institution	Ministry of Health

iv	Date of issuance	19 February 2014
v	No	5/2014
vi	Title	Clinical practice guidelines for doctors at Primary Health Care Facilities
vii	Status	Valid
viii	Consideration	To improve the quality of health services in primary health care facilities
ix	Relevant content	reference for doctors in providing services at Primary Health Care Facilities either owned by the government or private in order to improve the quality of service as well as to reduce the number of referrals

i	Code	PMK.19
ii	Level	Ministerial Decree
iii	Institution	Ministry of Health
iv	Date of issuance	24 September 2010
v	No	1438/MENKES/Per/IX/2010
vi	Title	Medical Service Standard
vii	Status	valid
viii	Consideration	implementing the provisions of Article 44 paragraph (3) of Law Number 29 Year 2004 on Medical Practice
ix	Relevant content	- National guidelines for medical services - Standard operating procedures - compliance with standards and disclaimers - guidance and supervision

i	Code	PMK.20
ii	Level	Ministerial Decree
iii	Institution	Ministry of Health
iv	Date of issuance	30 January 2012
v	No	1/2012
vi	Title	Individual Health Service Referral System
vii	Status	valid
viii	Consideration	implementing the provision of Article 42 paragraph (3) of Law Number 44 Year 2009 on Hospital
ix	Relevant content	- Individual Health Service - Referral system - Monitoring, Evaluation, Recording and Reporting

i	Code	PMK.21
ii	Level	Ministerial Decree
iii	Institution	Ministry of Health
iv	Date of issuance	28 October 2011
v	No	2052/MENKES/Per/X/2011
vi	Title	Practice License and Implementation of Medical Practice
vii	Status	valid

viii	Consideration	The implementation of Article 38 paragraph (3) and Article 43 of Law Number 29 Year 2004 on Medical Practice
ix	Relevant content	Licensing, medical practice, recording and reporting, guidance and supervision of medical practice

i	Code	PMK.22
ii	Level	Ministerial Decree
iii	Institution	Ministry of Health
iv	Date of issuance	28 November 2013
v	No	71/2013
vi	Title	Health services on national health insurance
vii	Status	Valid, Amended by Permenkes No. 99 Year 2015 on the Amendment of Permenkes 71/2013.
viii	Consideration	to implement the provisions of Article 21 paragraph (7), Article 22 paragraph (1) letter c, Article 26 paragraph (2), Article 29 paragraph (6), Article 31, Article 34 paragraph (4), Article 36 paragraph (5) 37 paragraph (3), and Article 44 of Presidential Regulation No. 12 of 2013 on Health Insurance,
ix	Relevant content	- health service providers - cooperation between health facility with BPJS Kesehatan - health services for participants - health care payment system - quality control and cost control - reporting and utilization review

i	Code	PMK.23
ii	Level	Ministerial Decree
iii	Institution	Ministry of Health
iv	Date of issuance	26 October 2016
v	No	52/2016
vi	Title	Health Service Tariff Standard in the Implementation of Health Insurance Program
vii	Status	Valid, revokes Permenkes 59/2014
viii	Consideration	implementing the provisions of Article 39 paragraphs (4) and (5) of Presidential Regulation 12/2013 on Health Insurance as amended several times, most recently by Presidential Regulation 28/2016 on Third Amendment of Presidential Regulation 12/2013 on Health Insurance
ix	Relevant content	- tariffs on first degree health facility (FKTP) - tariff on advanced health facility (FKRTLL) - Appendix; tariff for Health Services At Advanced Health Facilities (INA-CBG's)

5. MINISTER OF HEALTH DECREE

i	Code	KMK.1
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health
iv	Date of issuance	6 February 2015
v	No	HK.02.02/MENKES/52/2015
vi	Title	Ministry of Health Strategic Plan
vii	Status	Valid
viii	Consideration	The mandate of Law no. 25 of 2004 on National Development Planning System, the Ministry of Health drafted the Strategic Plan (Renstra) based on Presidential Regulation 2 Year 2015 on National Medium-Term Development Plan (RPJMN) 2015-2019
ix	Relevant content	Development and Empowerment of Human Health Resources Program with indicators: - The minimum number of Community Health Center (Puskesmas) having 5 types of health personnel is 5,600. - The percentage of the C class municipal/district hospital with 4 basic specialists and 3 supporting specialist doctors is 60%. - The number of human resources that have increase their competence is 56,910 people. - Infectious and non-infectious disease control plans, for HIV Prevalence (percent) is from 0.46 (2014) to <0.50 in 2019. - Target of direct infectious disease control, for HIV, the percentage of HIV cases treated is 55%.

i	Code	KMK.2
ii	Level	Ministerial Decree
iii	Institution	Ministry of Health
iv	Date of issuance	6 February 2015
v	No	HK.02.02/MENKES/208/2015
vi	Title	Working Group on HIV/AIDS and STIs at the Ministry of Health
vii	Status	Valid
viii	Consideration	Amendment to the Minister of Health Decree 445/Menkes/SK/XI/2013
ix	Relevant content	- Structure of working group - Tasks of working group

i	Code	KMK.3
ii	Level	Ministerial Decree
iii	Institution	Ministry of Health
iv	Date of issuance	
v	No	02.02/Menkes/482/2014
vi	Title	Referral Hospital for People with HIV / AIDS
vii	Status	invalid
viii	Consideration	
ix	Relevant content	-

6. MINISTER OF INTERNAL AFFAIRS REGULATION

i	Code	PMDL.01
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Internal Affairs
iv	Date of issuance	17 April 2007
v	No	20/2007
vi	Title	General Guidelines for the Establishment of AIDS Commissions and Community Empowerment in the Framework of HIV and AIDS Prevention in the Region
vii	Status	Valid
viii	Consideration	To prevent HIV and AIDS in the region intensively, comprehensively, and collectively, it is deemed necessary to establish Provincial and District/Municipal AIDS Commissions and to empower the community;
ix	Relevant content	- Organization, Position, and Duties of the AIDS Commission - Authorities of the Commission - Community empowerment - Education - Reports of community empowerment programs - Funding

i	Code	PMDN. 2
ii	Level	Minister Regulation
iii	Institution	Ministry of Internal Affairs
iv	Date of issuance	29 December 2016
v	No	97/2016
vi	Title	The Regional Apparatus of the Jakarta Capital City Special Region
vii	Status	Valid
viii	Consideration	To implement the provisions of Article 118 paragraph (2) of Government Regulation Number 18 of 2016 on Regional Apparatus
ix	Relevant content	Content: 1. Establishment, type, and criteria for regional apparatus typology 2. Position, duties and functions of regional apparatus 3. Organizational structure 4. Position of regional apparatus Implementer of HIV-AIDS HHR Policy: **1. Technical Implementation Unit of Health Office** Based on Article 19 of the Minister of Home Affairs Regulation (Permendagri), the technical implementation unit is hospital/public health center as a functional organization and a service unit that works professionally; **2. Agency that functions as a support unit for other government affairs** Based on Article 24 of Permendagri, it is possible to form an Agency that functions as a support for government affairs.

7. MINISTER OF INTERNAL AFFAIRS INSTRUCTION

i	Code	IMDL.01
ii	Level	Ministerial Instruction
iii	Institution	Ministry of Internal Affairs
iv	Date of issuance	17 April 2007
v	No	20/2007
vi	Title	General Guidelines for the Establishment of AIDS Commissions and Community Empowerment in the Framework of HIV and AIDS Prevention in the Region
vii	Status	Valid
viii	Consideration	To prevent HIV and AIDS in the region intensively, comprehensively, and collectively, it is deemed necessary to establish Provincial and District/Municipal AIDS Commissions and to empower the community;
ix	Relevant content	- Organization, Position, and Duties of the AIDS Commission - Authorities of the Commission - Community empowerment - Education - Reports of community empowerment programs - Funding

8. MINISTER OF WOMEN EMPOWERMENT AND CHILD PROTECTION REGULATION

i	Code	PMPA.01
ii	Level	Ministerial Instruction
iii	Institution	Ministry of Internal Affairs
iv	Date of issuance	1 October 2010
v	No	09/2010
vi	Title	Gender Responsive Guidelines for Planning and Budgeting of HIV/AIDS Control
vii	Status	Valid
viii	Consideration	- Carrying out 9/2000 presidential instruction on gender mainstreaming in National Development. - Women and men have equal rights in obtaining HIV/AIDS health services
ix	Relevant content	The preparation of gender responsive planning in the prevention and control of HIV/AIDS is conducted during the preparation of the Strategic Plan of the Work Unit, the National Medium-Term Development Plan at the Directorate General of Disease Control and Environmental Health by adjusting the Regulation of the Minister of Finance on Guidelines and Review of the Work Plan and Budget of the Ministries of State/Institution and Preparation, Review and Implementation of List of Budget Implementation which is enforced every year

9. INTER-MINISTRY REGULATION

i	Code	PB.01
ii	Level	Ministerial Regulation
iii	Institution	Ministry of Health and Ministry of Education and Culture
iv	Date of issuance	30 April 2013
v	No	36/2013, 1/IV/PB/2013
vi	Title	Competency Test for Higher Education Students of Health
vii	Status	Valid
viii	Consideration	To gain recognition of competencies possessed by health education graduates
ix	Relevant content	The competency test for students is part of the assessment organized by colleges and Indonesia Health Personnel Assembly (MTKI). Colleges issue a certificate of competency and register it to MTKI to get a Certificate of Registration (STR) for the certificate holder.

10. INTER-MINISTRY AGREEMENT

i	Code	SKB.01
ii	Level	Ministerial Agreement
iii	Institution	Minister of Health, Minister of Home Affairs, Minister Education and Culture, Minister of Religion, and Social Affairs
iv	Date of issuance	11 December 2012
v	No	432/Menkes/SKB/XII/2012; 44.24-875 Tahun 212; 13/XII/KB/2012; 7/2012; 02/HUK/2012
vi	Title	Enhancement of Comprehensive Knowledge of HIV and AIDS among the Population Aged 15 to 24
vii	Status	Valid
viii	Consideration	As a concerted effort to enhance the comprehensive knowledge of HIV and AIDS among the population aged 15 to 24 through the cooperation of relevant Ministers according to their duties and functions
ix	Relevant content	Agreement on the division of duties and responsibilities among ministers

11. NON-MINISTERIAL POLICY

i	Code	NM.01
ii	Level	National
iii	Institution	Indonesian Medical Council (KKI)
iv	Date of issuance	27 December 2012
v	No	11/2012
vi	Title	Competence Standards for Medical Doctors
vii	Status	Valid
viii	Consideration	Indonesian doctors must be able to adhere to national competency standards especially on maternal and child health, nutrition, infectious diseases and non-communicable diseases
ix	Relevant content	Competence standard for doctor. In HIV/AIDS, medical doctors must be able to treat HIV/AIDS cases as well as tuberculosis with HIV/AIDS

i	Code	NM.02
ii	Level	National
iii	Institution	Indonesian Nurse Association (PPNI)
iv	Date of issuance	NA
v	No	4th edition, 2013
vi	Title	Competence Standards for Nurses
vii	Status	Valid
viii	Consideration	Guideline for nurses to conduct professional roles
ix	Relevant content	Nurses must be able to provide health education, plan and analyze nursing care, implement and evaluate nursing intervention

12. LOCAL REGULATION

i	Code	PERDA. 1
ii	Level	Local Government
iii	Institution	Provincial Government of DKI Jakarta
iv	Date of issuance	23 December 2016
v	No	5/2016
vi	Title	Establishment and Composition of the Regional Apparatus of the Province of the Special Capital Region of Jakarta.
vii	Status	Valid
viii	Consideration	To implement Article 3 paragraph (1) PP 18/2016
ix	Relevant content	Based on this regulation, 4 bodies are established: 1. Health Office Type A, which organizes government affairs in field of healthcare 2. Regional Civil Service Agency Type A, organizes the functions of supporting government affairs in the field of civil service management 3. Human Resource Development Agency Type A, organizes government affairs support function in the field of education and training 4. health service technical implementation unit in the form of RSUD with BLUD financial management pattern

13. GOVERNOR REGULATION

i	Code	Pergub. 1
ii	Level	Local government
iii	Institution	DKI Jakarta Provincial Government
iv	Date of issuance	29 December 2016
v	No	250/2016
vi	Title	Organization and work procedures of the Regional Secretariat
vii	Status	Valid
viii	Consideration	To implement the provisions of Article 13 of the Regional Regulation Number 5 of 2016 on the Establishment and Composition of the Regional Apparatus of the Special Capital Region of Jakarta.

ix	Relevant content	The governor regulates the formulation of guidelines on supervision, planning, research and development, staffing, human resource development to be under the coordination of regional secretariat. Thus HIV-AIDS policy, specifically guidelines on planning and development of HIV-AIDS HRH in DKI Jakarta Province, is to be coordinated by government assistants in the regional secretariat.

i	Code	Pergub. 2
ii	Level	Regional Government
iii	Institution	Provincial Government of DKI Jakarta
iv	Date of issuance	29 December 2016
v	No	278/2016
vi	Title	Organization and Work Procedure of the Health Office
vii	Status	Valid
viii	Consideration	To implement Article 13 of Regional Regulation 5/2016 concerning the establishment and composition of the regional apparatus of the Jakarta Special Capital Region
ix	Relevant content	Relevant organization in Health Office regarding the implementation of HHR and HIV-AIDS policies: 1. Section of infectious, vector and zoonotic diseases, field of disease prevention and control. 2. HRH Development and Empowerment Section, HRH field 3. Technical Implementation Unit

Annex H. Text Analyses of Primary Regulations

1. LAW

i	Code	U.01 (Law 36/209 on Health)
ii	What is the policy level?	Law
iii	What level of government or institution will implement?	The Government of Indonesia, Ministry of Health, local government (district health offices), community
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	To regulate the responsibility, authority and management of health workers including medical and non-medical workers.
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	The Law is mandatory. The Government of Indonesia, Ministry of Health, local government are the stakeholders responsible for implementation. All health workers must adhere to the law. The law will be further operationalized through Government Regulation and Minister of Health Regulation.
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	The Law defines that "health worker" is any person who devotes himself / herself to health and has knowledge and/or skills through education in health which for certain types requires authority to perform health action. The planning, retention, distribution, education and monitoring the quality of health workers are regulated by the Government (21:1). Health workers must have minimum qualification (22:1) Health workers have the authority to provide health services. This authority should be performed in accordance with the qualification. To be able to perform health services, health workers have to be registered and licensed by the Government (23) Recruitment and quality control of health workers are conducted by the Government, local government and community (ex: private sector) through education/training (25) The distribution of health workers is regulated by the Government. Local government are allowed to recruit and distribute health workers based on their local needs, number of health facilities, and health burden (26).

		Pharmacy practice must be performed by health workers with competence and authority (108)
vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	The law implies that in Indonesia, only those who have education and training in health can be qualified as health workers. Only health workers who are licensed by the Government are allowed to provide health care services. As HIV/AIDS care (diagnosis and treatment) are categorized into health care services (individual care), it implies that HIV/AIDS care can only be performed by health workers.
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	Health efforts and programs are funded by the central Government, local government, community, private sector and other sources. The amount of budget for health allocated from the State Budget is minimum 5% from the State Budget (excluding salary). The amount of budget for health allocated from the Local Budget is minimum 10% from the Local Budget.
ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	Provision of health care services can only be performed by licensed and qualified health workers. Consequently, the HIV/AIDS care services can only be performed by licensed and qualified health workers, which will help ensure the quality of care. However, this will limit the possibility of shifting the HIV/AIDS care provision from health workers to non-health workers.

i	Code	U.2 (Law 29/2004 on Medical Practice)
ii	What is the policy level?	Law
iii	What level of government or institution will implement?	National government
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	To maintain and improve the quality of medical services provided by doctors, to provide protection to patients and to provide legal certainty to patients and doctors.
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	The policy operates through the Indonesian Medical Council (KKI) which has the authority as follows: 1) maintain the registration of medical doctors, 2) legalize the professional education standard for doctors and 3) provide monitoring to medical practice conduct
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	All medical doctors who perform professional practice must fulfil the following: 1) pass the competence test, 2) follow the accredited continuous medical education training provided by professional organization to update knowledge, 3) possess the registration letter for doctors issued by KKI – this registration letter is valid for 5 years. To re-register, doctors should update the

		competency certificate, 4) possess practice license issued by the authority at district/municipality level. All medical doctors with registration letter are authorized to perform history taking, examine physical and mental status, determine supporting examination, establish diagnosis, determine management and treatment, perform medical intervention, write prescription, issue medical certificate, and dispense medicine in remote areas.
vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	All medical doctors performing HIV/AIDS case management (diagnosis to treatment including drug prescription) must be licensed and registered. This will ensure that the patient is attended by qualified doctors and protected by the law. However, this will not be always possible in areas where there is shortage of doctors. Consequently, access of patients to HIV/AIDS diagnosis and treatment might be limited.
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	The activity of KKI is funded by the State Budget (APBN).
ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	If HIV/AIDS diagnosis and treatment can only be performed by doctors, access of patients to diagnosis and treatment in health facilities without doctors might be limited.

i	Code	U.3 (Law 36/2014 on Health Workers)
ii	What is the policy level?	Law
iii	What level of government or institution will implement?	Government, local government, community
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	To meet the health manpower needs of the community, to distribute health manpower based on the needs, to maintain and improve the quality of health manpower
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	The policy operates through the central and local government. The central government are responsible for: 1) HRH policies formulation at national level, 2) perform HRH planning, 3) HRH procurement, 4) HRH allocation, and 5) HRH quality assurance through certification and registration (Article 5). The provincial government is responsible for: 1) HRH policies formulation at provincial level, 2) HRH policy implementation, 3) HRH planning, 4) HRH procurement, 5) HRH allocation and development and 5) HRH quality

		assurance through supervision and monitoring of health worker practices (Article 6). The district government is responsible for: 1) HRH policies formulation at district level, 2) HRH policy implementation, 3) HRH planning, 4) HRH procurement, 5) HRH allocation and development and 5) HRH quality assurance through licensing of health worker practices (Article 7).
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	The policy addresses the issue of HRH planning especially on production, procurement and allocation of health manpower across the country. Health manpower are produced by the higher education institutions, which curriculum must be based on the national standard. All graduates must pass the national competence test. HRH planning is conducted by the Central Government and based on the number of HRH, health programs, availability of health facilities, funding ability, geographical and sociocultural situation and the needs. The allocation of HRH in health institution is conducted by the Government and local government through the following means of recruitment: 1) appointed as civil servant, 2) appointed as government staff based on employment contract or 3) special assignment such as post-internship assignment, residency training, post-specialist training and other means. Mutation and relocation of HRH between areas is possible. In remote areas, health workers are entitled to additional incentives and facilities. The policy also addresses the issue of continuous education for health workers. Training for health workers can be conducted by the Government, local government, and community. All training must be conducted by accredited institution and with curriculum that is in accordance with professional standard. The law also stipulated that all health workers who perform professional practice must possess registration letter and practice license. The law describes the rights and obligations of health workers, including performing practice according to the professional standards, improving competence and upholding ethical and professional conduct. The standardization and registration of health workers is monitored by the Health Worker Council.

vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	The policy addresses the macro issues of HRH management. If the Law is correctly implemented and operationalized through technical policy to the district level, the outcome will address the issue of HRH shortage and low quality including HRH for HIV/AIDS.
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	The activity of Health Worker Council is funded by the State Budget (APBN).
ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	HRH planning and allocation is decentralized to the local government; however, the capacity of HRH planning and funding ability varies between local government. As a result, the availability and quality of health workers also widely vary between areas.

i	Code	U.4 (Law 38/2014 on Nursing)
ii	What is the policy level?	Law
iii	What level of government or institution will implement?	Government, local government
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	The policy aims to improve the quality of nurse and nursing care
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	The policy should be implemented by the central and local government (MoH and MoE), higher education institutions, nursing council and individual nurses
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	**Pre-service education** Nurses must have a minimum diploma education (3 years). Nurse education must be conducted by higher education institution with license. There must also be associated primary health facility for vocational education. Higher education institutions are regulated by Ministry of Higher Education. The national standard for nursing education are developed by MoH, MoHE, association of education institution and nurse professional organization. The number of students to be accepted is determined by MoHE. Students must pass the national competency test conducted by the higher education institution in collaboration with accredited nurse professional organization, training institutions or certification institutions. Nurses who conduct nursing practice must possess registration letter issued by Nursing Council. This letter

		is valid for 5 years and can be renewed after complying to several criteria including credits on service provision, education, training and other scientific activities. **In service** Nurses who conduct nursing practice must have license issued by the District/Municipality Health Office. To have license, nurses have to provide registration letter, recommendation letter from nurse professional organization and health facilities. Nurses can only practice in 2 health facilities. There are 2 categories of nursing practice: individual practice and practice at health facilities. Nursing practices must be based on ethical principles, service standards, professional standards and SOPs. The tasks of nurses include: - Providing nursing care - Counselling and health education - Managing nursing care - Implementing delegated tasks Nursing care for individuals include: conduct nursing assessment, determine nursing diagnosis, planning nursing intervention, evaluating nursing intervention, conducting referral, conduct intervention in emergency situation, providing nursing consultation in collaboration with physician, providing health education and counseling, administering medication according to prescription. Nurses are also responsible for similar tasks at the population health level. As counselor and health educator, nurses are responsible for conducting assessment holistically at individual and family level and at population level, conducting community empowerment, advocating and building partnership in population health. Delegation of tasks from medical professionals to nurses must be done in written. Delegation of tasks can be done in 2 ways: 1) delegation: delegation of tasks and responsibility for conducting medical intervention and 2) mandate: nurses conduct medical intervention under supervision. In a situation where medical/pharmacy workers are not available, the tasks of nurses are determined by the local

		head of district health office, including: providing treatment for common diseases, conducting referral and conducting pharmacy services. In emergency situation, nurses are also allowed to provide medical care and medication. The law also stipulates the rights and responsibilities of nurses. **Nurse organization** The law stipulates the tasks of nurse professional organization, nursing collegium and nursing council. Nursing council is a part of the Indonesian Health Worker Assembly (MTKI) and is responsible for nurse registration, mentoring, developing nursing higher education and competence standards. Members of nursing council include government, nurse professional organization, nurse collegium, association of nursing higher education, association of health facilities and community leader. **Advancement of nursing practice** Advancement of nursing practice can be done through formal and nonformal education. To improve professionalism and meet the service needs, health facilities must facilitate nurses to join continuing education activities which are conducted by government, professional organization or other accredited institution. Nursing education is under the authority of MoE in coordination with MoH. **Quality assurance** The monitoring of nursing practice is the authority of the central and local government, nursing council and professional organization. Those who violate the law can be given sanctions (verbal, written, administrative sanction and retraction of license
vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	Nursing council is funded by State Budget (APBN)
ix	What might be the unintended positive and	

	negative consequences of the policy on HRH and HIV/AIDS?	

i	Code	U.5 (Law 23/2014 on Local Government)
ii	What is the policy level?	Law
iii	What level of government or institution will implement?	Government, local government (Governor, Regent, and Local Apparatus)
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	The Regional Government Law regulates the distribution of central and regional government affairs. This distribution is determined by 1) health efforts, 2) Health Human Resources, and 3) Pharmaceutical preparations, Health equipment, and food and beverage. **Health Human Resource** It is stipulated that the Central Government is responsible for standardization and registration of Indonesian health worker, foreign health worker (TK-WNA), as well as the issuance of recommendations for ratification of foreign worker use plans (RPTKA) and the permission to employ foreign workers (IMTA). The provincial government is in charge of planning and development of Health Human Resources for Public Health Efforts (UKM) and Personal Health Efforts (UKP) at provincial level, while district/regent government is in charge of issuing licenses and work permits of health workers; and planning and developing health human resources for UKM and UKP at district/regent level. **Pharmaceutical Preparations> ARVs** The government is responsible for the provision of medicine and vaccine. Provincial Government is responsible for issuing the recognition of pharmaceutical wholesalers (PBF), its branches and its distribution branches. Meanwhile, Municipality/Regency Government handles the issuance of pharmacy, drugstore, and health equipment store permits
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	Healthcare Registration: The Minister of Health regulates the mechanism of registration of health personnel with Permenkes 46/2013 on Registration of Health Personnel. This includes the health workers with the authority/competence to provide ARVs to HIV / AIDS patient.

		The central government is responsible for pharmaceutical preparations, including those related to HIV-AIDS, such as ARVs.
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	The financing of health human resources planning and development to support HIV/AIDS policy needs to pay attention to the function of the existing regional budget. DPRD holds budgeting function in the region, in the form of discussion for joint approval of Perda APBD, by discussing general policy of APBD (Priority Budget) and ceiling of temporary budget (PPAS) prepared by the head of region based on RKPD.
vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	HRH and HIV/AIDS policies through the budgeting function in the DPRD are appropriate for long-term outcomes on policy on HRH and HIV/AIDS
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	Advocacy to local governments so that policy on HRH and HIV / AIDS is included in RKPD.
ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	The positive consequence is that through this mechanism there is a guarantee of sustainability of policy on HRH and HIV/AIDS, while the negative is that it takes more effort and time.

	U.6 (Law 15/2017 on State Budget)	Background
	U.7 (Law 20/2003 on National Education System)	Background
	U.8 (Law 12/2012 on Higher Education)	Background
	U.9 (Law 17/2003 on State Finance)	Background

i	Code	U.10 (Law 5/2014 on Civil Apparatus)
ii	What is the policy level?	Law
iii	What level of government or institution will implement?	Government, local government (Governors, Regents/Mayors, and Local Apparatus)
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	The civil state apparatus (ASN) Act can be referred to during the preparation and determination of the need, and the HIV/AIDS ASN for the procurement of ASN for Health Human Resources. ASN consists of Civil Servants (PNS) and Government Employees with Work Agreement (PPPK).

		ASN works to implement public policy (as per ASN function, art. 10). HRH / AIDS policies are within the public sector policies. ASN can act as planners, implementers, and supervisors for the implementation/execution of national HIV-AIDS policy (according to roles of ASN, art. 12). The Regional Government Law becomes the legal umbrella in the preparation and determination of the number and types of civil servants needed based on job and workload analysis (art. 56). The preparation and appointment of civil servants for the implementation of HIV/AIDS policies can also be carried out under this provision. Similarly, the Regional Government Law has become the legal umbrella for the determination of PPPK needs at central and regional levels, including PPPK related to the preparation and implementation of policies related to HIV/AIDS
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	**Preparation and Determination of the needs of civil servants (HIV-AIDS related HHR).** The ASN Law explains that each Government Agency prepares the needs of the number and type of civil servants based on job analysis and workload analysis. The preparation of the need for number and type of civil servant position is conducted for a period of 5 (five) years and is specified per 1 (one) year based on the priority needs. Minister of state apparatus utilization and bureaucratic reform (Menpan RB) then stipulates the need of number and type of civil servant position nationally. **This is further regulated by Government Regulation, art.57)** **Procurement of civil servants (HIV-AIDS related HHR).** is an activity to fill the needs of Administrative and/or Functional Position in a Government Agency, conducted based on the determination of the needs set by Menpan RB. **Determining the needs and procurement of Government Employees with Work Agreement (PPPK) (HIV-AIDS related HHR).**

		The President regulates the types of positions that PPPK can fill with the Presidential Regulation. Each Government Agency prepares the needs for the number and type of PPPK position based on job analysis and workload analysis. Preparation of the need for the number of PPPK shall be made for a period of 5 (five) years, and specified per 1 (one) year based on the priority of needs. The Minister of state apparatus utilization and bureaucratic reform (Menpan RB) then stipulates the need for the number and type of PPPK position with the Ministerial Decree.. **Procurement of PPPK (HIV-AIDS related HHR).** carried out through planning stages, vacancy announcements, applications, selection, announcement of selection results, and appointment to be PPPK. The recruitment of PPPK candidates is carried out by the Government Agency through an objective assessment based on the competence, qualifications, needs of Government Agencies, and other requirements required for the position. The determination of ASN needs and procurement is part of the national ASN management under the responsibility of the State Personnel Board (BKN), non-ministerial government institution authorized to coach and organize the ASN Management nationally
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	Health HR Procurement is linked to HRH-HIV / AIDS policy, and is made possible through 2 ways namely Procurement of civil servants and PPPK.
vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	For the implementation of long-term HRH-HIV / AIDS policy, determination of needs and procurement of civil servant for health is the most appropriate. Meanwhile, to respond to the needs of short-term HRH-HIV / AIDS policy, determination of needs and procurement of PPPK for health is the most appropriate.
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	Advocacy during the stage/process of determining ASN needs for HRH-HIV/AIDS at relevant government agencies. It is necessary to increase capacity in analyzing position and workload. Capacity building in analyzing positions and workloads can be carried out by the State Administrative Body

		(LAN), a non-ministerial government agency authorized to conduct ASN study, education, and training
ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	The government agencies involved in setting ASN requirements is at the central and regional levels. The ability gap between the implementing apparatus in the regions and central may hinder the determination of needs and procurement. If these obstacles are well managed, then the HHR-HIV/AIDS policy is ensured to be realized given the existence of human resources with definite financing, ie from APBN / APBD.

	U.11 (Law 44/2009 on Hospital)	Background

i	Code	U.12 (Law 40/2004 on National Health Security)
ii	What is the policy level?	Law
iii	What level of government or institution will implement?	Government, local government (Governors, Regents/Mayors, and Local Apparatus)
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	**Health Insurance Program in National Social Security System SJSN is relevant to HIV / AIDS policy** The SJSN Law is a legal umbrella for the implementation of social security programs in Indonesia. Types of social security programs are: health insurance, accident insurance, pension, and death insurance **Individual health services may be provided to participants with HIV-AIDS** The SJSN Law defines that the participant of health insurance is any person who has paid the fee or has it paid by the government. Family members are also entitled to receive health care benefits which are individual services in the form of health services that include promotive, preventive, curative and rehabilitative services, including the necessary medicines and medical consumables
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	**Health benefits policy for people with HIV AIDS** The benefits of individual health services are further regulated by Presidential Regulation. Current Presidential Regulation is Perpes no. 12 of 2013 on Health Insurance, as amended by Perpres 28/2016 on the Third Amendment to Perpres 12/2013.

		Other benefit is being provided with health facilities which cooperate with the Social Security Administering Body, i.e. BPJS for Health. The Minister of Health shall stipulate the health service tariff standard in the implementation of the health insurance program to implement the order of Article 39 paragraph (4) and paragraph (5) of Presidential Regulation No. 12 of 2013. This tariff standard includes, among other things, the tariff for the type of health services provided for participants with HIV-AIDS.
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	The provisions of the SJSN Law that regulate the benefits of promotive, preventive, curative, and rehabilitative individuals health services in health insurance programs can be the entrance for the HIV-AID policy into the SJSN. The SJSN Law provides that the types of services that are not covered by the Social Security Administering Body will be further stipulated in a Presidential Regulation. Health services for HIV-AIDS, for example the services for ARVs, shall not be covered, if the Presidential Regulation regulates them to be so. In addition, the standard tariff for HIV / AIDS health services stipulated by the Minister as the basis for BPJS for Health to pay the health facilities, may not cover the whole expenses which may result in dispute of payments.
vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	Financing of HIV / AIDS health services in SJSN provides coverage for access to basic health needs for people with HIV / AIDS throughout Indonesia.
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	The need for human resources capable of calculating unit costs for health services for HIV AIDS, health technology assessment.
ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	Financing health services for HIV-AIDS in SJSN can adversely affect the financial of social health care funds, if not accompanied by proper quality and costs controls. However, by implementing quality and cost control with unit cost calculation and HTA, HIV / AIDS health services can be sustained and reach the entire population.

	U.13	Law 13/2003 - Background

2. GOVERNMENT REGULATION

	PP.1 (51/2009 - Government Regulation on Pharmaceutical Work)	Derivative
	PP.2 (47/2016 - Government Regulation on Health Service Facilities)	Background
	PP.3 (90/2010 - Government Regulation on Development of Workplan and Budget of Ministries and Bodies)	Background
	PP.4 (45/2013 - Government Regulation on Procedure of State Budget Allocation)	Background
	PP.5 (32/1996 - Government Regulation on Health Workers)	Updated by U.3

I	Code	PP.6 (2/2018 - Government Regulation on Minimum Service Standard)
Ii	What is the policy level?	Government
Iii	What level of government or institution will implement?	Local government (provincial and district level)
Iv	What are the objectives of the policy related to HRH or HIV/AIDS?	This regulation determines the minimum type and quality of basic service must be provided by the government for the citizen. The minimum standard of service is referred to as SPM.
V	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	The policy must be implemented by all local government at provincial and district level by 2019. Under the local government, there are UPD (local government unit) for each sector that will operationalize the policy. The implementation of SPM will include also data collection for the number of beneficiaries, supplies and services.
Vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	The policy also regulates the minimum service standard for health services. At district level, the SPM for health also include the provision of health services for people at risk of affected with HIV. The beneficiaries of this service are people at risk of affected with HIV. The quality of health service for HIV will be determined by a technical standard which will include the standard for number and quality of supplies and services, number and quality of HRH and technical guideline.
Vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	The proper implementation of the SPM at district level will ensure access to health services for people at risk of HIV infection.
Viii	What are the resource, capacity and technical	- Adequate human resources - Adequate supplies - Technical guideline for HIV services

	needs to develop, enact and implement the policy?	
lx	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	Implementation of SPM will "force" district and municipality to provide better services for PLWHA, however, these must be supported by actual data on the number of PLWHA in the respective district and municipality

i	Code	PP.7 (11/2017 – Government Regulation on Civil Servant Management)
ii	What is the policy level?	Government Regulation
iii	What level of government or institution will implement?	Central Government
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	The appropriate type of position to support the implementation of HRH-HIV/AIDS policies are functional position, namely position that handles tasks related to functional services based on skills and the ability to implement HIV-AIDS policies, for example administering ARV. The acquisition process of human resources for health can be implemented based on the PP Civil Servant Management which includes: a. preparation and determination of needs; b. procurement; c. rank and position; d. career development; e. career pattern; f. promotion; g. mutation; h. performance assessment; i. payroll and allowances; j. appreciation; k. discipline; l. dismissal; m. pension and old age insurance; and n. protection. According to this Government Regulation, the first thing to do is the preparation and determination of needs, and then acquisition of civil servants to support the implementation of HIV-AIDS policies.
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	**Composing the Civil Servants Needs** The mechanism for composing the needs is as follows:

		Each agency performs job and workload analysis as the basis for the determination of civil servant needs, with reference to the guidelines stipulated by the Minister. The result of the 5-yearly determination of needs is submitted by the Commitment Making Official (PPK) of Government Institution to Minister and Head of State Personnel Board (BKN) along with document of strategic plan of Government Institution as attachment. The process to compose the determination of civil servant needs uses electronic applications governed by Minister of state apparatus utilization and bureaucratic reform (Menpan RB). The Head of BKN shall further regulate the procedures for the implementation of the determination of needs with the Regulation of the Head of BKN. **Determination of Civil Servants Needs** Menpan RB stipulates the need of civil servants nationally every year, based on proposals from Central and Regional PPK coordinated by the Governor, taking into account the opinion of the Minister of Finance and technical considerations of Head of BKN. Menpan RB then prepares the plan to meet the needs of civil servants based on national development priorities. **Civil Servants recruitment** Recruitment is based on the determination of civil servants needs. The Minister forms a committee of national civil servants recruitment.
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	Government Regulation on Management of civil servants is published in 2017, there is potential for legal vacuum and understanding gaps/adaptation with new regulations for human resource managers in the field. Potential obstacles to the acquisition of human resources for health for the implementation of HRH or HIV / AIDS policy is relatively large.
vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	Policy on acquisitioning HHR civil servant for HRH-HIV / AIDS policy is more suitable for long-term goal, for the short term, advocacy in the composing of needs is needed.
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	Capacity to perform Position and workload analysis. Capacity to develop strategic plan of Government Institution.

		Advocacy of HIV AIDS policy as a national development priority
ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	The government agencies involved in determining PNS requirements is the central and regional agencies. The ability gap between the implementing apparatus in the regions and central may hinder the determination of needs and recruitment. If these obstacles are well managed, then the HHR-HIV/AIDS policy is ensured to be realized given the existence of human resources with definite financing, ie from APBN / APBD.

i	Code	PP.8 (Local Apparatus, PP 18/2016)
ii	What is the policy level?	Government regulation
iii	What level of government or institution will implement?	Local Apparatus, Regional House of Representatives, Central Government, Governors, Regents, Mayors
Iv	What are the objectives of the policy related to HRH or HIV/AIDS?	The implementation of HRH-HIV / AIDS policy is at the regional level, and will be implemented by local apparatus. PP 18/2016 on Local Apparatus stipulates that it consist of: Provincial Apparatus: a. the regional Secretariat; b. secretariat of Regional House of Representatives (DPRD); c. inspectorate; d. regional offices; and e. regional bodies; and f. district (kecamatan) apparatus (specifically in the Regency /Municipality). Implementation of the HRH / HIV-AIDS policy is at the regional authority level as an implementation element of Government Affairs, which are compulsory and optional government affairs. Health Sector (HRH-HIV / AIDS policy included) is within the compulsory governmental affairs related to basic services.

V	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	**Operationalization of HRH-HIV/AIDS Policy is at the Technical Implementation Unit of Regional Office of Health, ie Regional General Hospital (RSUD) and Community Health Center (Puskesmas).** At Office level, a technical implementing unit may be formed to carry out technical operational activities and/or technical activity supports established by Governor Regulation after consultation with the Minister in writing. In addition to the technical implementation unit, there is also technical implementation unit from regency/municipality offices in health sector in the form of regency/municipality hospitals and community health centers as functional organizational units and service units that work professionally. The Regional Hospital applies the financial management pattern of the Regional Public Service Body (BLUD).
Vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	The operationalization of HIV / AIDS policies will be spearheaded by the technical implementation unit of the Health Office, i.e. Regional Hospital and Puskesmas, which are autonomous and professional by application of the financial management pattern of the BLUD.
Vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	The HIV-AIDS policy can be implemented directly at regional government hospitals by establishing professional cooperation.
Viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	1. The ability to understand the nature and characteristics of BLUD. 2. The ability to establish cooperation, and to arrange memorandum of understanding and cooperation agreement.
Ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	Cooperation agreements can be implemented relatively quickly. However, responses from hospitals may differ, some are more able to implement the policy than the others. In conclusion, the implementation of the policy may run well in one area, but may not so in other areas.

3. PRESIDENTIAL REGULATION

	PERPRES.1 (124/2016 - Presidential Regulation on the Change of Government Regulation 75/2006 on National AIDS Commission)	Background
	PERPRES.2 (2/2015 - Presidential Regulation on National Medium and Long-Term Development Plan)	Background

4. MINISTERIAL REGULATION

I	Code	PMK.01 (51/2013)
Ii	What is the policy level?	Ministerial regulation
iii	What level of government or institution will implement?	Ministry of Health, provincial/district health office, health facilities
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	To provide guideline for health providers (including private providers), program managers of MCH, FP, SRH, Adolescent health, health professionals (doctors, specialists, midwives, nurses) and stakeholders in PMTCT.
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	The head of district health office is responsible for planning the logistic availability (drug and HIV tests).
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	The PMTCT policy is conducted in 4 prongs/activities: - Prevention of HIV transmission in reproductive age women - Prevention of unwanted pregnancies in HIV-positive mothers - Prevention of HIV from HIV positive mothers to child - Provision of care support and treatment in HIV-positive mothers, children and families The strategies of PMTCT include: - PMTCT should be conducted by all public and private facilities - PMTCT is focused in areas with generalized and concentrated epidemic, while STI prevention is conducted in all primary and referral health facilities - Expansion of opportunity for HIV and STI tests to sexually active women, pregnant women and couple through rapid tests, strengthening referral network for HIV/STI (including ARV

		access) and integration of PMTCT activities into MCH, FP, SRH and adolescent health services - Coordination and advocacy PMTCT implementation include: - PMTCT is integrated into MCH, FP, SRH and adolescent health services - All women present to MCH, FP, SRH and adolescent health service must obtain information related to healthy reproduction, STI/HIV, and PMTCT during pregnancy and breastfeeding - HIV tests **must be** provided in routine tests for all pregnant women in areas with generalized epidemic - In areas with concentrated epidemic, HIV test is prioritized for pregnant women with STI and TB during routine tests as part of the ANC service, from the first ANC and before delivery. - HIV and STI including syphilis tests must be offered to all pregnant women since the first ANC together with routine tests for pregnant women - In areas with no competent health workers, pregnant women can be referred to other health facilities with available HIV service - All HIV positive pregnant women must be given ARV and provided CST - Post-test counseling for mothers who test positive should be conducted with couple, including provision of condom **Prong 1** *Health education* should involve field workers (such as cadres, family planning workers, Posyandu workers) *Information and HIV test* can be done by all health workers to all pregnant women in integrated ANC service to reduce stigma At all level of health facilities providing PMTCT in MCH service package, there must be one health worker capable to do counseling and HIV test. Counseling and HIV test in MCH clinic is done with the principle of integration with other service **Prong 2**

		Counseling must be done with women with HIV to prevent unwanted pregnancies and to initiate ARV. **Prong 3** Includes: integrated ANC including HIV test, HIV diagnosis, ARV, safe pregnancy, breastfeeding, pregnancy arrangement, ARV and cotrimoxazole in children, and HIV test to children. Counseling and HIV test in comprehensive PMTCT is done by TIPK. HIV diagnosis is done by Rapid Tests or ELISA. ARV treatment for HIV positive pregnant women must be initiated regardless lab test results. Safe delivery must be rv for pregnant women. Counseling must be provided for pregnant women on available options for delivery as well as breastfeeding. In post-partum visits, health workers must conduct monitoring and prophylaxis for the child as well as HIV testing. However, HIV testing for children of HIV positive mothers is still limited. **Prong 4** CST must be provided to mothers and children for life including ARV treatment, checking health status, counseling, information, prevention of opportunistic infection etc. The following health workers are thus involved in PMTCT: - Community mobilization: outreach workers, cadres - Health education: doctors, midwives/nurses, outreach workers/cadres - Information on HIV test: doctors, midwives/nurses - Lab tests: lab technician - Post-test counseling: doctors, midwives/nurses, KTH counselor, PLWHA - Counseling and ARV: doctors/nurses, counselor, volunteers/family, PLWHA - Counseling on infant feeding: doctors/midwives, counselor, volunteers - Counselor on safe delivery: doctors, nurses - CST: doctors/midwives, counselor, volunteers

vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	- If well-implemented, the risks of HIV transmission from pregnant women to child will be minimized.
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	- The guideline should be disseminated to all health workers providing services for MCH - All health workers providing services for mothers must be trained on PMTCT
ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	The implementation of PMTCT required well-trained human resources at all levels of health facilities especially those deal with MCH. As a consequence, access to HIV/AIDS care for pregnant women might be limited in some areas where resources to do training is constrained.
i	Code	PMK.02 (21/2013)
ii	What is the policy level?	Minister Regulation
iii	What level of government or institution will implement?	Central government, local government, health facilities, health workers
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	To decrease the incidence and mortality due to HIV/AIDS, to eliminate discrimination towards PLWHA, to increase the quality of life of PLWHA and to reduce the social economic impact of HIV/AIDS on PLWHA
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	Central government, local government (province and district) have different role in HIV/AIDS control (Article 6). Role of central government: - Develop policies and guidelines on HIV/AIDS continuum of care - Work in collaboration with local government in implementing policies and monitor and evaluate the policy implementation - Ensure the availability of drugs and medical equipment necessary for national HIV/AIDS control - Develop the information system - Build regional and global coordination in HIV/AIDS prevention and control Role of provincial government: - Oversee the coordination in the prevention and control of HIV/AIDS - Determine the HIV epidemic status at province level - Conduct the recording, reporting and evaluation by using information system

		- Ensure the availability of primary and referral health services in HIV/AIDS control Role of district government: - Responsible for the implementation of HIV/AIDS control efforts - Determine the HIV epidemic status at district level - Ensure the availability of primary and referral health services in HIV/AIDS control - Conduct the recording, reporting and evaluation by using information system
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	One of the strategies in HIV/AIDS is to improve the development and empowerment of HRH in HIV/AIDS control. HIV/AIDS control includes: promotion, prevention, diagnosis/testing, care support and treatment. These are delivered in a continuum of care (LKB). **HIV tests** HIV test is based on the confidentiality, consent, counseling, recording, reporting and referral. The tests can only be disclosed to: the patient, attending health workers, closest family, sexual partner and others (as determined by the law). HIV tests can be administered in 2 forms (Article 21): - Provider-initiated test (TIPK): HIV counseling and test initiated by health providers - Voluntary test: voluntary counseling and testing (KTS) initiated by the patients All tests must be consented by the patient in written. The steps of KTS are as follows (Article 23): - Pre-test counseling: can be done in face to face meeting, with couple or group - HIV test - Post-test counseling: must be done in face to face meeting and must be done with trained health workers or counselor The steps of TIPK are as follows: - Information on HIV/AIDS prior to test - Blood sampling - Disclosing the result - Counseling

		TIPK is done as a part of service standards for: all persons with signs/symptoms of HIV, history of tuberculosis and STI, antenatal care, newborns delivered from HIV positive mothers, malnourished children in generalized epidemic areas, adult men requesting circumcision to prevent HIV. In generalized epidemic areas, TIPK must be recommended for all people visiting health facilities as part of the service standard especially in health facilities providing the following types of services: outpatient and inpatient, ANC and PNC, high risk population, children under 10 years old, surgery, teenager and reproductive health service. In low epidemic area, TIPK is done to all adults, teenager and children with HIV signs and symptoms and history of perinatal exposure, especially in health facilities providing the following services: STIs, high risk population, ANC and PNC and TB (Article 24). HIV tests for diagnosis (using RDT or EIA) is performed by trained medical workers or laboratory technician. In the case where there are no such health workers, trained midwives or nurses can perform HIV testing (Article 25) **Counseling** Counseling is mandatory for people undergoing HIV testing. This may include personal counseling, couple counseling, adherence, behavior change, prevention of transmission, reproductive health, family planning or general health condition. Counseling is done by trained counsellor (can be health workers or non-health workers) (Article 26) **Treatment and Care** All health facilities are not allowed to reject care and support provision for PLWHA. If the health facilities are not able to provide CST, PLWHA must be referred to other health facilities that is able to manage PLWHA or ARV referral hospitals (Article 31) All PLWHA must obtain post-test counseling, entered into national registration and obtain treatment (Article 31). **HIV treatment** HIV treatment must be conducted together with screening and treatment of STI and opportunistic infection, condom distribution and counseling (Article 33).

		ARV is administered after given counseling, being assigned a person to monitor the drug taking, and patient agreed to the long-life medication. ARV must be indicated for: HIV patients with stage 3 or 4 or CD4 =< 350cell/mm3, pregnant women with HIV and HIV with TB. ARV is initiated in hospital and can be continued at Puskesmas or other health facilities. (Article 34) All newborns delivered by HIV positive mothers must obtain ARV prophylaxis and cotrimixazole (article 36). Care and support for HIV/AIDS must be conducted with approaches tailored to the needs: facility based (for those with OI) or community based (for those without OI).
vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	The policy ensures that all PLWHA obtain the continuum of care. If this policy is well-implemented, all PLWHA should have access to the continuum of care.
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	- Trained human resources are needed for the HIV testing and counseling in health facilities. - Training on for health workers at health facilities on HIV/AIDS continuum of care - Testing equipment for health facilities - ARVs - Capacity to perform CST at health facilities
ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	The HIV testing can be done by trained nurses and midwives provided there is no medical staff or lab technician. Similarly, counseling can only be done by trained counselor. As a result, access to HIV/AIDS care might be limited in some areas where resources to do training is constrained.

i	Code	PMK.03 (87/2014)
ii	What is the policy level?	Minister Regulation
iii	What level of government or institution will implement?	Central government, local government, health facilities, health workers. The government provide monitoring of the policy implementation by involving the professional organizations.
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	To ensure that all PLWHA have access to ARV
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	The policy should be implemented in all health facilities providing service for HIV positive persons

vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	**Eligibility of ARV (Article 2)** - HIV-positive adults or pediatric patients with stage 3 or 4 of the disease or with CD4 =< 350 cell/mm3 - Pregnant women with HIV - Newborn of HIV positive mothers - Children or infants with HIV - HIV with TB, hepatitis B and C - HIV among key population - HIV patients with HIV-negative couple - HIV patients in general population of generalized epidemic areas **Procedure of ARV (article 3)** - ARV is given after getting counseling, having a person who monitor the drug taking and adhere to the long-life medicine **Counseling and testing** Patients must undergo counseling and testing of HIV to know their status. Counseling is given by trained counselor. **Testing** The HIV tests can be performed using rapid test by trained medical workers. The indication of testing is also explained. **ARV initiation** ARV is initiated in type C hospitals and Puskesmas or other health facilities with ARV treatment capacity. In areas with generalized and concentrated epidemic, ARV treatment can be initiated in Puskesmas or other health facilities with ARV treatment capacity. The guideline for ARV treatment is the National Guideline of Medical Service for HIV/AIDS infection. The guideline must be used by health providers, program managers, professional organizations or other stakeholders. **ARV monitoring** The ARV treatment is monitored by doctors, nurses and counselors.
vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	The policy ensures that all persons with HIV have access to standardized ARV continuum of care.
viii	What are the resource, capacity and technical needs	- Training on ARV treatment for health workers - Diagnostic tools

	to develop, enact and implement the policy?	- ARVs
ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	The ARV can be initiated only in hospitals type C or Puskesmas in generalized epidemic area. This may restrict the access of HIV positive people in areas with difficult access to hospitals.

i	Code	PMK.04 (52/2017)
ii	What is the policy level?	Minister Regulation
iii	What level of government or institution will implement?	Central government, local government, health workers
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	To provide guideline for government and health workers for stopping the transmission of HIV, syphilis, and hepatitis B from mothers to child
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	This guideline must be used by government, health workers, program managers, professionals, and other relevant stakeholders. Elimination of transmission is targeted to be achieved in 2022 with the incidence of HIV, syphilis and hepatitis B of less than 50 per 100,000 live birth The strategies include: - Improving access and health service quality for mother and children according to standard - Increasing the role of health facilities in the disease management - Increasing resources in health - Strengthening network and partnership - Community empowerment Activities to eliminate transmission include - health promotion to community including mothers, families, pregnant women and partner - surveillance of mothers and children infected with HIV, syphilis, hepatitis B - Early detection by blood tests to pregnant women at least once during pregnancy - Case management of mothers and children infected with HIV, syphilis or hepatitis B including immunization, prophylaxis, early diagnosis and/or treatment All health facilities must implement infection control measures according to the policy.

		The role of central government: - Developing policies in promotion, prevention, treatment and rehabilitation - Conducting technical assistance, monitoring and evaluation of implementation of transmission elimination - Providing necessary drugs and medical equipment - Improving the capacity of implementer of transmission elimination - Evaluating status of transmission elimination at province and district The role of provincial government: - Developing and implementing policies in promotion, prevention, treatment and rehabilitation at provincial level based on the national policy - Conducting technical assistance, monitoring and evaluation of implementation of transmission elimination - Distributing necessary drugs and medical equipment - Improving the capacity of implementer of transmission elimination - Ensuring the availability of resources for transmission elimination - Evaluating status of transmission elimination at province and district The role of district government: - Developing and implementing policies in promotion, prevention, treatment and rehabilitation at provincial level based on the national policy - Conducting technical assistance, monitoring and evaluation of implementation of transmission elimination - Distributing necessary drugs and medical equipment - Improving the capacity of implementer of transmission elimination - Ensuring the availability of resources for transmission elimination

		The transmission elimination must be evaluated at least every 3 months. All areas achieving elimination will be awarded certificate.
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	The policy sets target of elimination as follows: - Elimination of HIV transmission from mothers and children is targeted to achieve the incidence of =<50 new cases per 100,000 live births by 100,000 - HIV test in newborns is conducted by PCR qualitative DNA using serum or dried blood spot - In 2018, it is targeted that 60% pregnant women are tested for HIV, syphilis and hepatitis B - All pregnant women with HIV positive results are given ARV (100%) - All children from HIV positive mothers are given ARV prophylaxis in 6-12 hours, at least 72 hours to 6 weeks, and given cotrimoxazole prophylaxis, EID (qualitative PCR with DBS) and or RNA/viral load starting from 6 weeks or serological examination after 18 weeks of age - Lab tests for these infections are performed as a part of ANC package - Outreach for couple of HIV/AIDS positive women The elimination is conducted through the following phases: - Pre-elimination (2020-2021): All health facilities have SOP for ANC, all district have at least 1 health facilities for early detection and case management, all subdistrict have at least 1 health facility providing case management, 95% health facilities are able to conduct early prevention and referral and treatment - Elimination (2022): 100% pregnant women with HIV have access to treatment, incidence of HIV among newborns is less than 50 per 100,000 live births, all newborns are monitored and treated for prophylaxis. Minimum 1 district and 1 province achieve target of elimination. - Maintenance (2023-2025): no new infection n pregnant women
vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	Short term outcome: access for pregnant women to HIV tests will be increased Intermediate outcome: All mothers with HIV positive will have access to ARV.

		Long term outcome: The aims to eliminate the HIV transmission from mothers and children to =<50 new cases per 100,000 live births by 100,000.
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	- Drugs and medical supplies according to the case management of each disease - The implementation of transmission elimination is funded by State Budget, Local Budget or other resources - Technical guidelines for implementation - Quality standards - Training for health workers - Recording and reporting system Human resources needed for transmission elimination are health workers with adequate competence and authority to conduct the following activities: - Outreach for sexual partner - Treatment and counseling - Referral and preparation of delivery and prophylaxis - Program management including recording and reporting
ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	All primary and referral health facilities should provide access to tests and treatment of HIV. This would require resources which may be difficult for Puskesmas in areas with limited health resources.

	Code	PMK.05 (74/2014)
ii	What is the policy level?	Minister Regulation
iii	What level of government or institution will implement?	Central government, local government, health workers
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	To become the guideline for the health workers, program managers, professionals as HIV counselor, and other relevant stakeholders.
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	This guideline must be used by health workers, program managers, professionals as HIV counselor, and other relevant stakeholders.
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	Counseling and testing of HIV is conducted through 2 approaches: KTIP and KTS (Article 3). Counseling and testing must be integrated with MCH, FP, RH, STI, TB, hepatitis, and NAPZA services in health facilities. If these services are absent, counseling

		and testing can be established as independent service (Article 4) All health workers or HIV counselor must refer or give treatment to those who are tested positive (Article 5) HIV counselor is a person who give counseling on HIV and trained on that. The flow of HIV/AIDS patients is as follows: - Pre-test health information (by health worker: doctors, nurses, midwives - Pre-test counseling (by counselors) - Test (by lab technician or doctors) - Interpretation by doctors - Post-test counseling (by trained health workers or counseling) Counseling and testing can be done by static or mobile services. Mobile service is conducted in coordination with outreach services and peer educators. This model should be linked with continuum of care (LKB). The mobile service is done by team consisting of health workers, counselor, lab technician, and admin staff. The test is performed using rapid test. The result of test at the mobile service should be communicated to patients and referred to the HIV service. If this activity is done by mobile Puskesmas, ARV can be initiated after the diagnosis is established based on positive test. HIV testing should be done in laboratories of health facilities or at referral laboratory. Rapid test can be done outside the lab, at the primary health care by trained paramedics The result should be communicated by health workers who offered the HIV test. The health workers should refer patients to the HIV counselor for more counseling and for treatment. **Post-test counseling** Regardless the result, all clients should receive counseling. This should be done by trained counselor. Those who are positive should be referred to the CST team. **Quality of human resources** All health workers and counselors must improve their knowledge through seminars, courses, reading guideline and supervision and mentoring by counselor group

vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	If the guideline is well-implemented, HIV-positive people will obtain quality continuum of care from pre-testing to treatment.
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	- Training - Adequate quantity of health workers - Adequate quantity of counselors
ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	In facilities with limited capacity of HRH for HIV care, access of HIV positive people may be limited

	PMK.06 (69/2014, Minister of Health Regulation on Hospital and Patient Obligation)	Derivative from U.I
	PMK.07 (75/2014, Minister of Health Regulation on Rehabilitation of Injection Drug User)	Not relevant

i	Code	PMK.08 (33/2015, Ministerial Regulation on Planning of HRH Needs)
ii	What is the policy level?	Ministerial Regulation
iii	What level of government or institution will implement?	Central government (MoH), provincial government (PHO) district government (DHO)
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	To provide guideline for achieving adequate and equitable distribution of HRH for each health facility in Indonesia
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	The central government is responsible for HRH planning at technical facilities unit under MoH. The provincial government is responsible for HRH planning in health facilities at provincial level. The district government is responsible for HRH planning in health facilities at district level. The provincial health office is also responsible for coordination, monitoring and mentoring of HRH planning of districts/municipalities in the area.
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	Planning of HRH is done every year for short term planning and 5 or 10 years for intermediate term planning. The HRH planning team consists of: - Stakeholders at administrative level of local government are responsible for development of HRH planning documents

		- The team is working under the coordination of District/provincial health office The methods of planning are categorized as: 1. Methods based on institution - Analysis of work burden on health, can be used for established facilities - Minimal HRH standards, can be used for remote and border areas 2. Methods based on areas - Based on "ratio of population to HRH" methods, the availability, needs and production capacity in a certain area. The HRH needs will be estimated based on a certain formula. HRH planning can be done using top down (central to district) or bottom up planning (district to central). The steps are as follows: Advocacy to stakeholders Establishing team for HRH needs planning (consist of decision makers and implementers) Planning of HRH (based on the abovementioned methods) - Selection of methods - Preparation of data Calculation of HRH needs Analysis Development of planning documents Follow up → documents are sent to the programs, relevant sectors, related institution for inputs, especially in relation to the recruitment, allocation, quality and monitoring of HRH. Follow up can include redistribution of HRH between institution or areas, new recruitment and quality improvement.
vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	Adequate number of HRH at health facility level will benefit HIV/AIDS program, as long as
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	- HRH planning capacity - Facilitation skills in developing planning documents - Financial resources for follow up on the HRH planning documents

ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	Data on HIV/AIDS is not taken into account in the formula of HRH planning

i	Code	PMK.09 (26/2017, Guideline for HRH recruitment for Healthy Indonesia with Family Approach – PIS-PK program)
ii	What is the policy level?	Ministerial Regulation
iii	What level of government or institution will implement?	District/municipality health office, Puskesmas
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	To provide guideline for district/municipality health office in HRH recruitment for PIS-PK program
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	The MoH has implemented the family approach to achieve Healthy Indonesia 2019. The approach consists of home visit by Puskesmas in order to increase access of family to health services.
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	In order to meet the need of PIS-PK, district health office is allowed to recruit HR on an individual contract basis. The condition of the contract are as follows: - Maximum 1-year contract - Includes: health promoter, sanitarian and others - Tasks of the PIS-PK HR: household visits for data collection, health education, follow up, and management. The minimum qualification is diploma in PH. These HRH will be allocated at Puskesmas and DHO. - DHO performs needs estimation and entry through the e-formation system of MenPAN-RB system (Ministry of Civil Apparatus Empowerment), announce the recruitment and forms recruitment team - The performance of the PIS-PK will be monitored by the DHO and head of Puskesmas
vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	The PIS-PK program will increase the coverage of health education and promotion to family level. The outcome on HIV/AIDS will be indirect, except in areas where HIV/AIDS is included as indicator.

viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	The PIS-PK HR will be salaried through the Local Budget (APBD)
ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	In areas where the HIV/AIDS are included as PIS-PK indicator, the health promoter of PIS-PK can be involved to provide health education on HIV/AIDS to families in areas where HIV/AIDS . This will expand the coverage of the outreach health education for HIV/AIDS and possibly increase test coverage.

	PMK.10 (64/2015, Minister of Health Regulation on the Organization and Work Structure of Ministry of Health)	Background

i	Code	PMK.11 (80/2016)
ii	What is the policy level?	Ministerial Regulation on Health Assistants
iii	What level of government or institution will implement?	District Health Office, Puskesmas, professional organization
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	To provide guideline on the tasks and functions of health assistants
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	The policy can be operationalized by DHO and Puskesmas
vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	Health assistants are health workers with education lower than diploma level and include nurse assistant, pharmacy assistant and laboratory assistant. They need to have competency test but do not need registration and license. They can only work at health facilities under supervision of relevant health workers. Nurse assistant is responsible for cleaning, personal hygiene, and health education of patients and community. Pharmacy assistant is responsible for administrative and logistic work at the pharmacy. Lab assistant is responsible for administrative and logistic work at the laboratory, including blood test sample.
vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	With proper training, nurse assistant can assist in health education on HIV/AIDS in situations with shortage of health workers, while lab assistant can assist in laboratory tests
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	If health assistants are to be involved in HIV/AIDS, extensive training must be provided.

ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	Trained health assistants can help in expanding coverage of HIV tests and perhaps outreach work.

	PMK.12 (46/2013, Minister of Health Regulation on Health Worker Registration)	Derivative from U3
	PMK.13 (2052/MENKES/PER/X/ 2011, Minister of Health Regulation on Medical Practice)	Derivative from U3

i	Code	PMK.14 (16/2017, Minister of Health on Special Assignment of Health Workers for *Nusantara Sehat* Program)
ii	What is the policy level?	Minister of Health Regulation
iii	What level of government or institution will implement?	MoH/BPPSDM (HRH Body of the MoH), DHO, Puskesmas
iv	What are the objectives of the policy related to HRH or HIV/AIDS?	The policy aims to provide guideline on the HR recruitment for *Nusantara Sehat* (NS) program. This program aims to allocate health workers at remote, border and island areas in order to increase access and quality of Puskesmas at these areas.
v	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	The program allocates health workers (in team or individual) to remote, border and island areas in a certain period (2 years). The team will be selected and appointed by the Minister of Health, and work under the supervision of DHO. The definition of remote area is determined by the head of district/municipality. The mechanism is as follows: - Planning of health worker need by the MoH, governor and head district/municipality - Head of district/municipality propose the number of health workers per health facilities to the Minister through the BPPSDM - The proposed number will be verified by the BPPSDM - The General Directorate of Health Care will verify the data at the health facility - MoH will validate the proposed number of health worker at the respective health facility - Head of district/municipality will prepare the respective health facility for NS team

vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	The NS team consist of at least 5 health workers from a range of type of health workers, depending on the need of the health facility. This include physician, dentist, nurse, midwives, lab technician, nutritionist, sanitarian, pharmacist and public health workers.
vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	The policy can benefit HIV/AIDS program by increasing the availability of health workers at remote areas especially in areas with high burden of HIV/AIDS
viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	This program is funded by the State Budget (APBN)
ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	Sustainability of programs might be an issue if most HIV/AIDS program is conducted by the NS team

	PMK.15 (39/2016, Minister of Health Regulation on the Implementation of Healthy Indonesia Program with Family Approach)	Background, related to PMK.09

i	Code	PMK.16 (43/2016)
Ii	What is the policy level?	Ministerial Regulation
Iii	What level of government or institution will implement?	Regional/Municipality Government
Iv	What are the objectives of the policy related to HRH or HIV/AIDS?	HIV-AIDS policy is covered in Government Regulation on Minimum Service Standards (PP SPM) of Health Sector. The scope of SPM is so that every person at risk of HIV infection (pregnant women, TB patients, STI patients, transgender, drug users and convicts) is able to receive standard HIV testing. **Types of Basic service,** Health service for people at risk of HIV infection **Quality of basic service,** As per standard of getting HIV examination. **Basic Service Recipients,** People at risk of HIV infection (pregnant women, TB patients, STI patients, transgender, drug users, and penitentiary convicts. **Standard statement,** everyone at risk of HIV infection (pregnant women, TB patients, STI

		patients, transgender, drug users and penitentiary convicts) get standardized HIV testing.
V	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	The Health Service for Persons with Risk of HIV Infection is performed by health workers in accordance with their authority and given in first degree health facility (FKTP) (Puskesmas and its network) and advanced health facility (FKTL) both government and private as well as in prison / narcotics detention. Health services include: a) Prevention efforts for people at risk of HIV infection. b) HIV examinations are offered actively by health worker for people at risk, by: - provision of information regarding HIV-AIDS - rapid HIV testing - referring the positive to capable health facility - re-examination at three (3) , six (6) and twelve (12) months after the first examination for people with STIs, transsexual/transgender, drug user, and penitentiary convict with negative HIV testing results
Vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	Unit cost financing must refer to local regulations and / or standard fees applied in the local area. Consequently, unit cost of one area may differ from others. For regions with small budget and shortage of Health Human Resources, bringing outside HHR support becomes unattractive for the invitee.
Vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	Ministerial of Health Regulation (Permenkes) on SPM in short term can support the operationalization of HIV-AIDS policy. This Permenkes provides operational guidance for the regions to carry out health services for people at risk of HIV infection. Permenkes sets targets, performance achievements, performance calculation formulas, activity steps, targets, cost calculation techniques, monitoring and evaluation, and health resources.
Viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	Trained HHR includes: 1) Specialist Doctor according to his / her authority 2) Doctors / Dentists in FKTP, FKTL and HIV / AIDS trained prison/detention;

		3) Health workers in FKTP, FKTL and HIV/AIDS trained prisons/detention, or HIV Counselors; 4) Health Laboratory Officers at Puskesmas and RSUD trained in HIV / AIDS Examination; 5) Medical recording and reporting officers trained in the field of HIV / AIDS and STI; 6) Program Manager of HIV-AIDS and STI Disease Control in Regency/Municipality	
Ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	Health Human Resources that provide services are required to be trained. Consequently, there needs to be periodic and measured HHR trainings according to the level of need in the field.	
	PMK.17 (369/MENKES/SK/III/2007, Minister of Health Regulation on the Competence Standard of Midwives)		Derivative from U.3
	PMK.18 (5/2014, Minister of Health Regulation on Clinical Practice Guideline for Physician at Primary Health Care Facility)		Derivative from U.2
	PMK.19 (1438/MENKES/Per/IX/2010, Minister of Health Regulation on Medical Practice Standard)		Derivative from U.2
	PMK.20 (1/2012, Minister of Health Regulation on Referral System for Individual Care)		Derivative from U.2
	PMK.21 (75/2014, Minister of Health Regulation on Primary Health Care/Puskesmas)		Background

i	Code	PMK. 22 (71/2013)
Ii	What is the policy level?	Minister of Health Regulation
Iii	What level of government or institution will implement?	Ministry of Health, provincial/district health office, health facilities
Iv	What are the objectives of the policy related to HRH or HIV/AIDS?	HIV / AIDS policies are implemented at First Degree Health Facilities and Advanced Health Facilities. Permenkes regulates the provision of health services in national health insurance, implemented by first degree health facilities and advanced health facilities under cooperation agreement between BPJS for Health and First Degree Health Facilities, i.e.: a. puskesmas or equivalent; b. doctor practice; c. dentist practice; d. primary clinics or equivalent ; and e. Class D Pratama Hospital or equivalent and Advanced Health Facilities, i.e.: a. primary clinics or equivalent; b. general hospital; and c. special hospitals.

		Cooperation is based on requirements, selection, and credentials. Health facility that cooperates with BPJS for Health must conduct comprehensive health services, in the form of promotive, preventive, curative, and rehabilitative health care, midwifery and medical emergency services, including supporting services which includes diagnostic support examination of pratama level laboratory and pharmaceutical services in accordance with the provisions of the legislation. If there is no supporting facilities, a network with supporting facilities must be established.
V	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	NA
Vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	Permenkes stipulates that health facilities that are in cooperation with BPJS for Health are obliged to provide comprehensive health services. Health facilities are obliged to have its support facility. Comprehensive services may include services for HIV / AIDS which are provided based on predetermined service type and rates.
Vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	If the HIV-AIDS policy is included in the Nastional Health Insurance (JKN) benefits package, the service can be implemented for the long run throughout the health facilities in collaboration with BPJS for Health for JKN participants at risk of HIV-AIDS.
Viii	What are the resource, capacity and technical needs to develop, enact and implement the policy?	HIV/AIDS Policy Advocacy is included in the benefits package received by JKN participants.
Ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	The benefits of JKN are intended for JKN participants. People at risk of HIV-AIDS who do not register, pay JKN fee (not a participant) are not entitled to JKN benefits.

5. MINISTER OF HEALTH DECREE

	KMK.1 (HK.02.02/MENKES/52/2015, Minister of Health Decree on Strategic Plan of Ministry of Health)	Background
	KMK.2 (HK.02.02/MENKES/208/2015, Minister of Health Decree on HIV/AIDS Working Group)	Background

	KMK.3 (HK.02.02/Menkes/482/2014, Minister of Health Regulation on Referral Hospital for People with HIV/AIDS)	Background

6. MINISTER OF INTERNAL AFFAIRS REGULATION

	PMDN.1 (20/2007, Minister of Internal Affairs Regulation on Local AIDS Commission	Background

7. MINISTER OF INTERNAL AFFAIRS INSTRUCTION

	IMDL.1 (444.24/2259/SJ, Minister of Internal Affairs Regulation on Institutional Strengthening and Community Empowerment on HIV/AIDS Control)	Background

8. MINISTRY OF WOMAN EMPOWERMENT AND CHILD PROTECTION REGULATION

	PPPA.1 (09/2010, Minister of Women Empowerment and Child Protection Regulation on Planning and Budgeting for Gender-Responsive HIV/AIDS Control)	Background

9. JOINT REGULATION

	PB.1 (36/2013; 1/IV/PB/2013, Joint Regulation of the Minister of Health, Minister of National Education on Competence Test for health science students)	Derivative from U.3

I	Code	PB. 2 (61/2014; 68/2014; 08/SKB/MENPAN-RB/10/2014)
Ii	What is the policy level?	Joint Ministerial Regulation
Iii	What level of government or institution will implement?	Central Government, Regional Government, Governor, Regent/Mayor.
Iv	What are the objectives of the policy related to HRH or HIV/AIDS?	Planning and Equity of Health Workers at Local Government Health Service Facilities shall be conducted by observing: a. type; b. amount; and c. quality of Health Worker

		In relation to HIV / AIDS policy, Planning and Equation may consider the types of health workers who can implement HIV-AIDs policies, the amount that is proportional to the HIV-AIDS rate, and health workers who have the competence to implement HIV/AIDS policies.
V	How does the policy work/operate? (Is it mandatory? Who is responsible? Who are the stakeholders?)	The Leader of Health Service Facility prepares Health Worker Planning at Health Service Facility level to be proposed to regent / mayor The regent/mayor prepares the Health Workers Planning at the regency/municipality level based on the proposal made by leader of the Health Service Facility Ministry of Health prepares Health Worker Planning at national level which is a combination of provincial Health Worker Planning Regent/Mayor performs equity through redistribution and distribution of health workers based on the plan. The Governor shall coordinate the implementation of redistribution among regencies/municipalities within their territory in the event that there are excess and shortage of Health Workers in the district/municipality The Minister of Home Affairs and the Minister of Health coordinate the implementation of redistribution between provinces in the case of the excess and shortage of health workers in the province The Minister of Health may distribute to provinces and regencies/municipalities which are short of Health Worker in all parts of Indonesia in accordance with the provisions of legislation, if redistribution has not fulfilled the plan.
Vi	What is the HRH or HIV/AIDS issue regulated by the policy? How does the policy address the problem or issue?	Health workers to implement the HIV-AIDS policy shall be declared competent by the relevant professional organization. The planning process takes into account HIV/AIDS distribution data in Indonesia.
Vii	What will be the short, intermediate and long-term outcome of the policy on HRH and HIV/AIDS?	The process of planning and equity of health workers that accommodate long-and medium-term HIV/AIDS policies may increase the impact range of people living with HIV/AIDS supported by competent health workers.
Viii	What are the resource, capacity and technical	State and regional budgets (APBN and APBD) for financing health worker training on HIV/AIDS handling competency.

	needs to develop, enact and implement the policy?	Advocacy of HIV-AIDS policy in the process of planning and distribution of health workers based on this joint ministerial regulation.
Ix	What might be the unintended positive and negative consequences of the policy on HRH and HIV/AIDS?	The HIV-AIDS policy in the planning and equity of health workers may take a long time but the results will be sustainable.

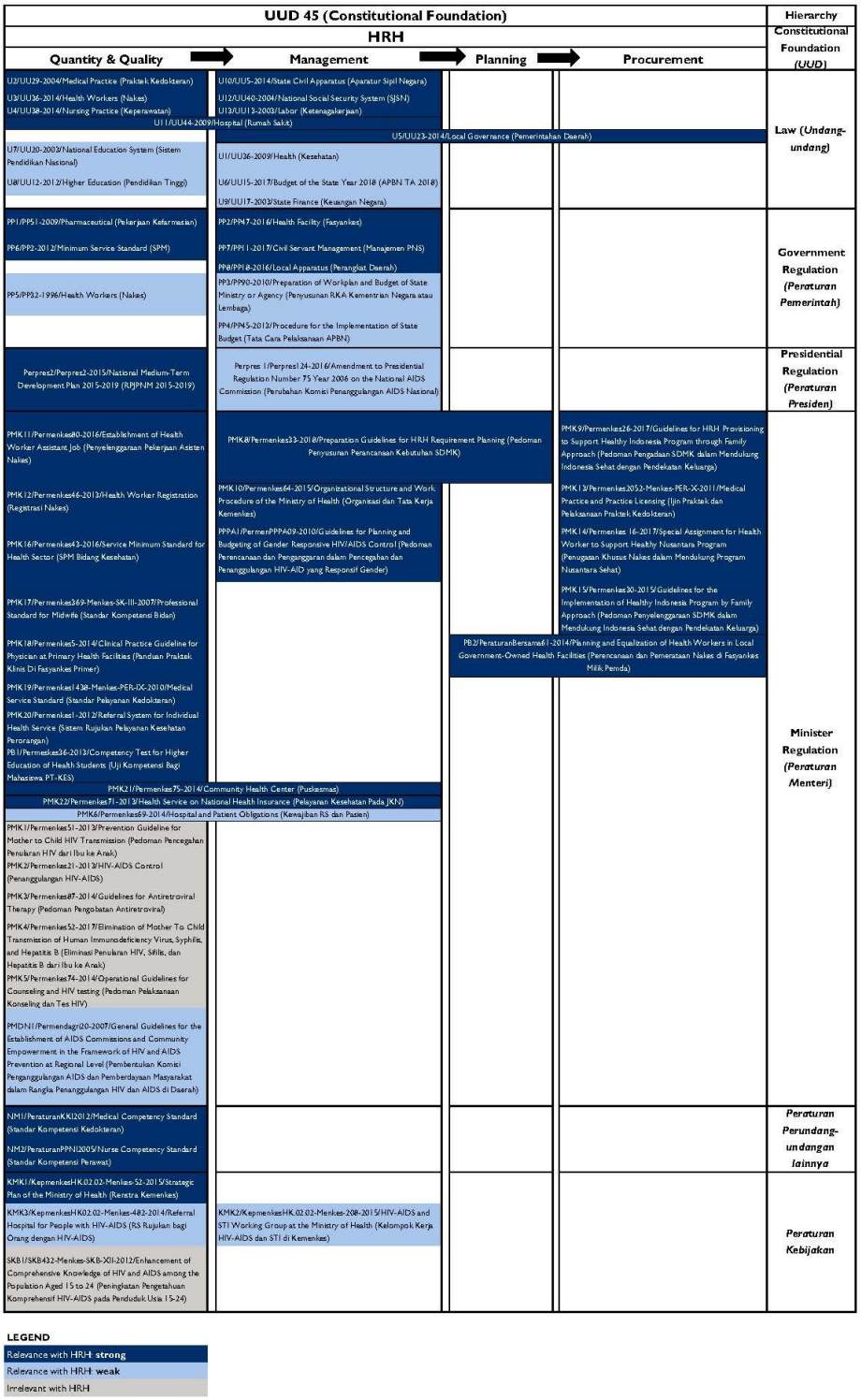
10. JOINT AGREEMENT

	SKB.1 (432/Menkes/SKB/XII/2012; 44.24-875 Tahun 212; 13/XII/KB/2012; 7 Tahun 2012; 02/HUK/20, Joint Agreement of the Minister of Health, Minister of National Education on Knowledge on HIV for Population Aged 15-24 years)	Background

11. NON-MINISTERIAL POLICY

	NM.1 (Peraturan Konsil Kedokteran Indonesia 11/12, Indonesian Medical Council Regulation on Competency of Physician)	Derivative from U.2
	NM.2 (Persatuan Perawat Nasional Indonesia/Indonesian National Nurse Association Regulation on Competency of Nurse)	Derivative from U.4

Annex I. Regulations of HRH in HIV/AIDS in Hierarchy of Legislations



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