



Human Resources in HIV/AIDS Prevention Program in Jayawijaya Regency, Papua

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Abstract

High rates of HIV / AIDS sufferers become one of the health problems in Jayawijaya Regency. The human resources in terms of quantity, qualification, distribution and capacity become one of the main factors in the prevention of HIV / AIDS in Jayawijaya Regency. This research aim to examined the human resources in HIV / AIDS prevention programs in Jayawijaya Regency. This research uses qualitative research design with case study approach. Data was collected by in-depth interviews on 18 information and 1 group of *Focus Group Discussion* (FGD). Determination of research informants with purposive procedures, consisting of District Health Officer, Regional AIDS Commission, Head of Public health services, HIV / AIDS Program Holder and *Non Government Organization*. The results showed human resources for the HIV AIDS in Jayawijaya still there are problems in terms of number, qualification, distribution as well as increasing capacity. The shortage of HIV AIDS workers occurs at the level of Public Health Service and Service unit. This leads to a buildup of energy because the workload to be doubled as programmer other activities.

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Type HIV-AIDS workers is insufficient health analyst (power laboratory), pharmacists, doctors, counselors and HIV-AIDS effort. The distribution of health workers is still largely centered in urban areas. In terms of capacity building, the health services regency has routinely conducted training for HIV AIDS workers, but the problem is the phenomenon of moving the duties of health workers who have attended the training.

Keywords: Human resources; prevention; HIV / AIDS; Jayawijaya.

1. Introduction

Papua illustrates extreme injustice cases of infection patterns. With a population of only 1.5% of Indonesia's population, Papua in 2011 contributes more than 15% of all new HIV cases in Indonesia [1]. Papua has a case rate of nearly 15 times higher than the national average with a higher prevalence of HIV among indigenous Papuans (2.8%) of the non-indigenous population (1.5%) [2, 3]. Based on data up to March 2016, there are 25,233 people with HIV / AIDS. Data from the provincial health service, AIDS patients who died reached 1836 people. While as many as 15 871 people suffering from AIDS, and people living with HIV as many as 9362 people. Based on the regions, the most populated areas are in Jaya Wijaya Regency (5.293), Mimika Regency (4.162), Nabire Regency (4.162), Jayapura City (3.762), Jayapura Regency (1.813) and Merauke (1.807) [4].

In 2001, the implementation of decentralized governance in Indonesia began to follow the implementation of the new policy on the funding of development at the central, provincial, and district / city. Its implementation is also followed by decentralization of health as a consequence of political decentralization which is at the core of Law no. 22/1999 on Regional Government [5]. Decentralization gives greater authority to local governments to establish development priorities in their regions, including in HIV / AIDS prevention programs in Papua. Strength at the health service level is expected to support national targets in HIV / AIDS prevention nationally [6].

The National Health System provides an important focus on the development and empowerment of human health resources to ensure the availability, distribution and improvement of health human resources quality. Development and empowerment of human health resources includes the necessary human resources needs and program planning, procurement covering health personnel education and training of human resources health, utilization of human resources health, including improving their welfare, and guidance and quality control of human health resources [7].

The rules of the Papua Province through No. 8 of 2010 on the prevention and control of HIV-AIDS in Papua, which is driven in an attempt to break the chain of transmission of HIV in Papua province. In order to support the implementation of HIV AIDS Prevention, the Commission for AIDS Prevention (KPA) is established to make policies, mobilize, coordinate and facilitate prevention and controlling headed by the Head of Region and technical implementation submitted to the Health Department which is Regional Police, ODHA Network, , Social Welfare Department and several other Stakeholders.

Jayawijaya District Health Office in carrying out its duties oversees 26 Public health services (13 Public health

services already registered in the Ministry of Health and 13 Public health services not registered in the Ministry of Health). Organizational structure, the part that oversees the effort of HIV AIDS is the Field of Eradication of Communicable Diseases and Sub-field of Controlling TB / HIV. All Public health services provided HIV AIDS services totaling 5,293 cases in 2017 with the highest number of cases occurring in Wamena City Health Center Working Area of 1,682 cases and followed by Hom Hom and Elekma Public health services in second and third position. RSUD Wamena and Kalvari Clinic as referral center for patients with HIV / AIDS.

Capacity constraints (human and infrastructure), attitudes and cultures influence efforts to prevent mother-to-child transmission and promote continued care for the mother and baby [3]. Mother-to-child transmission services in Jayawijaya District are limited, and implementation at the provincial and district levels varies. The gaps in availability and use reflect differences in local capacity levels, follow-up mechanisms, and local cultural norms and attitudes toward HIV.

Research conducted in Semarang by Aji and his colleagues [8] decentralization policy in HIV AIDS program in Semarang City has not run optimally which is marked by increasing HIV AIDS case, inadequate number of health facilities and insufficient human resources. The study also found ego between government and private agencies as well as negative stigma for HIV AIDS and a permissive culture in HIV AIDS-related communities.

The research in Manokwari District found that the implementation of decentralization system which gives full authority to the head of region in making decision especially in process of employee mutation cause labor transfer process in Manokwari Regency is very high. The relatively wide area and uneven topography become the inter-regional transportation barrier. This has implications for the inequality of human resources in providing HIV AIDS services [9].

This study aimed to examined the human resources in HIV / AIDS prevention programs in Jayawijaya Regency.

2. Methods and Materials

The research was conducted in Jayawijaya, Papua, Indonesia in Health Office, Regional AIDS Commissions, Regional Development Planning Board, Non-Government Organization and Public health services. The study was conducted from February to April 2018.

Design

This research uses qualitative design with case study approach. The selection of this design with the consideration that qualitative design is very appropriate to examine the phenomenon of the human resource state of HIV AIDS prevention programs in Jayawijaya Regency based on the views of interested stakeholders.

Data collection and analysis

Data collection was done by in-depth interview towards 18 informants at institution of research location. Data collection was also conducted with 1 Focus Group Discussion (FGD) to obtain information inter-subjectively. In

the conduct of interviews conducted voice recording by first request approval from the research informant.

This research used qualitative data analysis. Interview data in the form of recording is processed by transcribing manually and typed into *Microsoft word* program. Then coding to form categories and themes based on facts submitted by research informants. Interpretation of the research results are narrative and supplemented with quotations from interviews. The process of ensuring the validity of the research findings is triangulation.

3. Result

Human resources in HIV / AIDS prevention programs in Jayawijaya District include the availability / adequacy, distribution and capacity building of HIV AIDS workers.

a. Adequacy and Distribution of HIV AIDS Workers

HIV / AIDS prevention programs require a good enough manpower in terms of numbers and qualifications both that served in the health service and HIV AIDS workers who served in the Public health services. Health workers needed in health centers in HIV AIDS prevention programs are doctors, laboratory personnel, nursing staff, pharmaceutical personnel and public health workers. Currently the person in charge of HIV AIDS program in Jayawijaya District Health Office consists of 2 people, namely doctors and public health personnel.

Jayawijaya District has 15 AIDS AIDS services, namely Wamena Hospital, Kaflari Clinic, Waelena Public Health Center, Asolokobal Health Center, Homhok Health Center, Kurulu Health Center, Yalengga Health Center, Polakne Health Center, Wolo Community Health Center, Elegma Health Center, Pelebaga Community Health Center, Musatfa Health Center, Asologaima Community Health Center Public health services Musakfa. This amount is greater when compared with other districts located in Papua Province. However, some services are still short of doctors, ie Musakfa Public health services, Hubikosi Health Center, Palebaga Community Health Center, Yalengga Community Health Center, Wolo Health Center and Asolokobal Community Health Center (Public health services). The absence of a doctor due to the absence of placement of doctors in health centers, doctors who are studying, and doctors who are on maternity leave. Though doctors are needed in the diagnosis of patients.

This is as presented by the following informants:

... of the 15 services of the public health services musakfa no doctors, puskesmas hubikosi no doctors, clinics boarding school doctors, health centers yalengga no doctors, public health services wolo no doctors due to school, then public health services asolokobal doctors are on leave for childbirth, this which doctors we think is very vital, then the second not all public health services have nurses, this is still a great homework for us. Also, not all public health services have analysts, all of them can be provided by local government of jayawijaya regency but there are still musakfa community health centers, so far they do not have analysts. Also, not all health centers have ee pharmacists because we need them for ARVs, and not all public health services have reliable counselors so they can make sure patients continue to take medication. These are the health resource issues that exist in services. While in the service itself is still weak because there is no special monitor about the

quality of the laboratory and also who make sure about ee counselor and also a good nurse. Still another is that we do not yet have a clinical mentoring team that should or should be provided by wamena sickness until now we do not have any. That's one, two wrong three issues relating to our human health human resources ... (GYA Informant, Head of AIDS Section, TBC and Malaria).

In addition to doctors, shortage of personnel also occurs for nurses, health analysis, pharmacists and counselors. Some services do not have nurses, so there are still public health services that do not have analysts working in Laboratory. For example Musafki Public health services which until now has not had the power analyst. Lack of energy also occurs in pharmacists. Not all health centers in the work area of Jayawijaya Health Office have pharmacists, whereas in HIV AIDS prevention programs pharmacists are used in the provision of antiretroviral drugs. Reliable counselors are also not owned by all public health services. The counselor is the energy that will ensure the patient to continue taking the drug.

Special forces in charge of HIV AIDS in Public health services now also serve as program holder for other diseases. The existing health worker serves as a programmer on other activities, so it does not focus on addressing HIV / AIDS programs. Managers have a burgeoning workload, leading to delays in reporting activities. Including delays in inclusion of LBPHA report for submission of logistic needs of HIV AIDS prevention program at Public health services.

... ee most often the delay was due to ee program managers at public health services workload piling up ... (Informant HCT, Head of Alkes and PKRT).

In addition to the level of service, human resources problems also occur at the District Health Office Jayawijaya which only consists of 2 people. This number is felt to be very less when compared with the work area of Health Department of Jayawijaya Regency, which consists of 26 Public health services, consisting of 13 registered Public health services and 13 public health services that have not been registered.

... the official environment well, indeed the human resources there is very limited because so far Hg doctors and friends are only two for how HIV / AIDS services in Jayawijaya this. With one or two of these forces I think is still lacking, because no matter how ee this need ee other HR-how to strengthen data, dilab him, monitoring service, at level of planning so this and this same in KPA also ee we have not clay with clear human existing with existing tupoksi also not too clear the meaning is not too clear also so this also becomes an obstacle as soon as we do the implementation of the program well, in the discussion yesterday also doctors Hg already told me that indeed they happen to lack of energy because I think HR is very it is important to how to address issues related to HIV that are the most important and secondhand workforce how to empower existing staff to facilitate at the service level, especially mentoring, other services and so forth ... (FGD Transcript, Lingkages)

Health resources for HIV AIDS programs in Jayawijaya District Health Office are felt very weak, because there is no special personnel in charge of monitoring the quality of laboratory, counselor and a good nurse. Currently Jayawijaya District Health Office also does not yet have a clinical mentoring team that should be provided by the Wamena regional public hospital.

An effort by the health department that addresses the problem of human resource shortage is to provide a budget for recruiting contract workers. Power currently required such as doctors, pharmacists, nurses and analysts. However, even though local governments have opened and set up funds for recruitment of contract workers, the problem is that there are no available staff to register as contract workers.

... doing with local financing contracts for the adequacy of the analysts and pharmacists but still lacks, because although doctors are contracts but doctors who want to come no one is a problem, in fact the local government has set up funds for payment of doctor contracts, nurses, as well as analysts and pharmacists, but their strengths for doctors and nurses are not available ... (GYA Informant, Head of AIDS Section, Tuberculosis and Malaria Office of Health).

Existing power is contract workers and Healthy Nusantara personnel who are assignments from the Ministry of Health. But this energy can not be expected because the existence of power is bound by the time contract, so that at any time can leave the duty in Jayawijaya Regency.

The distribution of HIV personnel is still a concern in the utilization of human resources in HIV AIDS prevention program in Jayawojaya District. The distribution of HIV AIDS workers in public health services establishes the availability of personnel at the Public health services. Public health services located in urban areas become the main choice for health workers. While public health services far from urban areas are still minimal and have not met the needs of services, because it is caused by problems in access (affordability), security factors, availability of needs, and housing.

... the distribution especially the distribution of health workers in jayawijaya district is still not good, not yet ideal for what, there are some ee of our areas that are difficult, still difficult to reach in the meaning of quotes that need from the side of possible safety factor, what the name needs other needs may be housing and so forth so that the distribution of health personnel is still a lot of being around the city and the suburbs ... (Informan PM, Head of Bappeda).

Challenges of human resources in Public health services Jayawijaya especially in the field of laboratory and recording reporting. The number of laboratory personnel does not match the number of patients and the number of health care facilities.

b. Increased capacity of HIV AIDS workers

Human resource development is an important support dimension in the context of the success of the HIV and AIDS response program. Decentralization of HIV AIDS treatment to primary health care in Jayawijaya District requires the strengthening of human resources. Capacity building for HIV AIDS workers in Jayawijaya District is routinely conducted. capacity building is done in the form of training of HIV AIDS workers to improve skills in services and recording and reporting.

... every year it is held training for human resources improvement .. (FGD Results, Programmer HIV AIDS Health Office).

Jayawijaya District Health Office through the P2P section recorded regular training in 2017. The training was shown to HIV AIDS workers residing in the service. In addition to the Health Office, training for capacity building is also conducted by international NGOs such as CHAI, Lingkages and others through On The Job Training (OJT). In addition to being provided to HIV AIDS Public health services workers, training is also provided to local NGOs and village cadres.

... but sometimes even ee officers who have been trained especially for HIV sometimes we are already in the time before our training is made they have to make a commitment that will not move tasks for a period of at least 3 years must be served in this. But sometimes even though they have been trained they have moved without the knowledge and permission of the program people in the health service ... (FGD Results, HIV AIDS Program Health Programmer).

However, one of the problems faced with increasing the capacity of HIV AIDS workers for public health services personnel is low retention rates. A few trained HIV AIDS workers have moved on duty. This resulted in the cessation of HIV AIDS services at the Public health services. Because HIV AIDS services such as examination, treatment and counseling should be done by trained personnel.

4. Discussions

The decentralization of HIV / AIDS prevention programs requires the strengthening of human resources in terms of quantity, qualification, distribution and capacity building of HIV AIDS workers at all levels, whether it is Health Office, public health services, hospitals, NGOs and cadres. According to the KPA [10] human resources engaged in the HIV AIDS program include field workers (peer educators, outreach workers, field program supervisors, field program managers), service levels (counselors, specialists, general practitioners, laboratory personnel, administrative officers, nutritionists, midwives, case managers) and KPA level in District/Municipality (program managers, monitoring and evaluation officers, and administrative managers). Human resources as inputs in the health system will greatly affect the course of the health system itself, including in HIV/AIDS prevention programs that must be supported by human resources [7].

The availability of human resources affects the course of HIV AIDS programs in the region [11]. Adequacy of health human resources of Jayawijaya Regency if viewed on the basis of the ratio of manpower and population, the condition has been sufficient, except in 2 public health services that do not have a doctor. However, the involvement of health workers in the HIV-AIDS program in Jayawijaya Regency is not sufficient. The challenge is that some public health services do not have doctors, laboratory personnel, pharmacists and recording reporting. In fact, the availability of doctors and laboratories is instrumental in diagnostic laboratory tests, while reporting records are a major factor in the availability of HIV AIDS data and information at the Public health services , to the ARV treatment process [12].

Lack of HIV AIDS also occurs in pharmacists and counselors. Some public health services do not have pharmacists, but this energy is closely related to the provision of antiretroviral drugs for patients. Similarly, counselors who play a role in mentoring and counseling for patients and their families. Another problem is that

HIV-AIDS program holders in public health services have more workload because they are also program holder for other diseases such as malaria and tuberculosis. This has led to delays in report submissions to health office for logistical requests and more.

Efforts are made to meet health personnel in 2015 -2016 Jayawijaya District Health Office performs recruitment of temporary personnel for doctors, midwives, nurses, analysts, pharmacists and health information processing personnel. Recruitment and remuneration using APBD funds that have been prepared by the local government. In addition, the Health Office also recruited 8 barrels of bare footgear personnel, consisting of doctors, midwives, nurses, analysts, pharmacists, nutrition workers and health workers who were placed in 8 service places away from the service range health.

In addition to contractors and bare foot barrels Jayawijaya District Health Office receives Healthy Nusantara Power which is sent by the Ministry of Health. The number of Healthy Nusantara personnel is 10 people, each of them is nurse, pharmacy, laboratory analysis, midwife, nutritionist, and environmental health worker are placed in Wollo Health Center and Public health services Bolokme.

However, the existence of contract workers, bare foot barrels and Healthy Nusantara Power can not meet the needs of HIV AIDS workers in the Public health services. Because the existence of the power is not intended to meet the needs of HIV AIDS workers, but to meet the needs of public health services in general. It is seen that the public health services personnel who concurrently occupy positions for other health programs other than those concerned are also responsible as HIV AIDS workers. In addition, contract workers, bare foot barrels and Healthy Nusantara Power can not be expected to continue to survive in the health center because the workforce is in accordance with the contract that has been determined .

Lack of worker also occurs at the health service level. At the Health Service level, HIV AIDS programs are handled by AIDS Section, TBC and Malaria with a total number of personnel 2 (two) persons, namely head section and 1 (one) member. This number is very inadequate compared to the working area of 26 Public health services (13 registered and 13 unregistered) with 15 units of HIV AIDS service units. This has led to the HIV / AIDS Program Officer of the Health Office not being able to run several kinds of activities such as clinical monitoring, laboratory quality monitoring, and HIV AIDS counseling. Monitoring activities undertaken by the health office should ensure the implementation of HIV treatment at Public health services level [13].

Lack of human resources for AIDS prevention programs not only occur in Jayawijaya Regency. The issue of lack of manpower is also a problem in other districts, such as the results of research conducted by Feranika [14] in Pangkalpinang District. The shortage of HIV AIDS human resources causes more workload on HIV programmers and the abandonment of some other activities.

Another important issue related to health human resources in Jayawijaya Regency is the distribution of health personnel. Health workers are still concentrated in the area around Kota Wamena because the infrastructure in Jayawijaya Regency has not been developed evenly and terrawat, including residence for health

workers. Moreover, problems of access and security issues become one of the causes of health workers are not willing to serve in areas that so far from the town of Wamena.

All health workers including those working for HIV AIDS services need to have certain competency standards. Competency standards are obtained either through formal education institutions, as well as training from health ministry or other certified health institutions. Currently, there is no reference to the competence of HIV AIDS workers in the health system because some HIV AIDS workers, such as outreach workers, counselors, counselors, are not yet known in terms of HR Health. Except for doctors, there is a clinical practice guideline in primary health care facilities to deal with specific diseases such as HIV AIDS, as stated in Minister of Health No. 5 of 2014. In the absence of this standard that can be used as reference, the current training is not to meet competency standards, but only for capacity building in carrying out activities in the HIV AIDS service unit.

In order to increase the capacity of HIV AIDS workers in Kabupaten Jayawijaya, Jayawijaya District Health Office conducted training. Training is not only given to health workers, but also to non-health workers such as cadres. The training was conducted in the framework of refresher for health workers about the method of HIV AIDS services that at any time developed. Training conducted to the cadre is given in order to provide knowledge and skills of cadres in the search activities of HIV AIDS patients who are Lost to Follow up and Drinking Drug Companion.

However, the Jayawijaya District Health Office is experiencing difficulties in conducting training in relation to HIV AIDS prevention programs. This is because it is not easy to convince government both Provinces and Regions to allocate budgets for training activities for HIV AIDS workers. The thing that can be done by Jayawijaya Health Office is to do *On The Job Training* (OJT) with the help from Foreign Donors. But this is not enough because the resources and training materials must be adjusted to the available budget.

The problem of moving the duties of employees is also a constraint in relation to HIV AIDS. HIV AIDS workers in Public health services who have taken part in HIV AIDS training have some of them moved. This has resulted in a vacuum of trained HIV AIDS workers in Public health services.

5. Conclusion

Human resources for HIV AIDS prevention program in Jayawijaya Regency is still a problem on the number, qualification, distribution and capacity building. The shortage of HIV AIDS workers occurs at the level of Public Health Service and Service Unit at Public health services. This causes the buildup of workload of personnel because it must be concurrently as other activities program. The inadequate types of HIV AIDS workers are health analysts (lab workers), pharmacists, doctors, and HIV AIDS counselors. The distribution of health workers is still largely centered in urban areas. In terms of capacity building, the health office has routinely conducted training for HIV AIDS workers, but the problem is the phenomenon of moving the duties of health workers who have attended the training.

Conflict Interest

The author declares there is no conflict interest.

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