

The Consistency of Stakeholder Involvement in Prevention and Control of HIV/AIDS

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Abstract. Reducing HIV/AIDS case requires collaboration between institutions. However, many institutions that should be involved in handling it do not even notice they are involved. The impact has been an increased in cases and inconsistencies in prevention and control of HIV/AIDS. Accordingly, this study intends to explore why some agencies do not notice their involvement in HIV/AIDS prevention and control. This research uses a qualitative method with a phenomenology approach due to the reason that the researchers want to comprehend, study in-depth, and elaborate what caused the stakeholders' loss of consistency in HIV/AIDS prevention and control. The results expose that numerous stakeholders do not notice their agencies are part of the AIDS Commission management because of the following factors: unclear Work System Organization (SOTK), lack of budget availability, and incompatibility of the HIV/AIDS program with the institutions' strategic planning. Therefore, the consistency of collaboration between stakeholders involved is essential in suppressing HIV/AIDS cases.

Keywords: consistency, stakeholder, prevention and control of HIV/AIDS

Introduction

AIDS is an acquired immunodeficiency syndrome, a clinical manifestation of the final stage of HIV infection (Human Immune Deficiency Virus). The virus has become one of the world's most severe health and developmental challenges, which the first case in the United States reported in 1981 (Huang et al., 2016).

The virus attacks the immune system, an essential component in fighting infection. Deprived of treatment, HIV gradually destroy the immune system and cause AIDS (Yuliandra, 2017). The high number of AIDS cases globally is an issue that should be of particular concern to countries worldwide. DiClemente and Jackson (2014) mention that the HIV epidemic had taken a toll globally for several decades. In its report in 2020, even WHO presumed that 37.7 million people are living with HIV (WHO, 2020).

HIV/AIDS cases are phenomena resemble an iceberg with the number of people being reported is far less than the actual number. This issue can be seen from the number of cases reported each year which has risen significantly (Octavianity et al., 2015). For example, in the United States, an estimated 1.2 billion people live with HIV/AIDS (Winkelman et al., 2012). In China, as stated by Huang et al. (2016), starting with the first case in 1985 until the end of 2013, about 937,000 people were estimated to be infected, including over 127,000 reported deaths from AIDS. From these two countries, it can be inferred that the number of HIV/AIDS cases is still massive and requires intensive prevention from many parties.

In Indonesia itself, HIV/AIDS is disquieted for its dissemination, with a growth rate of forty-six thousand per year; it ranks third after India and China (Nainggolan,

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Table 1
The Growth of HIV/AIDS in Pekanbaru from 2013 to 2020

Year	Infected by HIV	Infected by AIDS	Total
2013	121	71	192
2014	136	111	247
2015	241	168	409
2016	261	187	448
2017	247	201	448
2018	219	226	445
2019	249	354	603
2020	214	164	378
Total HIV/AIDS's infected from 2013 to 2023			3.170

Source: The Pekanbaru AIDS Commission 2019

2019). One of the provinces with a high rate of people infected with HIV/AIDS is Riau, ranked 11th nationally. Additionally, the area contributing to the spread of HIV/AIDS in Riau every year is Pekanbaru, even though it currently has an AIDS Prevention Commission (KPA). In Pekanbaru, which involves stakeholders, data from 2013-2020 showed that the HIV/AIDS case has reached 3,170. For more details, the following table presents its data in Table 1.

Table 1 displays the cases of HIV/AIDS in Pekanbaru that have tended to grow. In conformity with 2013-2020 data, the cases decreased only twice in 2018 and 2020, and the other six years have risen. Of course, this is not in line with the establishment of Work System Organization in Pekanbaru that aims to reduce the HIV/AIDS virus spread.

Not all stakeholders are entangled in taking HIV/AIDS prevention and control actions in Pekanbaru. This is due to ineffective communication from the mayor to stakeholders involved in parallel tasks, namely running local government organizations and preventing HIV/AIDS as well, even though stakeholder involvement is critical to a program's success (Purbani, 2019). Many parties dispute HIV/AIDS policy in Central Asia due to competition for power and resources (Ancker et al., 2017; Ancker & Rechel, 2015). There is a necessity to upsurge stakeholders' participation to take preventive actions against HIV/AIDS, which not all stakeholders do. For more details, it can be noticed in Table 2.

As depicted in Table 2, the fourteen

stakeholders have taken action in prevention and control, but these actions have not been continued due to limited funds. This limitation slows down stakeholder participation. In comparison, the Pekanbaru AIDS Commission's partners, the twenty-eight stakeholders, have made no contribution.

There is the Occupational Health and Safety Forum within the AIDS Commission management formation in Pekanbaru (K3L). The Safety Forum is not a member of the AIDS Commission but an external party that is not management. It should be an evaluation for their AIDS Commission since they involve stakeholders. There should be a clear policy direction in regulating the Pekanbaru AIDS Commission organization's work procedures. They can work together to reduce the case of HIV/AIDS in Pekanbaru. Nevertheless, numerous of stakeholders do not take the duties, and it can be seen in table 3.

The involvement of stakeholders in preventing and controlling of HIV/AIDS is crucial considering that it is a global epidemic that can infect anyone. Coupled with the emergence of various kinds of the stigma that people with HIV/AIDS should be shunned, people who get infected necessitate medical and psychological treatment.

Providing an understanding to the public that people with HIV/AIDS must not be avoided is the right step (Maharani, 2017); this is where stakeholders have an essential role in suppressing the rapid pace of HIV/AIDS spread. Stakeholders become socializers that prevent and control HIV/AIDS

Table 2
Data of Stakeholders Involved in HIV/AIDS Prevention and Control Actions

No	Stakeholders	Actions
1	Pekanbaru Health Office	Surveillance and medical examination
2	Pekanbaru PP and KB Agency	HIV/AIDS exhibition
3	Pekanbaru National Narcotics Board	Counseling HIV/AIDS drugs to Pekanbaru students
4	Pekanbaru Education Office	Counseling HIV/AIDS drugs to Pekanbaru students
5	Pekanbaru Youth and Sport Office (Dispora)	HIV/AIDS education for youth
6	Pekanbaru Indonesian Red Cross Society (PMI)	Capturing Infected Donor Volunteers
7	Pekanbaru Manpower Office	Corporate HIV/AIDS counseling
8	The network of Infected People (JOTHI)	Participate in any HIV/AIDS prevention activities
9	AIDS Community Care Forum	Participate in any HIV/AIDS prevention activities
10	Penitentiary for Children and Women II B Pekanbaru	HIV/AIDS examination for assisted residents, performing art commemoration of world HIV/AIDS day.
11	Pekanbaru K3L Forum	Coordination meeting with the marketplace
12	Penitentiary II A Pekanbaru	HIV/AIDS examination for assisted residents
13	AIDS Commission Secretariat	Printing of IEC media, billboards, brochures, stickers
14	Pekanbaru Social Service	HIV/AIDS education for students

Source: Data from the Pekanbaru AIDS Commission 2020

both in stakeholder agencies and among families and communities (Junita, 2016). They can provide handling and prevention such as conducting outreach, providing public communication services to the community, and coordinating with institutions involved in similar matters.

The involvement of stakeholders in HIV/AIDS prevention has been carried out by countless researchers, such as Ancker et al. (2017) who analyzed stakeholders in HIV/AIDS policy-making in Kyrgyzstan. Participants from stakeholder organizations are included. The collected data for the Stakeholder Analysis included 54 semi-structured in-depth interviews, a review of policy documents, and a literature review on HIV/AIDS policy-making including government reports, donors, and non-governmental organizations. The results showed that most stakeholders supported the policies of HIV/AIDS, although their

impact was very different. Some leading state agencies and media have shown only mixed support for HIV/AIDS with significant influence over policy-making. In fact, none of the parties concerned has demonstrated a complete lack of support.

The subsequent research was from Bennett et al. (2015) evaluating the transitioning prevention program of HIV/AIDS for local stakeholders, which is called Avahan. This assessment includes a structured transition readiness in a sample of 80 pre-transition target prevention programs of HIV, a structured survey assessment of the institutional characteristics sample of 70 TI programs one year after the transition, and 15 TI programs case studies. The discoveries presented the Avahan program was well prepared for the transition; there were significant program changes, but these were primarily positively perceived. The evaluation and monitoring of the transition

Table 3
The Stakeholders Who Have Not Been Involved in HIV/AIDS Prevention and Control Actions

No	Stakeholders	Information
1	Pekanbaru City Resort Police Chief (Kapolresta)	Have not yet been directly involved because it depends on plotting and the availability of funds.
2	Pekanbaru Commander of the Military District (Dandim)	
3	Pekanbaru Ministry of Religion	There is no expert team at each stakeholder who has competence in HIV and AIDS prevention.
4	Pekanbaru Culture and Tourism Office	
5	National Unity and Politic Agency (Kesbangpol) and Perlimas Pekanbaru	
6	Pekanbaru Municipal Police (Satpol PP)	The absence of a Working Group (POKJA) in charge of preventing and controlling HIV and AIDS in the relevant agencies participated.
7	Class II Port Health Office	
8	Pekanbaru Family Welfare Programme (PKK) Team	Stakeholders do not have Standard Operating Procedures (SOPs) in the prevention and control of HIV/AIDS
9	Pekanbaru Transportation Department	
10	Indonesian Medical Association (IDI) of Pekanbaru	
11	Indonesia Banker Institute (IBI) of Pekanbaru	
12	Indonesian National Nurses Association (PPNI) of Pekanbaru	
13	Indonesian Dental Association (PDGI) of Pekanbaru	
14	Local Government Planning Agency (BAPPEDA) of Pekanbaru	

Source: Data from the Pekanbaru AIDS Commission 2020

should be done to notify the upcoming strategies.

In Indonesia, a study was conducted by Auliani (2017), who researched a strategic study at the AIDS Commission on HIV/AIDS prevention in Samarinda. The research results exhibited that the Samarinda AIDS Commission had performed its duties properly in providing information and education to the public by conducting interviews and literature reviews. Yet, it has not been optimal due to limited human resources and budget. For public communication services, Samarinda AIDS Commission has not optimized public communication services due to the constrained costs that only fund existing programs for prevention. In contrast, special costs for advertisements such as radio, television, and newspapers are also inadequate. Samarinda AIDS Commission has executed a good coordination, but there were obstacles in its implementation so that the coordination process has not been running optimally. With the above findings, Samarinda AIDS Commission has to do an

evaluation to minimize the obstacles.

The AIDS Commission has a vital role in preventing HIV/AIDS in an area. Thus, the maximum efforts of innumerable parties can encourage and enhance the quality of an AIDS Commission.

Research Methodology

This study employed a qualitative approach with informant retrieval technique via purposive sampling, which later modified to the snowball technique. Various stakeholders involved did not recognize clearly that they were part of the Pekanbaru's AIDS Commission. Researchers choose this technique as it aims to understand, investigate, and elaborate on what caused the stakeholders' lack of consistency in prevention and control of HIV/AIDS.

The approach and design of this study were phenomenological, with a descriptive type in seeking and explaining correlations between social symptoms in depth. Edward C. III said that implementation success is

influenced by communication, resources, disposition, and bureaucratic structure (Edward in Indiahono, 2017).

The analysis unit in this study was the stakeholders because they determine factors that cause their consistency in HIV/AIDS's preventing and controlling. The institutions used as the unit of analysis were the Deputy Mayor of Pekanbaru, the Head of the AIDS Commission Secretariat of Pekanbaru, the Health Office, and other stakeholders members of the Pekanbaru AIDS Management Commission.

To obtain exact data, the researchers performed multiple data collecting strategies, including the documentation and the in-depth interviews, notably a set of archives pertaining to AIDS or HIV management from year 2013 to 2019. Data categories based on of units, performed the synthesis, arranged them into patterns, and concluded quickly (Amrillah, 2018). All data collected will be examined qualitatively utilizing ethical and emic interpretation. The interpreted data is then tested and elaborated through innumerable kinds of literature and theories so that patterns and consistency are obtained from stakeholders, especially in HIV/AIDS's prevention and control.

Results and Discussions

Stakeholder Involvement Preference is the tendency of parties involved from a number of actors (stakeholders) who have their respective roles in contributing to

achieving the goals have been set. In this case, AIDS Commission is in efforts to prevent and control AIDS in Pekanbaru.

In the last few years, HIV and AIDS cases have increased or tend not to decrease. In the latest data in 2019, HIV/AIDS cases have grown relatively high in Pekanbaru. Research in the field revealed that the stakeholders did not participate maximally, such as the Pekanbaru Health Office. The stakeholders who had not participated excuse that they did not notice their agency was part of the Pekanbaru AIDS Management Commission's management. The list of stakeholders involved that the researchers encountered are shown in table 4.

The researchers conducted observations and interviews from 8 July to 25 August 2020 by visiting ten stakeholders involved in managing the Pekanbaru AIDS Management Commission. Only the Pekanbaru Health Office noticed that their agency was part of the Pekanbaru AIDS Commission's management and was responsible for coordinating.

The current disruption of coordination between stakeholders in preventing and overcoming AIDS should be the stakeholders' responsibility. Conversely, many relevant stakeholders were not entangled in forming AIDS Prevention and Control legal regulations in Pekanbaru. When examined further, a fact is found that there is no clarity on the stakeholders' duties in the law of major regulation. This condition

Table 4
Data of Involved Stakeholders Using the Snow Ball Technique

No	Stakeholders	Schedule	Information	
			Identified	Unidentified
1	District Military Command (Kodim)	8 July 2020	-	√
2	National Unity and Politic Agency	13 July 2020	-	√
3	Indonesian Red Cross Society (PMI)	13 July 2020	-	√
4	Ministry of Marine Affairs and Fisheries (KKP)	13 July 2020	-	√
5	Public Health Office	14 July 2020	√	-
6	Transportation Agency	14 July 2020	-	√
7	Education authorities	20 July 2020	-	√
8	Municipal Police (Satpol PP)	24 July 2020	-	√
9	Department of Transportation	14 July 2020	-	√
10	Youth and Sports Office (Dispora)	25 August 2020	-	√

Source: Interview Results and Observations

further emphasizes their inability to carry out their duties. An organization will run if it has clear and detailed legal guidelines to serve as a guide. The coordination path's clarity can boost the organization's performance maximally, effectively, and efficiently. The stakeholders can have consistent involvement in prevention and controlling the HIV/AIDS. Their consistency is a determinant in minimizing the risk of people to get infected with HIV/AIDS, and the government is considered effective in overcoming it.

The position of stakeholders is influential in shaping the government image and impacts on amplifying public trust. The government should be able to include differences in the work of stakeholders to direct the downstream control of HIV/AIDS so that the efforts made can be actual. The following points are factors that become hindrances to the Pekanbaru AIDS Commission in preventing HIV/AIDS.

The Absence of an Organizational Framework for the Pekanbaru AIDS Commission's Work System

A great organization is one that already has a Work System Organization (SOTK), since it is one of the criteria for an organization's success in performing its policy mandate (Setiadi, 2018). SOTK will affect the running of an organization.

There is a clear division of structures, distribution of coordination channels, work areas responsible for each of the roles, main tasks, assigned functions, the Work System, and Supervision Organization (Suwondo, 2020). The structural barriers become a challenge in dealing with HIV/AIDS (Hushie et al., 2016). A structural position in a work management organization is a tool for developing a productive work culture. Structure and organizational difficulties, on the other hand, are also an orientation in accomplishing the organization's aims in reaching the expected goals. Nevertheless, sometimes it becomes an obstacle when the stakeholders who fill the organizational structure are too rigid in understanding the existing main functions.

Stakeholders should recognize that their responsibilities for executing the significant tasks and functions are not limited to performing the primary duties but supplementary (generic) responsibilities will also essential in assessing their engagement

in public affairs. As a result, stakeholders must recognize that public issues are very dynamic and intricate. Unceasing modifications and adjustments based on discoveries are continuous attempts to tackle HIV/AIDS.

Moreover, stakeholders cannot be detached from their roles as subjects and objects in preventing and controlling HIV/AIDS. Ideally, stakeholders in HIV/AIDS prevention and control should be able to plan, coordinate, and administer work programs to facilitate unclear key goals where budget limitations should also no longer be an impediment, in spite of the fact that they were fragmented by their respective main duties and functions. The implication was that their commitment weakened and their collaboration was not solid.

As formal objects in HIV/AIDS prevention and control, stakeholders must adapt to changes and needs occur in contemporary society's habits and developments while still paying attention to the past, present, and future circumstances of the probable developments that exist in society's reality. Consequently, sharpening and diversifying the role of stakeholders is pivotal and must be efficient and sustainable, so that programs and policies are fulfilled.

Since its establishment in 2013, the AIDS Commission hopes the further vital coordination will strengthen productivity, commitment, innovation, and creativity between AIDS Commission stakeholders in Pekanbaru (Sutrisno, 2019). Yet, what is happening now is the opposite. The increasing loss of coordination lines between stakeholders and the Secretariat of the Pekanbaru AIDS Commission, specifically in reporting that many stakeholders do not provide reports clearly, can be noticed in table 5.

The Pekanbaru AIDS Commission has entered the second period of management. The first AIDS Commission in 2013-2017 included eighteen stakeholders who are members of the management. Nonetheless, in terms of reporting to the secretariat, there was only once, namely in 2014 by six stakeholders. There were no more stakeholders engaged in reporting to the secretariat head except for the Health Office in the following year. Since the representatives do not clearly define and contain the main functions of stakeholders, policies can affect the parties or stakeholders'

Table 5
Data of Stakeholders Reporting to the Secretariat of the AIDS Prevention Commission from Year to Year

2013-2017						
No	The Involved Agencies	Year				
		2013	2014	2015	2016	2017
1	Public health Office	Available	Available	Available	Available	Available
2	Class II A prison	Available	Available	Unavailable	Unavailable	Unavailable
3	Class II B prisons	Available	Available	Unavailable	Unavailable	Unavailable
4	Social services	Available	Available	Unavailable	Unavailable	Unavailable
5	National Narcotics Board	Available	Available	Unavailable	Unavailable	Unavailable
6	Manpower Office (Disnaker)	Available	Available	Unavailable	Unavailable	Unavailable
7	12 other stakeholders	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable

2017-2022				
No	Agencies	Year		
		2018	2019	2020
1	Health Office	Available	Available	Available
2	27 other stakeholders	Unavailable	Unavailable	Unavailable

Source: Pekanbaru AIDS Commission, 2020

behavior (Ramdhani, 2017). The success of policies depends on the clarity of the content contained. The content that is not published will baffle the implementers and cause failure (Rahadian, 2019).

Public policy failures can also be caused by loss of policy direction, lousy planning or implementation (Yandra, 2020). The HIV/AIDS prevention policy itself should be maintained by supporting policies from the institutions involved. UNAIDS data (2020) displays that Indonesia only has one stand-alone policy dealing with HIV/AIDS. It seems that logic modeling is needed for policymakers to determine the importance of handling HIV/AIDS (Langer et al., 2011).

The causes of problems and phenomena in Pekanbaru AIDS Commission are as follows: not having exact policy content, immature policy planning, and unclear policy direction. The impact on the stakeholders was minimal performance and coordination. The government's unpreparedness causes the absence of a Work System Organization in preparing and planning policy rules and impacts the loss of policy direction. The rules of Mayor Regulations seems formality only and have vague guidelines, such as not explaining the key tasks of the function for

stakeholders involved in detail. It should be reminded that HIV/AIDS is a global problem and it must be the Pekanbaru government's joint task with the Legislative (Regional House of Representative). It is designed so as the legal rules of HIV/AIDS policy have clarity in terms of material legal rules that contain the key roles and functions of the stakeholders involved, the clarity of supervision, and budgeting. That way, Pekanbaru AIDS Commission may build a solid Work System Organization.

The work system formed from the stakeholders should change the work culture from passive to active. Stakeholders' preferences will take an action if there are certain guarantees from the program being accomplished, including a passive culture. However, what is anticipated from stakeholder participation in HIV/AIDS prevention is that they must be active, which implies that they must be consistent and committed to encouraging the institutions they represent to implement countless preventative measures.

Mobilizing several parties require a typical organizational strategic plan and policy directions in short, medium, and long term. Therefore, the strategic plan should

describe the organization's roadmap and its achievements to form a collaborative work system between stakeholders. The issue in the future will be how regional leaders optimize the responsibilities and capacities of stakeholders in government organizations, as regional heads should have the authority to direct stakeholders under the strategic plans have been developed. The fact is that the Pekanbaru government's political will to align stakeholders' perspectives appears to be weak, as evidenced just at the start of the mayor's regulation being promulgated.

Changes and mutations of stakeholders that filled the organizational structure of work processes of Pekanbaru government in 2015 impacted the spirit of the mayor's regulation, which was eventually diverted by changes in its composition. The existence of local government organizations in this movement is diminishing when activity reporting is no longer available. Policy implementation is also affected by the difference in organizational platforms in terms of leading responsibilities and functions.

The government organizational platform must be clearly and precisely structured by accommodating all crucial parts of each local government organization and taking into account the possible roles of stakeholders in the future by adjusting the direction of the organization's policies in HIV/AIDS prevention and control. The policy direction certainly pays attention to the urgency of emphasizing the problems to overcome.

In this context, the demands for organizational flexibility are required to support the policy direction's achievement. Flexible is meant when the program plan

is conceptualized to be relaxed with all possible actions to prevent and control HIV/AIDS but still does not leave organizational, procedural matters. The work system will be dynamically formed with a substantial work culture to adjust quickly with everything the stakeholders can coordinate.

Availability Budget

The funding is the key to success and challenges in dealing with HIV/AIDS (Hushie et al., 2016). Annually, the AIDS Commission of Pekanbaru through the Local Government Budget has budgeted. The most pivotal aspect in executing the stakeholders' tasks, obligations, and activities is the availability of a reasonable budget. The budget is the key to the effectiveness of organizational performance (Umami, 2019). On the other hand, the Pekanbaru AIDS Commission, which was established now, has not received a clear budget as presented in Table 6.

In respect to table 6, a varying budget every year has acquired by the commission and has only received the Rupiah's budget. In 2018, 37,500,000, judging by the amount of the budget received by the AIDS Commission. It may be inferred that the AIDS Management Commission in Pekanbaru did not get a planning budget, which is obviously not commensurate to the highly terrible state of HIV/AIDS spread in Pekanbaru. The context is that the budget is not systematically structured related to the local government organizations' involvement and is far from the principle of a managerial plan for action in facilitating the goals achievements. Reflecting on Kenya's case, policies are designed and implemented when people are in a position that has been detected and weakened due to HIV/

Table 6
Pekanbaru AIDS Commission Secretariat Budget in 2013-2020 from the Local Government Budget

No.	APBD	Total Budgeting
1	2013	Rp. 100.000.000
2	2014	Rp. 100.000.000
3	2015	Rp. 200.000.000
4	2016	Rp. 75.000.000
5	2017	Rp. 75.000.000
6	2018	Rp. 37.500.000
7	2019	Rp. 90.000.000
9	2020	Rp. 100.000.000

Source: Pekanbaru AIDS Prevention Commission

AIDS. The allocation of funds to support the program is only in those conditions (Cawley et al., 2017). Besides, it can be ascertained that the handling of cases of HIV/AIDS is not optimal.

Handling HIV/AIDS prevention program cannot rely solely on the government budget. Funding from donor agencies, especially the international one, is very much required, specifically for low-income countries (Reiszadeh, 2019). Additionally, awareness and generosity from some parties, particularly citizens, in providing moral and material assistance are social capital that must exist. At least, this is a proactive form of citizens in preventing and overcoming HIV/AIDS. Relying on the government appears to be partial in the effort against HIV/AIDS, thus for a comprehensive response, the engagement of many stakeholders must be feasible since each party has obligations and functions that must be incorporated.

The Incompatibility of HIV/AIDS Program with Strategic Plan

In addition to plotting the limited budget and the AIDS Prevention Commission's inadequacy, the stakeholders also execute its programs. It impacts many stakeholders who do not include AIDS Prevention and Control Programs in their strategic plan. Not only is the budget limited, but they also do not understand that prevention and control of AIDS is role of their primary task. Meanwhile, those stakeholders who perceive HIV/AIDS prevention as a role of their organization attempt to include it into their Strategic Plan. Consequently, the Pekanbaru Local Development Planning Agency, which is also involved, rejected the proposal.

One of the reasons contribute to stakeholders not prioritizing the HIV/AIDS preventive program is their inconsistent attitude on the program (Safarnejad et al., 2017:10). They do not know the institution's participation as one of the institutions involved in HIV/AIDS prevention efforts.

With the emergence of these problems, researchers conclude that there has been confusion in coordination by the parties mandated to have a significant role of HIV/AIDS's preventing and controlling in Pekanbaru. The misconception of the HIV and AIDS Problem is the Role of Health Organization Agencies itself regardless of the organizational structure stated in the representative for the prevention and

control of AIDS. It is also part of the other stakeholders' main tasks and functions. Integration of plans, resources, and programs at each stakeholder institution is necessary for handling HIV/AIDS (Reiszadeh, 2019). Multi-stakeholder involvement is not limited to the internal government but also collaborates with external organizations/communities concerned about handling HIV/AIDS (Pendse et al., 2016). Partnership efforts are feasible from the parties with a participatory pattern by utilizing all existing and sustainable potentials.

The participatory movement of the stakeholders should be able to initiate the formation of HIV/AIDS prevention and control volunteers in their scope of work. Volunteer movement is generous and even more effective if stakeholders appoint volunteers as the subject of HIV/AIDS prevention and control.

The absence of the AIDS Commission's work organization, compliance with the strategic plan and financial capacity, resulted in an overview of the performance of HIV/AIDS handling implementation in Pekanbaru. As Edward III (1980) stated, the effectiveness of an implementation depends on communication, resources, bureaucratic structure, and disposition. Aspects of bureaucratic structure revealed by the absence of the work system organizational structure (SOTK) caused stakeholders to be unaware of their HIV/AIDS management role. As a result, the communication and coordination process are disguised. Similarly, the resource element is demonstrated by the small budget plotted each year. Implementation fails due to undeveloped planning that is not in line and integrated with the strategic objectives of other stakeholder institutions, without adequate planning and a keen implementation strategy (Edward III, 1980). This view is depicted in the increasingly poor execution of HIV/AIDS policies in Pekanbaru City.

Conclusions

From the results of this study, the consistency of stakeholder involvement in HIV/AIDS prevention and control is not following the policy direction's objectives. Communication barriers, limited resources held by each stakeholder, and a non-existent structure for dividing tasks and authority have resulted in a minimum degree of

engagement in HIV/AIDS management. As a result, what occurs in the effective treatment of HIV/AIDS is not visible in the actions and activities undertaken by each participant. It can be perceived that there are still many stakeholders who have not taken HIV/AIDS prevention and control actions. Even for reporting to the secretariat, numerous stakeholders did not do that to the AIDS Commission secretariat of Pekanbaru. Due to the absence of Work System Organization, lack of budget availability, and the HIV program's incompatibility with the Stakeholder Strategic Plan causes the stakeholders' consistency shortage in preventing and controlling HIV/AIDS in Pekanbaru. Currently, what is happening is insufficient coordination among them that has an impact on the increasing spread of HIV/AIDS cases in Pekanbaru.

The study's findings also require certain aspects for the government in implementing policies, such as clarity/maturity in the planning process, resource capability, communication and collaboration abilities with diverse parties, and organizational skills.

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References

- Amrillah, L., & Suroso, S. (2018). Pola Pengelolaan Tanah Adat Jurang Koak di Kawasan Taman Nasional Gunung Rinjani (TNGR) Desa Bebidas Kecamatan Wanasaba. *Geodika: Jurnal Kajian Ilmu dan Pendidikan Geografi*, 2(2), 17-24.
- Ancker, S., Mckee, M., & Rechel, B. (2017). *HIV / AIDS discourses in Kyrgyzstan's s policy arena*. 12(10), 1242-1253.
- Ancker, S., & Rechel, B. (2015). Policy responses to HIV/AIDS in Central Asia. *Global Public Health*, 10(7), 817-833. <https://doi.org/10.1080/17441692.2015.1043313>
- Auliani, M. (2017). Strategi Komisi Penanggulangan AIDS (KPA) Dalam Pencegahan HIV/AIDS Di Kota Samarinda. *eJournal Administrasi Negara*, 5, 5293-5306.
- Bennett S, Singh S, Rodriguez D, Ozawa S, Singh K, Chhabra V, et al. (2015) Transitioning a large Scale HIV/AIDS Prevention Program to LocalStakeholders: Findings from the Avahan TransitionEvaluation. *PLoS ONE* 10(9): e0136177. doi:10.1371/journal.pone.0136177
- Cawley, C., McRobie, E., Oti, S., Njamwea, B., Nyaguara, A., Odhiambo, F., Otieno, F., Njage, M., Shoham, T., Church, K., Mee, P., Todd, J., Zaba, B., Reniers, G., & Wringe, A. (2017). Identifying gaps in HIV policy and practice along the HIV care continuum: Evidence from a national policy review and health facility surveys in urban and rural Kenya. *Health Policy and Planning*, 32(9), 1316-1326. <https://doi.org/10.1093/heapol/czx091>
- DiClemente, R. J., & Jackson, J. M. (2014). Towards an integrated framework for accelerating the end of the global HIV epidemic among young people. *Sex education*, 14(5), 609-621.
- Edward III, George C. (1980). *Implementing Public Policy*. Washington DC: Congressional Quarterly Press
- Huang, M. B., Ye, L., Liang, B. Y., Ning, C. Y., Roth, W. W., Jiang, J. J., ... & Bond, V. C. (2016). Characterizing the HIV/AIDS epidemic in the United States and China. *International journal of environmental research and public health*, 13(1), 30.
- Hushie, M., Omenyo, C. N., Van Den Berg, J. J., & Lally, M. A. (2016). State-civil society partnerships for HIV/AIDS treatment and prevention in Ghana: Exploring factors associated with successes and challenges. *BMC Health Services Research*, 16(1), 1-12. <https://doi.org/10.1186/s12913-016-1598-9>
- Indiahono, D. (2017). *Kebijakan Publik*. Yogyakarta: Gava Media.
- Junita, S., & Dewi, L. (2016). Pandangan Masyarakat Terhadap Penyakit Hiv/aids Di Kecamatan Mentarang Kabupaten Malinau Kalimantan Utara. *Journal of Holistic Nursing Science*, 3(1), 59-76.
- Langer, E. M., Gifford, A. L., & Chan, K. (2011). Comparative logic modeling for policy analysis: The case of HIV testing policy change at the Department of Veterans Affairs. *Health Services Research*, 46(5), 1628-1645. <https://doi.org/10.1111/j.1475-6773.2011.01283.x>
- Maharani, F. (2017). Faktor-Faktor Yang Berhubungan Dengan Stigma Terhadap Orang Dengan Hiv Dan AIDS (Odha). *Jurnal Endurance*, 2(2), 158-167.

- Nainggolan, E. (2019). Faktor-faktor yang Memengaruhi Kepatuhan Pasien Hiv/AIDS dalam Kegiatan Layanan di Komite AIDS Hkbp Kabupaten Toba Samosir Tahun 2017. *Jurnal Ilmiah Kebidanan Imelda*, 5(1), 639-650.
- Octavianty, L., Rahayu, A., Rosadi, D., & Rahman, F. (2015). Pengetahuan, Sikap dan Pencegahan HIV/AIDS Pada Ibu Rumah Tangga. *KEMAS: Jurnal Kesehatan Masyarakat*, 11(1), 53-58.
- Pendse, R., Gupta, S., Yu, D., & Sarkar, S. (2016). HIV/AIDS in the South-East Asia region: progress and challenges. *Journal of Virus Eradication*, 2(Supplement 4), 1-6. [https://doi.org/10.1016/s2055-6640\(20\)31092-x](https://doi.org/10.1016/s2055-6640(20)31092-x)
- Purbani, R. K., Mahendradhata, Y., & Subronto, Y. W. (2019). Analisis Stakeholder dalam Penanggulangan HIV dan AIDS di Kabupaten Grobogan. *Jurnal Kebijakan Kesehatan Indonesia: JKKI*, 8(3), 136-141.
- Rahadian, A. H., Saputra, M., & Fauzi, M. (2019). Implementasi Pelayanan Administrasi Terpadu Kecamatan Di Kecamatan Pancoran Mas Kota Depok. *Jurnal Reformasi Administrasi: Jurnal Ilmiah untuk Mewujudkan Masyarakat Madani*, 6(1), 68-75.
- Ramdhani, A., & Ramdhani, M. A. (2017). Konsep umum pelaksanaan kebijakan publik. *Jurnal Publik*, 11(1), 1-12.
- Reiszadeh, A. (2019). The future of HIV and AIDS—a persistent priority. *African Journal of AIDS Research*, 18(4), 382–383. <https://doi.org/10.2989/16085906.2019.1680400>
- Safarnejad, A., Pavlova, M., Son, V. H., Phuong, H. L., & Groot, W. (2017). Criteria for prioritization of HIV programs in Viet Nam: A discrete choice experiment. *BMC Health Services Research*, 17(1), 1–13. <https://doi.org/10.1186/s12913-017-2679-0>
- Setiadi, L. H. (2018). Efektifitas Implementasi SOTK (Manajemen) Polri di Tingkat Polsek dalam Rangka Pelayanan Prima. *Jurnal Litbang POLRI*, 21(1), 32-140.
- Sutrisno, H. E. (2019). *Budaya organisasi*. Prenada Media.
- Suwondo, D. (2020). Efektivitas SPKT Dalam Layanan Kepolisian. *Jurnal Litbang POLRI*, 23(1), 21-39.
- Umami, L. (2019). Analisis Laporan Realisasi Anggaran Untuk Menilai Efektivitas Dan Efisiensi Kinerja Keuangan Pada Rumah Sakit Umum Daerah Dr. Soedomo Trenggalek Ditinjau Dari Perspektif Islam. UNAIDS. 2020. Laws and Policy Analytics. <https://lawsandpolicies.unaids.org/country?id=IDN>
- WHO. 2020. HIV/AIDS. https://www.who.int/health-topics/hiv-aids#tab=tab_1
- Winkelman, S. B., Kimuna, S. R., & Haithcox-Dennis, M. (2012). Global HIV Prevention Programs for Long-Haul Truckers: Considerations for the US. *Global Journal of Health Education and Promotion*, 15(1).
- Yandra, A., Utami, B. C., & Husna, K. (2020). Distortion of Government Policy Orientation in Public-Private Partnership (PPP). *Policy & Governance Review*, 4(1), 40-54.
- Yuliandra, Y., Nosa, U. S., Raveinal, R., & Almasdy, D. (2017). Terapi Antiretroviral pada Pasien HIV/AIDS di RSUP. Dr. M. Djamil Padang: Kajian Sosiodemografi dan Evaluasi Obat. *Jurnal Sains Farmasi & Klinis*, 4(1), 1-8.