REGENT OF BANYUWANGI
PROVINCE OF EAST JAVA
COPY
REGIONAL REGULATION OF THE REGENCY OF BANYUWANGI
ACT NUMBER 5 OF 2017
CONCERNING
PREVENTIONS AND COUNTERMEASURE OF HIV/AIDS

WITH THE GRACE OF GOD THE ALMIGHTY

Considering:

a. That infection HIV / AIDS is a virus destroying the human immune system that the transmission process is difficult to monitor and does not recognize territorial boundaries, age, gender and social status;

b. That government of Banyuwangi is obliged to conduct in prevention and countermeasure of infection and HIV / AIDS in Regency of Banyuwangi;

c. That based on the considerations referred to in letter a and letter b, it is necessary to stipulate Regional Regulations on prevention and countermeasure of HIV / AIDS.

In view of:

1. Article 18 subsection (6), the Constitution of the Republic of Indonesia 1945

2. Law Number 12 of 1950 concerning Establishment of Regency Areas in East Java Province (State Gazette of the Republic of Indonesia Year 1950 Number 41) as amended by Act Number 2 of 1965 Number 19, Supplement to the State Gazette of the Republic of Indonesia Number 2730);

3. Law Number 8 of 1981 concerning Criminal Procedure Laws.

4. Law Number 4 of 1984 concerning infectious disease outbreak (State Gazette of the Republic of Indonesia year 1984 Number 20, Supplement to the State Gazette of the Republic of Indonesia Number 3273);
5. Law Number 5 of 1997 concerning Psychotropic Substances (State Gazette of the Republic of Indonesia year 1997 number 10, Supplement to the Republic of Indonesia number 3671);

6. Law Number 23 of 2002 concerning the Child Protection (State Gazette of the Republic of Indonesia year 2002 Number 109, Supplement to State Gazette of the Republic of Indonesia Number 4235);

7. Law Number 29 of 2004 concerning on Medical Practice (State Gazette of the Republic of Indonesia year 2004 number 116, Supplement to State Gazette of the Republic of Indonesia number 4431)

8. Law Number 11 of 2009 concerning on Social Welfare (State Gazette of the Republic of Indonesia year 2009 number 12, Supplement to State Gazette of the Republic of Indonesia number 4967);

9. Law Number 35 of 2009 concerning on Narcotics (State Gazette of the Republic of Indonesia year 2009 number 143, Supplement to State Gazette of the Republic of Indonesia number 5062);

10. Law Number 36 of 2009 concerning on Health (State Gazette of the Republic of Indonesia year 2009 number 144, Supplement to State Gazette of the Republic of Indonesia number 5063);

11. Law Number 44 of 2009 concerning on Hospital (State Gazette of the Republic of Indonesia year 2009 number 153, Supplement to State Gazette of the Republic of Indonesia number 5072);

12. Law Number 12 of 2011 concerning on Establishment of Laws Regulation (State Gazette of the Republic of Indonesia year 2011 number 82, Supplement to State Gazette of the Republic of Indonesia number 5234);

13. Law Number 23 of 2014 concerning on Regional Government (State Gazette of the Republic of Indonesia year 2014 number 244, Supplement to State Gazette of the Republic of Indonesia number 5587) as amended twice, last with Law Number 9 Year 2015 (State Gazette of the Republic of Indonesia Year 2015 number 58, supplement to the Republic of Indonesia number 5679);


16. Presidential Regulation of the Republic of Indonesia Number 75 Year 2006 concerning the Commission of National Aids Countermeasure;

17. Presidential Regulation of the Republic of Indonesia Number 72 Year 2012 concerning on the National Health System;

18. Presidential Regulation of the Republic of Indonesia Number 87 Year 2014 concerning the Regulation of Law Implementation number 12 of 2011 concerning on Establishment of Laws Regulation;

19. Regulation of the Minister of People’s Welfare Coordinator number 02 / PER / MENKO/KESRA/1/2007 concerning on policy on HIV and AIDS prevention through reduction of adverse effects of narcotics and psychotropic substances and addictive substances;

20. Regulation of the Minister of Home Affairs number 20 of 2007 concerning on General Guidelines for the Establishment of AIDS Prevention Commissions and Community Empowerment in order to countermeasure of HIV/AIDS in the regions;

21. Regulation of the Minister of Health number 269/Menkes/Per/III/2008 concerning on Medical Record;

22. Regulation of the Minister of Health number 51 of 2013 concerning on Guidelines for Prevention of transmission of HIV from mother-to-child;

23. Regulation of the Minister of Health number 21 of 2013 concerning on Countermeasure of HIV/AIDS;

24. Regulation of the Minister of Health number 74 of 2014 concerning on Guidelines for the Implementation of counseling and HIV testing;

25. Regulation of the Minister of Health number 82 of 2014 concerning on Countermeasure of infectious disease;

26. Regulation of the Minister of Health number 97 of 2014 concerning on Health Services on pre-pregnancy, pregnant, childbirth and postpartum care, contraceptive service providers and sexual health services;

27. Regulation of the Minister of Health number 87 of 2014 concerning on Guidelines for antiretroviral treatment (ARV);
28. Regulation of the Minister of Health number 74 of 2015 concerning on Health enhancement effort and disease prevention;

29. Regulation of the Minister of Manpower and Transmigration number KEP.68/MEN/IV/2004 concerning on Prevention and Countermeasure of HIV and AIDS (ODHA);

30. Regulation of the Minister of Health number HK.02.02/Menkes/482/2014 concerning on referral Hospital for patients of HIV/AIDS;

31. East Java Provincial Regulation number 5 of 2004 concerning on Prevention and Countermeasure of HIV/AIDS in East Java (Provincial Gazette of East Java year 2004 number 4 year 2004 series E);

32. Regional Regulation of Regency of Banyuwangi number 8 of 2016 concerning on Regional Apparatus Composition of Regency of Banyuwangi;

By the joint approval between
THE HOUSE OF REPRESENTATIVE OF
THE REGENCY OF BANYUWANGI

And
REGENT OF BANYUWANGI

DECIDE

To Stipulate : REGIONAL REGULATION CONCERNING ON PREVENTIONS AND COUNTERMEASURE OF HIV/AIDS

CHAPTER I
GENERAL PROVISION
Article 1

In this regional regulation is meant by:
1. Area is regency of Banyuwangi.
2. Local government is government of Banyuwangi.
3. Regent is regent of Banyuwangi.
4. Health office is Health Office of Regency of Banyuwangi.
5. Regional apparatus is element of Regional head assistant and House of representative in governance of government affair which become Regional authority.
6. Stakeholders are groups or individuals who can influence and / or be influenced by designated goal achievement
7. Structural intervention is an intervention toward the environment / physical, social, economic, political, cultural and laws regulation to support prevention HIV and AIDS more effectively.
8. Education curriculum is a set of plans and arrangements regarding the objectives, content and lesson materials and ways used as guidelines for the implementation of learning activities to achieve educational goals.
9. Human Immunodeficiency Virus hereinafter called HIV is a virus that causes AIDS classified as a type named retrovirus that attacks white blood cells that immobilize the immune system and found in patients body fluids especially in blood, semen, vaginal fluid and breast milk.
10. Acquired Immunodeficiency Syndrome hereinafter called AIDS, which is literally in Indonesian means Immune Deficiency Syndrome is a collection of symptoms of the disease caused by Human Immunodeficiency Virus (HIV) that damages the human immune system that the immune system weakens and easily infected.
11. Countermeasures are all efforts and activities conducted covering activities of prevention, handling and rehabilitation.
12. AIDS prevention commission, hereinafter called KPA, is an agency that implement an effort of countermeasure of HIV / AIDS.
13. People with HIV / AIDS, hereinafter abbreviated as ODHA are people who have been infected with HIV
14. People living with people with HIV / AIDS hereinafter abbreviated as OHIDHA is the closest person, co-worker or family of people who have been infected with HIV / AIDS
15. High risk group is every person or body in whose circumstances and capacity determines the success of HIV and AIDS prevention efforts, including infected persons and their families, commercial sex workers, customers of commercial sex workers, free sex actors and injecting narcotics users.
16. Key population or high-risk group infecting HIV is a person or group who intentionally or unintentionally has done something that at risk of contracting HIV / AIDS.
17. Groups belonging to key populations or high-risk groups contracting HIV / AIDS are; Commercial sex working woman, hereinafter abbreviated as WPS, commercial sex working man, hereinafter abbreviated as PPS, gay community, transvestite, male sex with man, customers of commercial sex worker, injecting drug user hereinafter abbreviated PENASUN, wife of ODHA, spouse Sex of PENASUN, Fostering prisoners of the penitentiary, frequent changing sex partners, the crew (ABK).
18. Vulnerable groups infected with HIV / AIDS are pregnant women, tuberculosis patients, IMS patients, housewives and ODHA family.
19. Low-risk group contracting HIV / AIDS are all people in various layers that are not directly related to various factors that can transmit HIV / AIDS.
20. The reduction of adverse effects of the use of psychotropic narcotics and injecting addictive substances for the countermeasure of HIV and AIDS, hereinafter named the reduction of adverse effects of injecting drug use, is a practical way of approaching public health, aimed to reduce adverse health effects due to injecting drug use.
21. Narcotics, Psychotropic and other addictive substances, hereinafter called NAPZA, are medicines derived from plants or non-plants both synthesis and semi-synthesis which can cause decrease or change of consciousness, loss of feeling, reduce to eliminate pain, and can cause dependence.
22. Injecting NAPZA is NAPZA that in its use by injection into the blood vessels that can transmit HIV and AIDS.
23. Methadone maintenance therapy program is stand for PTRM, a therapy that aims to replace the use of substances such as heroin or morphine with methadone.
24. Methadone is a strong synthetic opiate such as heroin (putaw) or morphine, but it does not have a strong sedative effect.
25. Health service facility is a tool and / or a place that used to conduct health service efforts, whether promote, preventive, curative or rehabilitative conducted by government, private, district government or society.
26. Health worker is any person who devotes himself in the field of health and he/she has knowledge and / or skills through education in the field of health for certain types require authority to do health service.
27. Counselor is a counseling service provider who has been trained for HIV counseling skills and capable.
28. VCT is an extension of Voluntary Counseling and Testing or KTS stands for Konseling dan Testing Sukarela is a place / health service that has the authority to conduct voluntary counseling and HIV testing.
29. HIV counseling and testing on an officer's initiative, hereinafter called as KTIP, is a counseling and testing activity initiated by a health worker based on the results of the examination and risk factors.
30. HIV prevention and mother-to-child program hereinafter called as PPIA is a program or effort conducted to prevent HIV transmission from HIV-infected mothers to their children.
31. Care Support and Treatment hereinafter abbreviated as CST is an integrated continuous medical service, psychology and social, in solving ODHA problems during care and treatment.
32. Comprehensive and sustainable service hereinafter abbreviated as LKB
33. Care and treatment is the effort and service of medical personnel to improve the health status of ODHA.
34. Support is the efforts given to ODHA and OHIDHA both from family and community to improve the quality of life.
35. HIV testing is an anonymous HIV test performed on blood samples, blood products, tissues and organs before donated.
36. HIV surveillance is a periodic data collection activity on HIV infection, in order to obtain information on the magnitude of the problem, distribution and trends of HIV and AIDS transmission for the formulation of HIV and AIDS prevention policies and activities in which HIV testing is conducted unidentified.
37. Behavioral surveillance is a data collection activity on behaviors related to HIV and AIDS and is conducted periodically to obtain information on the magnitude of the problem and its propensity for the formulation of policies and activities on countermeasure of HIV and AIDS.
38. Informed Consent is an explanation given to someone to get written approval before conducting voluntary HIV and AIDS test.
39. Anti retroviral (ARV) is a non-lethal drug but suppresses the rate of HIV progression in the human body.
40. Mandatory test is a one-sided conducted test by a health worker without the consent of a patient
41. Prevention of Mother to Child Transmission, hereinafter abbreviated as PMTCT, is prevention of HIV transmission from mother to child who will or is or has been born. PMTCT services aim to prevent mother-to-child transmission of HIV.
42. Case / companion manager is a person who accompanies and provides further services to ODHA
43. Community participation is the participation of the community at all levels, sectors and non-governmental organizations to increase the number and quality of community efforts in the health sector.

44. Community is any person or group of people domiciled in the district of Regency of Banyuwangi.

45. Non-governmental organizations, which then care about HIV/AIDS NGO is a group of people who participate in the HIV / AIDS prevention process and has received recommendation from Banyuwangi district health office and / or Banyuwangi district AIDS prevention commission.

46. Stigma is the excommunication of a person or a particular group by stamping a certain name or nickname for no legitimate reason.

47. Discrimination means every restriction, harassment or excommunication either directly or indirectly based on the distinction of human beings on the basis of religion, tribe, ethnicity, group, class, social status, economic status, gender, language, belief, politics, Resulting in the reduction, deviation or omission of the recognition of implementation or use of human rights and fundamental freedoms in life both individually and collectively in the political, economic, legal, social, cultural and other aspects of life.

48. The owner of an entertainment venue is someone who has a family karaoke business and a place of reflexology.

49. Entertainment venues include family karaoke business and reflexology venue.

50. Entertainment manager is someone who is responsible for the organization of family karaoke business and place of reflexology.

51. Businessman is:
   a. Every form of business incorporated or unlawful, belonging to individual, belonging to fellowship or belonging to legal entity, belonging to private or state / territory which is employing workers by paying wages or other forms of remuneration;
   b. Social enterprises and other endeavors that have administrators and hire others by paying wages or other forms of remuneration.

52. Business world is a person or body that carries on activities for the purpose of obtaining profit

53. Condom is a rubber glove attached to the male and female genitals at the time of sexual intercourse with the intention of preventing transmission of sexually transmitted diseases or as a means of contraception.

54. Further sex worker hereinafter abbreviated as PS is a male, female or transvestite who provides herself for sexual intercourse by obtaining compensation.

55. Massage parlors are business that provide massage facilities as a staple business and can be equipped with food and beverage services.

56. Massage parlor managers are bodies or individuals who provide places and facilities for massage as a staple business and can provide masseur and food and beverages.

57. The masseur is a man or woman who has the task of massaging in the place of the massage business.

58. Risky sexual partner behavior is the behavior of multiple sexual partners changing without the use of condoms

59. Social welfare is the condition of the fulfillment of the material, spiritual, and social needs of citizens in order to live properly and able to develop themselves, so as to carry out its social functions.

60. Tuberculosis, hereinafter called TB, is an infectious disease that occurs in the human respiratory tract caused by bacteria.
CHAPTER II
IMPLEMENTATION

Article 2

Implementation of HIV / AIDS prevention and countermeasure efforts by taking into account:

a. Religious values, culture, social norms, appreciate for human dignity and respect, and pay attention to justice and gender equality;

b. Integration of HIV / AIDS countermeasure programs with development at the national, provincial and local levels by involving all regional apparatus within the district government of Regency of Banyuwangi;

c. Implementation systematically, integrated and comprehensive starting from promote, preventive, care, support and treatment for ODHA and people affected by HIV / AIDS;

d. Public, government, and private participation together on the basis of partnership principles;

e. High risk group, vulnerable, ODHA, OHIDHA and people affected by HIV / AIDS should play a significant role in HIV / AIDS prevention efforts; and

f. Support to ODHA and people affected by HIV / AIDS;

g. Establishment of legislation regulation that supports and aligns with HIV / AIDS countermeasure efforts at all levels.

h. Support for improved access and quality services.

CHAPTER III
INTENTIONS, GOALS AND OBJECTIVES

Article 3

The purpose of implementing HIV / AIDS prevention for early detection and suppressing the rate of HIV / AIDS transmission, and improving the quality of life of ODHA

Article 4

The purpose of implementation of HIV / AIDS to break the chain of transmission of HIV / AIDS in order to protect the public.
Article 5

Objectives of prevention and countermeasure of IMS and HIV / AIDS cover populations of key vulnerable groups, low risk groups and all levels of people residing in the district of Regency of Banyuwangi accordance with intention and the goals activity of established HIV / AIDS countermeasure.

CHAPTER IV
IMPLEMENTATION

Article 6

Implementation of prevention and countermeasure of HIV / AIDS as follows:

a. Improving and developing HIV / AIDS prevention campaigns;

b. Promotional activities which include communication, information and education in order to arise the attitude and behavior of clean and healthy life;

c. Improving and expanding the coverage of all prevention including prevention of transmission through syringes, prevention of transmission through unprotected sexual intercourse using condoms, and prevention of mother-to-child transmission;

d. Enhancing and expanding coverage of care, support and treatment;

e. The implementation of public awareness in order to prevent the occurrence of HIV / AIDS transmission in health care activities;

f. Examination and diagnosis of HIV / AIDS against all blood, blood products, semen, organs and tissues donated to VCT / KTS services and KTIP services designated by the district government;

g. Regulating, coaching and controlling in places at risk of transmission;

h. Reducing the negative impact of the epidemic by increasing social, economic and psychological support;

i. Strengthening the partnerships, health systems and community systems;

j. Improving coordination and participation of stakeholders and mobilization of financial resources;

k. Developing the program comprehensively;

l. Developing structural interventions; and

m. Implementing planning, prioritization and implementation of data based programs
Article 7

(1) HIV / AIDS prevention and countermeasure efforts are implemented through the following approaches:

a. Promotion;

b. treatment;

c. Care and support

(2) Promotion approaches as referred to in paragraph (1) letter a covers;

a. socialization;

b. public service announcements; and

c. The use of visual communication media such as making logos, posters, banners and others

(3) Health promotion targets include policy makers, the private sector, community organizations, and communities

(4) Community as referred to in paragraph (3) takes precedence over the target population and the key population

(5) The target population as referred to in paragraph (4) is the target population of the program

(6) The key populations referred to in paragraph (5) include:

a. Injecting drug users;

b. Women sex workers (WPS) either directly or indirectly;

c. Customer / sex partner WPS;

d. Gays, transvestites, and male customers / sex partners with men (MSM); and
e. The Fostering prisoners of the penitentiary / prisoners

(7) Promotional approach as referred to in paragraph (2) is conducted by:

a. Regional apparatus in the district government of Regency of Banyuwangi;

b. Vertical agencies in Regency of Banyuwangi;

c. Agencies / institutions, community organizations; and

d. Community. Customer / partner
(8) Regional apparatus in the district government of Regency of Banyuwangi as referred to in paragraph (7) letter a, may carry out promotional activities under the coordination of district health office of Regency of Banyuwangi.

(9) Health office as the coordinator as referred to in paragraph (8) is authorized to determine the forms of promotion that will be disseminated to the public.

(10) The promoter is further stipulated in the technical guidance which stipulated by the decision of the head of the health office.

Article 8

(1) Promotional approach as referred to in Article 7 paragraph (1) letter a, must be done through the mass movement in public places and special places:

a. Promotional approaches in public places cover activities at terminals, railway stations, airports, ports, clinics, hospitals, public health centers and other public places;

b. Promotional approaches in special places cover activities in companies, places of worship, formal schools, non-formal education, offices and other specialized places.

(2) Health promotion can be integrated with health services and other health promotion programs.

(3) Health promotion as referred to in paragraph (2) includes:

a. Public service advertisement through communication media (print, electronic media) and traditional media;

b. Condom use campaigns at every risky sexual intercourse of disease transmission;

c. Health promotion for adolescents and young adults;

d. Capacity improving in the promotion of drug prevention and transmission of HIV to health workers, and trained non-health personnel; and

e. Other health promotion programs.

(4) Health promotion integrated with health services as referred to in paragraph (2) is prioritized on services:

a. Adolescent health care;

b. Reproductive health and family planning;

c. Antenatal care checks;
d. Sexually transmitted infections;

e. Drug rehabilitation; and

f. Tuberculosis

Article 9

Implementation strategies and countermeasures effort as referred to in Article 7 and Article 8, are conducted thoroughly, integrated and continuously and implemented jointly by district governments which implemented by the Regional Apparatus in accordance with their respective duties and functions, religious figures, community leaders, customary leaders, community, mass media and business world.

Article 10

(1) HIV / AIDS prevention and countermeasure efforts are carried out through care, support, treatment and assistance activities for ODHA and OHIDHA based on clinical, family, support, and community-based approaches.

(2) Activities referred to in paragraph (1) are conducted by:

a. Improving the capability of human resources who perform care, support, and treatment;

b. Improving health care facilities, including:
   1. Supporting of IMS clinic services;
   2. Quantity and quality of VCT services;
   3. CST service support;
   4. Availability of drug distribution, consumables and reagents and anti-retroviral drugs and IMS drugs;
   5. Supporting for opportunistic infection services;
   6. Providing testing tools and HIV / AIDS examination on blood and blood products, donated organs and tissues;
   7. Providing care, support, treatment and assistance services to every person who is already infected with HIV / AIDS.

c. Supporting peer support groups ODHA and OHIDHA;

d. Performing surveillance of IMS, HIV, and attitude at risk of contracting HIV / AIDS;

e. Developing for recording system and reporting HIV / AIDS cases; and

f. Providing other supporting facilities and supplies
Article 11

(1) Examination and enforcement of HIV / AIDS diagnosis as referred to in Article 6 letter f aims to find out as early as possible the status of HIV / AIDS in a person in order to be done early handling and prevention.

(2) Examination and enforcement of HIV / AIDS diagnosis as referred to in Article 6 letter f are conducted on the basis of confidential principles, approval, counseling, recording and reporting.

(3) Confidential principle as referred to in paragraph (2) means that the examination result must be kept confidentially and can only be opened on:
   a. Concerned;
   b. Health personnel handling;
   c. Immediate family in case of incompetence;
   d. Sexual partners;
   e. Other parties in accordance with the provisions of the legislation

Chapter 12

(1) Examination and enforcement of HIV / AIDS HIV / AIDS diagnosis are done through KTIP services, and VCT / KTS services.

(2) KTS / VCT service is carried out with the following steps:
   a. Pre-test counseling;
   b. HIV testing; and
   c. Post-test counseling

(3) KTS / VCT services in case the patient gives written approval.

(4) Pre-test counseling as referred to in paragraph (2) letter a, is done face-to-face or non face-to-face and can be conducted together with a spouse or in groups by trained health personnel or HIV counselors.

(5) Post-test counseling as referred to in paragraph (2) letter c, should be conducted face-to-face by trained health personnel or HIV counselors with patients.

(6) KTIP services are carried out with the following steps:
   a. Giving information about HIV and AIDS before testing;
   b. Taking blood for tests;
   c. Delivering of test results;
   d. Counseling
(7) HIV testing in KTIP services is not performed if the patient refuses in writing.

(8) KTIP should be recommended as a part of standard service for:

a. Any adult, adolescent, and children who come to a health care facility with signs, symptoms or medical conditions that are reasonably suspected to have been HIV infected especially patients with a history of tuberculosis and IMS;
b. Antenatal care in pregnant and maternal women;
c. Infants born to HIV-infected mothers; and
d. Children with suboptimal growth or malnutrition who did not show a good response to the treatment of adequate nutrition

CHAPTER V
COUNTERMEASURE EFFORT OF HIV TRANSMISSION FROM MOTHER TO CHILD

Article 13

(1) HIV transmission from mother to child can occur during pregnancy, during childbirth and during lactation.

(2) Prevention of mother-to-child HIV transmission as referred to in paragraph (1) is conducted through 4 (four) programs / activities, as follows:

a. Prevention of HIV transmission in women of reproductive age;
b. Prevention of Unplanned pregnancy in HIV positive mothers;
c. Prevention of HIV transmission from HIV positive pregnant women to conceived infants; and
d. Supporting psychological, social and care to HIV positive mothers and children and their families.

Article 14

Prevention of HIV transmission from mother-to-child is carried out by all public and private health care facilities as part of LKB and focuses on promote and preventive effort.
Article 15

(1) The preventive efforts referred to in article 14 include:

a. Maximizing the chance of HIV testing for women of reproductive age (sexually active);

b. Pregnant women and their partners with rapid diagnostic tests providing of HIV and IMS;

c. Strengthen HIV service referral network (including access to antiretroviral treatment); and

d. Integrating of PPIA activities to KIA services, family planning, reproductive health, and youngsters health

(2) Procedures of the implementation of preventive efforts as referred to in paragraph (1) are further stipulated in the technical guidance which stipulated in the decision of the head of service.

Article 16

(1) Toward pregnant women who have examined their pregnancy to health facility must be done health promotion and prevention of HIV transmission.

(2) Prevention of HIV transmission to pregnant women as referred to in paragraph (1) is done through HIV diagnostic examination with test and counseling.

(3) The tests and counseling referred to in paragraph (2) are recommended as part of routine laboratory examination during antenatal care or before pregnancy to pregnant women to support the prevention program of mother-to-child transmission of HIV.

Article 17

For all women who come to KIA services, family planning, reproductive health, and adolescent health can get information related to healthy reproduction, HIV disease, and prevention of mother-to-child HIV transmission during pregnancy and lactation.

Article 18

For every bride and groom who requested a health certificate in the health service obligate to get HIV / AIDS counseling and testing.
Article 19
The childbirth can only be done in a service that has got training about PPIA and is equipped with adequate equipment.

Article 20
HIV infected mothers have a right to get counseling about good lactation since the first antenatal care.

Article 21
Every baby born from mothers, who are HIV infected, should be administered in accordance with the fixed procedure of PPIA.

Article 22
Post-test counseling for HIV negative women is focused on information and guidance to keep clients stay on HIV-negative during pregnancy and lactation.

Article 23
Counseling of the delivery of test results for HIV positive women or pregnant women also provides an opportunity for paired counseling and offerings HIV testing for male partners.

Article 24
(1) Pregnant women with HIV and AIDS and their families should be given counseling on:
   a. Giving ARV to the mother;
   b. Choice of childbirth;
   c. Choice of exclusive breastfeeding to infants up to 6 months of age or acceptable, feasible, affordable, sustainable, and safe formula feeding.
   d. Formula feeding and supplementary feeding to babies after 6 months of age;
   e. Giving Prophylactic ARV and cotrimoxazole to children;
   f. And HIV testing to children.
CHAPTER VI
COUNTERMEASURE EFFORT OF HIV / AIDS TO THE KEY POPULATION

Article 25
Countermeasure effort of HIV / AIDS among key populations and / or groups prone to contracting HIV / AIDS will be implemented by involving all cross-linked sectors.

Article 26
Countermeasure effort of HIV / AIDS among key populations and / or high-risk groups focuses on prevention of HIV transmission through sexual transmissions and non-sexual transmission.

CHAPTER VII
PREVENTION OF HIV

Article 27
(1) Prevention of HIV / AIDS transmission through sexual transmissions is carried out primarily where potentially sexual intercourse occurs.

(2) Prevention of HIV / AIDS transmission through sexual transmission is conducted with 4 (four) integrated activities through:
   a. Enhancing the role of stakeholders
   b. Behavior change interventions; and
   c. Supply management health preventive supplies

(3) Enhancement of the role of stakeholders as referred to in paragraph (2) letter a is intended to social order in a conducive key population environment.

(4) Behavior change interventions as referred to in paragraph (2) letter b are intended to provide understanding and change the collective behavior and individuals behavior in the group so that vulnerability to HIV can be reduced.

(5) Supply management of preventive health as referred to in paragraph (2) letter c is intended to ensure the availability of quality preventative health and can be achieved.

Article 28
(1) Prevention of IMS and HIV through non-sexual transmission is aimed at preventing the transmission of HIV through the blood.

(2) Prevention of IMS and HIV through blood as referred to in paragraph (1) includes:
   a. Filter blood test of donors;
b. Prevention of HIV infection on medical and non-medical act that injure the body; and

c. Harm reduction to drug users

(3) Filter blood test of donors as referred to in paragraph (2) letter a is conducted in accordance with the provisions of legislation regulations

(4) Prevention of HIV infection on medical and non-medical acts that injure the body as referred to in paragraph (2) letter b is performed with the use of sterile equipment and adhere to operational standards and take into account the universal precaution,

(5) Harm reduction for napza users as referred to in paragraph (2) letter c includes:

a. Sterile syringe service program with behavior change counseling and psychosocial support;

b. Encouraging injecting drug users especially opiate addicts to undergo a methadone maintenance (PTRM) therapy program in a government-designated service aimed to replace drugs that give rise to a strong sedative with synthetic narcotics that do not cause a strong sedative;

c. Encourage injecting napza users to prevent the spread of sexually transmitted diseases; and

d. HIV counseling and testing services and hepatitis prevention / immunization

CHAPTER VIII
ACTIVITIES OF COUNTERMEASURE OF TB - HIV / AIDS
(TB - HIV / AIDS COLLABORATION)

Article 29
The implementation of TB / HIV / AIDS collaboration activities in Regency of Banyuwangi is aimed at reducing morbidity and mortality from TB and HIV in the community.

Article 30
TB - HIV / AIDS collaboration activities consist of a series of activities that need to be implemented at all levels of management and health services that include:

a. Establish collaborative mechanisms between TB and HIV-AIDS programs such as strengthening coordination of TB and HIV / AIDS programs at all levels, implement TB-HIV / AIDS surveillance, implement joint TB-HIV planning for TB-HIV service integration, monitoring and evaluation of activities TB-
HIV, encouraging community and NGO participation in TB-HIV collaboration efforts;

b. Reducing the burden of TB to ODHA and initiating early ART by intensifying TB case ODHA including populations key of HIV / AIDS and ensuring quality TB treatment, isoniazid preventive treatment (PP INH) to ODHA who do not have TB, Infection control (PPI) TB in health facilities providing HIV services;

c. Reducing the burden of HIV / AIDS for TB patients by providing testing and counseling sites for TB patients, improving HIV / AIDS prevention for TB patients, providing cotrimoxazole (PPK) prevention treatment to HIV-TB patients, ensuring care, support, and treatment and prevention HIV-AIDS for TB-HIV / AIDS-co infected patients, ensuring availability of ART for TB-HIV co-infected patients.

Article 31

TB-HIV / AIDS collaboration activities in Regency of Banyuwangi are implemented according to the current standard of TB control and HIV / AIDS management by prioritizing the functioning of networks between health care facilities.

Article 32

(1) Working groups (pokja) are established at the district, sub-district, village and village levels to coordinate TB / HIV / AIDS collaboration activities by involving cross-sectored.

(2) Required community involvement and caring communities in TB and HIV / AIDS programs to significantly increase the coverage of TB / HIV / AIDS case-finding.

Article 33

KIE on TB-HIV / AIDS is an integral part of the initiation process of HIV testing for TB patients and treatment of TB-HIV / AIDS patients

Article 34

Preventive treatment is given to ODHA who have active TB and no contraindications
CHAPTER IX
PROTECTION OF ODHA AND OHIDHA

Article 35

(1) The district government protects the personal and human rights of every person infected HIV / AIDS from stigma and discrimination including protection from the confidentiality of HIV / AIDS status.

(2) Prisoners with HIV / AIDS-infected obtain the same health care rights and secrecy rights as those infected with HIV / AIDS outside the penitentiary.

(3) All health facilities are not allowed to deny access to health services to HIV / AIDS-infected patients.

(4) Health workers or counselors with the ODHA’s agreement are able to convey information to his / her sexual partner in the case of:
   a. ODHA who are unable to submit their status after adequate counseling;
   b. There is an indication that there has been a transmission to the sexual partner;
   c. For the benefit of providing care, support, treatment and assistance to their sexual partners

(5) Health workers or counselors with the ODHA’s agreement are able to convey information to case managers or counselors in the case of:
   a. ODHA who are unable to submit their status after adequate counseling;
   b. For the benefit of providing care, support, treatment and assistance to ODHA itself

CHAPTER X
OBLIGATIONS AND PROHIBITIONS

Part One
Obligations

Article 36

The district government is obliged to:

a. Provide direction and guidance on the implementation of HIV / AIDS prevention and control for related parties including national and international donor agencies;

b. Coordinate HIV / AIDS prevention strategies with related parties;

c. Provide direction to technical agencies in the regions in order to allocate funds for HIV / AIDS prevention activities related to their respective duties;
d. Conduct the communication program, information and the correct, clear and complete education, concerning on prevention and control of HIV / AIDS through mass media, public figures, business world, educational institutions and other non-governmental organizations engaged in health periodically;

e. Provide voluntary HIV counseling and testing places;

f. Providing condoms in places potentially for transmission of HIV / AIDS;

g. Facilitate the implementation of HIV / AIDS prevention and eradication services at all health facilities of the district government of Regency of Banyuwangi

h. Providing anti-retroviral drugs and opportunistic anti-infective drugs including the availability of HIV testing materials and equipment;

i. Providing primary health care services for antiretroviral treatment and opportunistic anti-infective drugs for ODHA

j. Provide economic, social, psychological support for ODHA and OHIDHA;

k. Provide protection and opportunities for ODHA and OHIDHA in finding employment;

l. Appoints district and private government health service units to test HIV / AIDS and IMS;

m. Proceed strictly on high-risk sexual places, which do not support the implementation of the implementation of local regulations on HIV / AIDS prevention and control.

Article 37

Health worker obliged to:

a. Provide non-discriminatory services to ODHA and OHIDHA;

b. Providing services to ODHA and IMS through pre and post counseling;

c. Providing treatment services to ODHA and IMS in accordance with procedures and standards of health services;

d. Using sterile medical equipment and or once used and ensuring blood transfusion or removal of tissue / organs free from HIV / AIDS;

e. Every examination to diagnose HIV / AIDS should be with the correct explanation from the counselor and get the concerned approval;

f. Provide adequate counseling before and after the examination and conceal the results of the examination;

g. Every counseling officer should be able to assist ODHA and OHIDHA in biopsychosocial assessments including healthy life support;
h. Providing periodic information and health education to the target group;

i. Ensure the availability of condoms and facilitate access to get condoms for high risk people sex behavior;

j. Conducting regular surveillance and monitoring on the management of HIV / AIDS services and 100% condom programs; and

k. Reporting high-risk sexual places that do not cooperate in HIV / AIDS prevention and control efforts to the authorities.

Article 38
Risked sex offenders obligation to use condoms during sexual intercourse

Article 39
Every person / family karaoke manager and place of reflexology obliged to:

a. Report all activities and employees to the local government every 3 (three) months;

b. Facilitate in giving comprehensive information and right, clear and complete education on prevention and control of HIV / AIDS to the employees;

c. Facilitate the implementation of screening services on prevention and eradication of HIV / AIDS.

Article 40
Communities, bodies, institutions and community organizations are obliged and have the largest opportunity to contribute to HIV / AIDS prevention and control including assistance and empowerment of ODHA

Article 41
Communities, bodies, institutions and community organizations are obliged to report any outcomes of HIV / AIDS prevention activities conducted to the Regent through the head of the district health office of Banyuwangi.

Article 42
ODHA is obliged to:

a. Not intentionally infect body fluids containing HIV to others;

b. ODHA mothers are obliged not to transmit HIV to infants / children by participating in prevention programs of mother-to-child transmission (PMTCT);
c. Assist the implementation of HIV and AIDS prevention and control programs in the regions;
d. Develop self-potential and fellow peer support groups for self-development; and
e. Help the efforts of health workers for anti-retroviral treatment

Article 43
OHIDHA is obliged:
a. Not conduct stigmatizing and discriminating against ODHA or deliberately depriving ODHA's life;
b. Assisting case managers / assistants in providing support and care for ODHA;
c. Assist health workers in the treatment of ODHA;
d. Can act as counterparts to take medication for ODHA;
e. Assisting ODHA in self-development; and
f. Help the effort of prevention and control of HIV / AIDS in the region.

The second part
Prohibition
Article 44
(1) Every person is prohibited to conduct mandatory HIV test.
(2) Every person who has known he / she is infected with HIV / AIDS is prohibited from donating blood, blood products, semen, organs and other body tissues to others.
(3) Every person is prohibited to continue their blood, blood products, semen, organs and tissues infected with HIV / AIDS to potential donors.
(4) Every person or entity is prohibited to publish one's HIV / AIDS status except with the consent concerned agreement.
(5) Everyone is prohibited to conduct discriminating in any form to anyone suspected or infected with HIV / AIDS.
CHAPTER XI

WORKING GROUP OF AIDS COUNTERMEASURE

Article 45

(1) HIV / AIDS prevention and countermeasure efforts can be done effectively, well-integrated and well-coordinated, it is necessary to establish district-level working groups and at the sub-district level working groups.

(2) The establishment of a district-level working group is stipulated by a decision of the Regent

(3) The establishment of sub-district level working group is stipulated by a decision of head of sub-district.

(4) The district government provides permanent secretariat offices and other facilities to facilitate activities conducted by district-level working groups and sub-district working groups.

Article 46

The working group referred to in Article 45 consist of:

a. Agency in health sector;
b. Indonesian police; and
c. Relevant agencies

CHAPTER XII

COMMUNITY PARTICIPATION

Article 47

(1) Communities can participate in HIV / AIDS prevention and countermeasure activities and protection of ODHA and OHIDHA by:

a. Behave and promote healthy living;
b. Increase family resilience;
c. Prevent stigma and discrimination against ODHA, OHIDHA, and their families;
d. Shaping and developing citizens care aids
e. Creating a safe and comfortable environment for ODHA, OHIDHA, and their families;
f. Supporting people with the potential to engage in risky acts of HIV infection to seek treatment to KTS services; and

g. Active in promotional activities, care, support, treatment, and assistance to ODHA and OHIDHA

(2) Healthy living behavior as referred to in paragraph (1) letter a is done by avoiding sexual and non-sexual behavior at risk of contracting HIV

(3) Family resilience as referred to in paragraph (1) letter b is done by:
   a. Loyal to couples; and
   b. Mutual teaser, love, and foster in the family towards healthy life, especially reproductive health and avoiding drugs.

(4) To prevent the occurrence of stigma and discrimination as referred to in paragraph (1) letter c is done by:
   a. Understand correctly and comprehensively on the way of transmission of HIV and its prevention;
   b. Empower HIV-infected persons and their families just like any other society; and
   c. Urges all citizens not to stigmatize and discriminate against HIV-infected persons and their families both in terms of health care, education, employment and all aspects of life
CHAPTER XIII
FINANCING
Article 48
All financing arising as a result of the enactment of this regional regulation can be sourced from the district budget of Regency of Banyuwangi and other legitimate and non-binding source of income.

CHAPTER XIV
GUIDANCE AND SUPERVISION
Article 49
(1) The Regent conducts guidance on all activities related to prevention and control of HIV / AIDS and the protection of ODHA and OHIDHA.

(2) The guidance as referred to in paragraph (1) is directed to:
   a. Prevent and countermeasure HIV / AIDS transmission
   b. Meet the needs of the community for information and sufficient, safe, quality, and affordable health services by all levels of society that can prevent and cope with HIV / AIDS transmission;
   c. Protect the public against any event that lead to HIV / AIDS transmission;
   d. Provide convenience in order to support the improvement of HIV / AIDS prevention and countermeasure efforts;
   e. Improve the quality of human resources in HIV / AIDS prevention and countermeasure efforts

(3) Technical guidance can be done by KPAK and / or health agency.

CHAPTER XV
TERMS OF INVESTIGATION
Article 50
(1) Certain civil servant officials within the local government are given special powers as investigators to conduct criminal investigations in the field of HIV and AIDS as referred to in law number 8 of 1981 on criminal procedure code.

(2) The investigator referred to in paragraph (1) is a certain civil servant officer in the local government who is appointed by the competent authority in accordance with the provisions of the law.
(3) The authority of the investigator as referred to in paragraph (1):

a. Receiving, searching, collecting and examining statements or reports relating to criminal offenses in the field of HIV and AIDS in order for such statements or reports to be complete and clear;

b. Examining, searching and collecting information about individuals or bodies on the truth of acts committed in relation to the crime of HIV and AIDS;

c. Requesting information and evidence from individuals or bodies dealing with the crimes of HIV and AIDS;

d. Examining books, records and other documents pertaining to criminal offenses in the field of HIV and AIDS;

e. Conducting a search to obtain evidence of accounting, records and other documents and to seize the evidence;

f. Requesting the assistance of experts in the context of conducting criminal investigations in the field of HIV and AIDS;

g. Ordering someone to stop and / or prohibit from leaving the room or place during the ongoing inspection and checking the identity of the person and / or the documents brought as referred to in letter e;

h. Photographing someone related to HIV and AIDS crime;

i. Calling someone to be heard and tested as suspects or sanctions;

j. Stopping the investigation;

k. Conducting other action necessary to smooth the investigation of criminal offenses in the field of HIV and AIDS according to law that can be accounted for

(4) The investigator as referred to in paragraph (1), notify the commencement of the investigation and submit the results of its investigation to the prosecutor, in accordance with the provisions in law number 8 of 1981 on the criminal procedure code.

CHAPTER XVI
CRIMINAL PROVISIONS

Article 51

(1) Every person violating the provisions of article 44 shall be subjected to a maximum imprisonment of 3 (three) months or a maximum fine of Rp. 50,000,000.00 (fifty million rupiah)

(2) The criminal act as referred to in paragraph (1) is a violation
CHAPTER XVII
CLOSING

Article 52
At the time this regional regulation comes into effect, the Regional regulation of Regency of Banyuwangi number 06 of 2007 on prevention and control of sexually transmitted infections (IMS) and HIV / AIDS in Regency of Banyuwangi (Banyuwangi district gazette year 2007 number 7 / E) is revoked and declared invalid.

Article 53
The implementing regulations of this regional regulation is stipulated no later than 6 (six) months from the date of enactment of this regional regulation

Article 54
This Regional Regulation comes into force on the date of promulgation.

That everyone knows about it, ordered the enactment of this regional regulation by placing it in the district sheets of Regency of Banyuwangi.

Enacted in Banyuwangi
Dated 24th of March 2017
REGENT OF BANYUWANGI
Signed
H. ABDULLAH AZWAR ANAS

Promulgated in Banyuwangi
Dated 24th of March 2017
REGIONAL SECRETARY(tasks Executor)
REGENCY OF BANYUWANGI
Signed
Drs. DJADJAT SUDRADJAT, M.SI
Pembina Utama Madya
NIP19591227 198603 1 022

REGIONAL GAZETTE OF REGENCY OF BANYUWANGI YEAR 2017 NUMBER 5

NOREG REGIONAL REGULATION OF REGENCY OF BANYUWANGI NUMBER 53-5 / 2017
EXPLANATION ON
REGIONAL REGULATION OF REGENCY OF BANYUWANGI
NUMBER 5 YEAR 2017
CONCERNING ON
HIV / AIDS PREVENTION AND COUNTERMEASURE

1. GENERAL EXPLANATION

In order to improve community health status, one of the steps taken by district government of Banyuwangi is prevention and countermeasure of HIV / AIDS. Because HIV / AIDS will adversely affect the overall development, because in addition to affecting health also on socio-economic, political and defense of security.

The impact of HIV / AIDS is very terrible, because the syndrome has caused a tremendous increase in the number of morbidity and mortality among the productive age population.

It is necessary to make special efforts in the prevention of HIV / AIDS in areas with concentrated epidemic levels, because if not addressed properly, it is likely that within a few years to enter the widespread epidemic level, to prevent it is necessary to overcome HIV / AIDS conducted in an integrated and comprehensive manner. Related to that matter hence for prevention of HIV / AIDS in Regency of Banyuwangi need to be regulated by implementing it into regional regulation.

II. EXPLANATION ARTICLE BY ARTICLE

Article 1
Quite clear
Article 2
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Article 3
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