

REGULATION OF THE REGENCY OF BANYUWANGI
NUMBER 5 OF 2017
ON
PREVENTIONS AND COUNTERMEASURE OF HIV/AIDS

BY THE BLESSINGS OF ALMIGHTY GOD

REGENT OF BANYUWANGI,

- Considering : a. that HIV/AIDS infection is a virus destroying the human immune system in which the transmission process is difficult to monitor and does not recognize territorial boundaries, age, sex and social status;
- b. that Government of Regency of Banyuwangi is required to conduct prevention and countermeasure of Infection and HIV/AIDS in Regency of Banyuwangi;
- c. that based on the considerations as referred to in point a and point b, it is necessary to issue Regional Regulation on Prevention and Countermeasure of HIV/AIDS.
- Observing : 1. Article 18 section (6) of the 1945 Constitution of the Republic of Indonesia;
2. Law Number 12 of 1950 on Establishment of Regencies in Province of East Java (State Gazette of the Republic of Indonesia of 1950 Number 41) as amended by Law Number 2 of 1965 (State Gazette of the Republic of Indonesia Number 19, Supplement to the State Gazette of the Republic of Indonesia Number 2730);
3. Law Number 8 of 1981 on Criminal Procedure Code.
4. Law Number 4 of 1984 on Infectious Disease Outbreak (State Gazette of the Republic of Indonesia of 1984

- Number 20, Supplement to the State Gazette of the Republic of Indonesia Number 3273);
5. Law Number 5 of 1997 on Psychotropic (State Gazette of the Republic of Indonesia of 1997 Number 10, Supplement to the State Gazette of the Republic of Indonesia number 3671);
 6. Law Number 23 of 2002 on Child Protection (State Gazette of the Republic of Indonesia of 2002 Number 109, Supplement to the State Gazette of the Republic of Indonesia Number 4235);
 7. Law Number 29 of 2004 on Medical Practice (State Gazette of the Republic of Indonesia of 2004 Number 116, Supplement to State Gazette of the Republic of Indonesia number 4431);
 8. Law Number 11 of 2009 on Social Welfare (State Gazette of the Republic of Indonesia of 2009 Number 12, Supplement to State Gazette of the Republic of Indonesia number 4967);
 9. Law Number 35 of 2009 on Narcotics (State Gazette of the Republic of Indonesia of 2009 Number 143, Supplement to the State Gazette of the Republic of Indonesia number 5062);
 10. Law Number 36 of 2009 on Health (State Gazette of the Republic of Indonesia of 2009 Number 144, Supplement to the State Gazette of the Republic of Indonesia number 5063);
 11. Law Number 44 of 2009 on Hospital (State Gazette of the Republic of Indonesia of 2009 Number 153, Supplement to the State Gazette of the Republic of Indonesia number 5072);
 12. Law Number 12 of 2011 on Legislation Making (State Gazette of the Republic of Indonesia of 2011 Number 82, Supplement to the State Gazette of the Republic of Indonesia number 5234);
 13. Law Number 23 of 2014 on Local Government (State Gazette of the Republic of Indonesia of 2014 Number 244, Supplement to the State Gazette of the Republic of

Indonesia Number 5587) as amended twice, last by Law Number 9 of 2015 (State Gazette of the Republic of Indonesia of 2015 Number 58, Supplement to the Republic of Indonesia number 5679);

14. Government Regulation Number 61 of 2014 on Reproductive Health;
15. Government Regulation Number 79 of 2005 on Guidance for Development and Supervision of Local Government;
16. Presidential Regulation of the Republic of Indonesia Number 75 of 2006 on National AIDS Countermeasure Commission;
17. Presidential Regulation of the Republic of Indonesia Number 72 of 2012 on National Health System;
18. Presidential Regulation of the Republic of Indonesia Number 87 of 2014 on Implementing Regulation of Law Number 12 of 2011 on Legislation Making;
19. Regulation of the Minister of People's Welfare Coordinator Number 02/PER/MENKO/KESRA/1/2007 on Policy on HIV and AIDS Prevention through Reduction of Adverse Effects of Narcotics and Psychotropic and Addictive Substances;
20. Regulation of the Minister of Home Affairs Number 20 of 2007 on General Guidelines for the Establishment of AIDS Prevention Commissions and Public Empowerment in Order to Control of HIV/AIDS in the Regions;
21. Regulation of the Minister of Health Number 269/Menkes/Per/III/2008 on Medical Record;
22. Regulation of the Minister of Health Number 51 of 2013 on Guidelines for Prevention of Transmission of HIV from Mother-to-Child;
23. Regulation of the Minister of Health Number 21 of 2013 on Countermeasure of HIV/AIDS;
24. Regulation of the Minister of Health Number 74 of 2014 on Guidelines for the Implementation of Counseling and Testing of HIV;
25. Regulation of the Minister of Health Number 82 of 2014 on Countermeasure of Infectious Disease;

26. Regulation of the Minister of Health Number 97 of 2014 on Health Services on Pre-pregnancy, Pregnancy, Childbirth and Postpartum Care, Contraceptive Service Providers and Sexual Health Services;
27. Regulation of the Minister of Health Number 87 of 2014 on Guidelines for Antiretroviral Treatment (ARV);
28. Regulation of the Minister of Health Number 74 of 2015 on Effort for Health Enhancement and Disease Prevention;
29. Regulation of the Minister of Manpower and Transmigration Number KEP.68/MEN/IV/2004 on Prevention and Countermeasure of HIV and AIDS;
30. Regulation of the Minister of Health Number HK.02.02/Menkes/482/2014 on Referral Hospital for Patients of HIV/AIDS;
31. East Java Provincial Regulation Number 5 of 2004 on Prevention and Countermeasure of HIV/AIDS in East Java (Gazette of Province of East Java of 2004 Number 4 of 2004 series E);
32. Regional Regulation of Regency of Banyuwangi Number 8 of 2016 on Regional Apparatus Composition of Regency of Banyuwangi;

With the Joint Approval of
THE REGIONAL HOUSE OF REPRESENTATIVES
OF THE REGENCY OF BANYUWANGI
and
THE REGENT OF BANYUWANGI

HAS DECIDED:

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

CHAPTER I
GENERAL PROVISIONS

Article 1

In this regional regulation:

1. Region means Regency of Banyuwangi.

2. Regent means Regent of Banyuwangi.
3. Local Government means Regent and Regional Apparatus as implementing elements of Local Government.
4. Health Office means Health Office of Regency of Banyuwangi.
5. Regional Apparatus means element of Regional head assistant and House of representative in governance of government affair which become Regional authority.
6. Stakeholder means groups or individuals who can influence and/or be influenced by designated goal achievement.
7. Structural intervention means an intervention toward the environment/physical, social, economic, political, cultural and legislation to support prevention of HIV and AIDS more effectively.
8. Education curriculum means 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 referred to as HIV, means 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 referred to as 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. Countermeasure means all efforts and activities conducted covering activities of prevention, handling and rehabilitation.
12. AIDS Prevention Commission means an agency that implement an effort of countermeasure of HIV/AIDS.

13. People with HIV/AIDS (*Orang dengan HIV/AIDS*) hereinafter referred to as ODHA means people who have been infected with HIV/AIDS.
14. People living with people with HIV/AIDS (*Orang yang hidup dengan pengidap HIV/AIDS*) hereinafter referred to as OHIDHA, means the closest persons, co-workers or family of people who have been infected with HIV/AIDS.
15. High Risk Group means 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 inject Narcotics users.
16. Key population or High-Risk Group Infected with HIV means 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 infected with HIV/AIDS means; Commercial Female Sex Workers (*Wanita Pekerja Seks Komersial*) hereinafter referred to as WPS, Commercial Male Sex workers (*Pria Pekerja Seks Komersial*) hereinafter referred to as PPS, gay community, transvestite, homosexual, customers of commercial sex workers, inject Narcotics user, wife of ODHA, spouse Sex of injecting drug user, Fostering prisoners of the penitentiary, frequent changing sex partners, the ship crew.
18. Vulnerable Groups infected with HIV/AIDS means pregnant women, tuberculosis patients, Sexually Transmitted Infections (STI) patients, housewives and ODHA family.
19. Low-Risk Group Contracting HIV/AIDS means 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 Inject addictive substances for the countermeasure of HIV and AIDS, hereinafter referred

to as the Reduction of Adverse Effects of Inject Drug Use, means 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 (*Narkotika, Psikotropika dan Zat Adiktif lainnya*) hereinafter referred to as NAPZA, means 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 addiction.
22. Inject NAPZA mean Narcotics, Psychotropic and other addictive substances that in its use by injection into the blood vessels that can transmit HIV and AIDS.
23. Methadone Maintenance Therapy Program means a therapy that aims to replace the use of substances such as heroin or morphine with methadone.
24. Methadone means a strong synthetic opiate such as heroin or morphine, but it does not have a strong sedative effect.
25. Health Service Facility means a tool and/or a place that used to conduct health service efforts, whether promote, preventive, curative or rehabilitative conducted by Government, Private, Regency Government or public.
26. Health Worker means any person who devotes him or herself in the field of health and he or she has knowledge and/or skills through education in the field of health for certain types require authority to do health service.
27. Counselor means a counseling service provider who has been trained for HIV counseling skills and capable.
28. Voluntary Counseling and Testing hereinafter referred to as VCT means a place/health service that has the authority to conduct voluntary counseling and HIV testing.
29. HIV Counseling and Testing under an Officer's Initiative means 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 means a program or effort conducted to prevent HIV transmission from HIV-infected mothers to their children.
31. Care Support and Treatment hereinafter referred to as CST means an integrated continuous medical service, psychology and social, in solving ODHA problems during care and treatment.
32. Comprehensive and Sustainable Service (*Layanan yang komprehensif dan berkesinambungan*) hereinafter referred to as LKB.
33. Care and Treatment means the effort and service of medical personnel to improve the health status of people who have been infected with HIV/AIDS.
34. Support means the efforts given to ODHA and OHIDHA both from family and public to improve the quality of life.
35. HIV Testing means an anonymous HIV test performed on blood samples, blood products, tissues and organs before donated.
36. HIV Surveillance means 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 means 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 means an explanation given to someone to get written approval before conducting voluntary HIV and AIDS test.
39. Anti-retroviral (ARV) means a non-lethal drug but suppresses the rate of HIV progression in the human body.
40. Mandatory test means 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, means 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 means a person who accompanies and provides further services to people who have been infected with HIV/AIDS.
43. Public Participation means the participation of the community at all levels, sectors and non-government organizations to increase the number and quality of community efforts in the health sector.
44. Public means any person or group of people domiciled in the district of Regency of Banyuwangi.
45. Non-Government Organizations (*Lembaga Swadaya Masyarakat*) hereinafter referred to as LSM, means a group of people who participate in the HIV/AIDS prevention process and have received recommendation from Banyuwangi district health office and/or Banyuwangi district AIDS prevention commission.
46. Stigma means 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, race, ethnicity, group, class, social status, economic status, sex, 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 means 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 means someone who is responsible for the organization of family karaoke business and place of reflexology.
51. Business person means:
 - a. every form of business which are either legal entity or non-legal entity, 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 means a person or entity that carries on activities for the purpose of obtaining profit
53. Condom means 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. Sex Worker (*Pekerja Seks*) hereinafter referred to as PS, means a male, female or transvestite who provides his or herself for sexual intercourse by obtaining compensation.
55. Massage Parlors mean business that provide massage facilities as a staple business and can be equipped with food and beverage services.
56. Massage Parlor Managers means Bodies or individuals who provide places and facilities for massage as a staple business and can provide masseur and food and beverages.
57. Masseur means a man or woman who has the task of massaging in the place of the massage business.
58. Risky sexual partner behavior means the behavior of multiple sexual partners changing without the use of condoms
59. Social welfare means 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 referred to as TB, means 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 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. Legislation making that supports and aligns with HIV/AIDS countermeasure efforts at all levels.
- h. Support for improved access and quality services.

CHAPTER III
PURPOSE, OBJECTIVE AND TARGET

Article 3

The purpose of implementing HIV/AIDS prevention is 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 is to break the chain of transmission of HIV/AIDS in order to protect the public.

Article 5

The target of prevention and countermeasure of STI 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 is conducted by:

- 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 services and HIV counseling and testing on an officers initiative 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 section (1) point a covers;
 - a. Dissemination;
 - b. Public Service Advertisements; 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 public.

- (4) Public as referred to in section (3) takes precedence over the target population and the key population
- (5) The target population as referred to in section (4) is the target population of the program
- (6) The key populations as referred to in section (5) include:
 - a. Inject drug users;
 - b. Women sex workers either directly or indirectly;
 - c. Customer/sex partner of Women sex workers;
 - d. Gays, transvestites, and male customers/sex partners with men; and
 - e. The fostering prisoners of the penitentiary/prisoners
- (7) Promotional approach as referred to in section (2) is conducted by:
 - a. Regional Apparatus in the 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 section (7) point 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 section (8) is authorized to determine the forms of promotion that will be disseminated to the public.
- (10) The promoter is further regulated in the technical guidance which is determined by the decision of the head of the Health Office.

Article 8

- (1) Promotional approach as referred to in Article 7 section (1) point 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 section (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 section (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, public, 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 public-based approaches.

- (2) Activities as referred to in section (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 STI 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 STI 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 of ODHA and OHIDHA;
 - d. performing surveillance of STI, 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 point 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 point f are conducted on the basis of confidential principles, approval, counseling, recording, and reporting.

- (3) Confidential principle as referred to in section (2) means that the examination result must be kept confidentially and may 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

Article 12

- (1) Examination and enforcement of HIV/AIDS diagnosis are done through HIV counseling and testing on officers' initiative services, and VCT services.
- (2) VCT service is carried out with the following steps of:
 - a. Pre-test counseling;
 - b. HIV testing; and
 - c. post-test counseling
- (3) VCT services in case the patient gives written approval.
- (4) Pre-test counseling as referred to in section (2) point 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 section (2) point c, should be conducted face-to-face by trained health personnel or HIV counselors with patients.
- (6) HIV counseling and testing on an officers initiative services are carried out with the following steps of:
 - a. giving information about HIV and AIDS before testing;
 - b. taking blood for tests;
 - c. delivering of test results; and
 - d. counseling
- (7) HIV testing in HIV counseling and testing on an officers initiative services is not performed if the patient refuses in writing.

- (8) HIV counseling and testing on an officers initiative should be recommended as a part of standard service for:
- a. every 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 STI;
 - 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 section (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. support of 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 comprehensive and sustainable service and focuses on promote and preventive effort.

Article 15

- (1) The preventive efforts as referred to in article 14 cover:
 - a. to maximize 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 STI;
 - c. strengthen HIV service referral network (including access to antiretroviral treatment); and
 - d. integrating of HIV prevention and mother to child program activities to mother child health services, family planning, reproductive health, and youngsters health
- (2) Procedures of the implementation of preventive efforts as referred to in section (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 section (1) is done through HIV diagnostic examination with test and counseling.
- (3) The tests and counseling as referred to in section (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 mother child health 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 requests a health certificate in the health service obligate to get HIV/AIDS counseling and testing.

Article 19

The childbirth may only be done in a service that has got training about HIV prevention and mother to child program 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 HIV prevention and mother to child program.

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 must 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 section (2) point a is intended to social order in a conducive key population environment.

- (4) Behavior change interventions as referred to in section (2) point 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 section (2) point c is intended to ensure the availability of quality preventative health and can be achieved.

Article 28

- (1) Prevention of STI and HIV through non-sexual transmission is aimed at preventing the transmission of HIV through the blood.
- (2) Prevention of STI and HIV through blood as referred to in section (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 section (2) point 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 section (2) point 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 narcotics, psychotropic and other addictive substances users as referred to in section (2) point c including:
 - 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 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. encouraging inject narcotics, psychotropic and other addictive substances 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 including:

- a. establishing 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 LSM participation in TB-HIV collaboration efforts;
- b. reducing the burden of TB to ODHA and initiating early ARV Therapy by intensifying TB case of ODHA including populations key of HIV/AIDS and ensuring quality TB treatment, isoniazid preventive treatment to ODHA who do not have TB, Infection control 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 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 ARV Therapy 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 are established at the regency, sub-district, village and village levels to coordinate TB/HIV/AIDS collaboration activities by involving cross-sectored.
- (2) Required public involvement and caring communities in TB and HIV/AIDS programs to significantly increase the coverage of TB/HIV/AIDS case-finding.

Article 33

Education, information and communication 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 regency 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 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 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 people who have been infected with HIV/AIDS itself.

CHAPTER X OBLIGATIONS AND PROHIBITIONS

Part One Obligations

Article 36

The Regency Government is obligated 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. provide 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. provide anti-retroviral drugs and opportunistic anti-infective drugs including the availability of HIV testing materials and equipment;
- i. provide primary health care services for antiretroviral treatment and opportunistic anti-infective drugs for ODHA;
- j. provide economic, social, psychological support for people who have been infected with HIV/AIDS and people living with people with HIV/AIDS;
- k. provide protection and opportunities for people who have been infected with HIV/AIDS and people living with people with HIV/AIDS in finding employment;
- l. appoint district and private government health service units to test HIV/AIDS and STI;
- 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 is obligated to:

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

- b. providing services to ODHA and STI through pre and post counseling;
- c. providing treatment services to ODHA and STI 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. provide 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. conduct regular surveillance and monitoring on the management of HIV/AIDS services and 100% condom programs; and
- k. reporti high-risk sexual places that do not cooperate in HIV/AIDS prevention and countermeasure efforts to the authorities.

Article 38

Risked sex offenders are obligated to use condoms during sexual intercourse.

Article 39

Every person/family karaoke manager and place of reflexology obligated 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

Public, bodies, institutions and community organizations are obligated and have the largest opportunity to contribute to HIV/AIDS prevention and control including assistance and empowerment of ODHA.

Article 41

Public, bodies, institutions and community organizations are obligated to report any outcomes of HIV/AIDS prevention activities conducted to the Regent through the head of the health office of Regency of Banyuwangi.

Article 42

ODHA is obligated:

- a. Not to intentionally infect body fluids containing HIV to others;
- b. ODHA mothers are obligated 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 obligated:

- a. not to conduct stigmatizing and discriminating against ODHA or deliberately depriving ODHA;

- b. to assist case managers/assistants in providing support and care for ODHA;
- c. to assist health workers in the treatment of ODHA;
- d. to be able to act as counterparts to take medication for ODHA;
- e. to assist ODHA in self-development; and
- f. to help the effort of prevention and countermeasure of HIV/AIDS in the region.

Part Two
Prohibition

Article 44

- (1) Every person is prohibited from conducting Mandatory to 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 from continuing their blood, blood products, semen, organs and tissues infected with HIV/AIDS to potential donors.
- (4) Every person or entity is prohibited from publishing one's HIV/AIDS status except with the consent concerned agreement.
- (5) Everyone is prohibited from 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 regency-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 Regency Government provides permanent secretariat offices and other facilities to facilitate activities conducted by Regency-Level Working Groups and sub-district working groups.

Article 46

The working group as referred to in Article 45 consist of:

- a. institutions in health sector;
- b. National Police of the Republic of Indonesia; and
- c. relevant agencies.

CHAPTER XII

PUBLIC PARTICIPATION

Article 47

- (1) Public may participate in HIV/AIDS prevention and countermeasure activities and protection of ODHA and OHIDHA by:
 - a. Behaving and promoting healthy living;
 - b. Increasing family resilience;
 - c. preventing stigma and discrimination against ODHA, OHIDHA, and their families;
 - d. shaping and developing citizens care aids
 - e. creating a safe and comfortable environment for people who have been infected ODHA, OHIDHA, and their families;
 - f. supporting people with the potential to engage in risky acts of HIV infection to seek treatment to VCT services; and
 - g. being active in promotional activities, care, support, treatment, and assistance to ODHA and OHIDHA.
- (2) Healthy living behavior as referred to in section (1) point a is done by avoiding sexual and non-sexual behavior at risk of contracting HIV.

- (3) Family resilience as referred to in section (1) point b is done by:
 - a. loyal to couples; and
 - b. mutual respect, 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 section (1) point c is done by:
 - a. understanding correctly and comprehensively on the way of transmission of HIV and its prevention;
 - b. empowering HIV-infected persons and their families just like any other society; and
 - c. urging 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 enforcement of this Regional Regulation may be sourced from the Regional 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 against ODHA and OHIDHA.
- (2) The guidance as referred to in section (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 countermeasure HIV/AIDS transmission;
 - c. protect the public against any event that leads 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 may be done by KPAK and/or Health Institution.

CHAPTER XV

TERMS OF INVESTIGATION

Article 50

- (1) Certain Civil Servant Official within the local government is given special powers as investigator 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 as referred to in section (1) is a certain civil servant official in the Local Government who is appointed by the competent authority in accordance with the provisions of the legislation.
- (3) The authority of the investigator as referred to in section (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 point e;
 - h. photographing someone related to criminal offenses of HIV and AIDS;
 - i. summoning someone to be heard and tested as a suspect or witness;
 - 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 section (1), notifies the commencement of the investigation and submits the results of 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 is sentenced to imprisonment for a maximum of 3 (three) months or a fine for a maximum of Rp50,000,000.00 (fifty million rupiah).

(2) The criminal act as referred to in section (1) is a violation.

CHAPTER XVII
CLOSING PROVISION

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 countermeasure of Sexually Transmitted Infections (STI) and HIV/AIDS in Regency of Banyuwangi (Regency Gazette of Banyuwangi of 2007 Number 7/E) is repealed and declared ineffective.

Article 53

The implementing regulations of this regional regulation are issued not later than 6 (six) months from the date of promulgation of this regional regulation.

Article 54

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

In order that every person may know hereof, it is ordered to promulgate this Regional Regulation by its placement in the Regency Gazette of Banyuwangi.

Issued in Banyuwangi
on 24 March 2017

REGENT OF BANYUWANGI,

Signed

H. ABDULLAH AZWAR ANAS

Promulgated in Banyuwangi
on 24 March 2017

ACT. REGIONAL SECRETARY OF
REGENCY OF BANYUWANGI,

Signed

Drs. DJADJAT SUDRADJAT, M.SI
Middle Administrator
NIP19591227 198603 1 022

REGIONAL GAZETTE OF THE REGENCY OF BANYUWANGI OF 2017 NUMBER 5
REGISTRATION NUMBER OF REGENCY OF BANYUWANGI 53-5/2017

Jakarta, 9 October 2018
Has been translated as an Official Translation
on behalf of Minister of Law and Human Rights
of the Republic of Indonesia

DIRECTOR GENERAL OF LEGISLATION,



WIDODO EKATJAHJANA

ELUCIDATION OF
REGULATION OF REGENCY OF BANYUWANGI
NUMBER 5 OF 2017
ON
PREVENTIONS AND COUNTERMEASURE OF HIV/AIDS

I. GENERAL

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 countermeasure 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 countermeasure of HIV/AIDS in Regency of Banyuwangi needs to be regulated by implementing it into Regional Regulation.

II. ARTICLE BY ARTICLE

Article 1

Sufficiently clear.

Article 2

Sufficiently clear.

Article 3

Sufficiently clear.

Article 4

Sufficiently clear.

Article 5

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