

REGULATION OF THE MUNICIPALITY OF TANGERANG
NUMBER 4 OF 2021

ON

HANDLING OF HUMAN IMMUNODEFICIENCY VIRUS
AND ACQUIRED IMMUNODEFICIENCY SYNDROME

BY THE BLESSINGS OF ALMIGHTY GOD

MAYOR OF TANGERANG,

Consider : a. that HIV is a virus that can damage immune system whose transmission process is very difficult to monitor and threaten the status of public health and the continuity of human civilization;
b. that the transmission of Human Immunodeficiency Virus (HIV) in The Municipality of Tangerang is spreading wider, regardless of social status and age, so that it requires efforts to respond it in a cross-sectoral, systematic, comprehensive, participatory, and sustainable manner;
c. that in order to provide legal certainty and the fulfillment of Human Rights for the fulfillment or health security of every citizen in efforts to respond Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) in the Region, arrangements are needed in the Regional Regulations;
d. that based on the considerations as referred to in point a, point b and point c, it is necessary to issue a Regional Regulation on Response of Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome;

Observing : 1. Article 18 Section (6) and Article 28H of the Constitution of the Republic of Indonesia of 1945;
2. Law Number 2 of 1993 on Establishment of the Second-Level Municipality of Tangerang (State Gazette of the Republic of Indonesia of 1993 Number 18, Supplement to the State Gazette of the Republic of Indonesia Number 3518);
3. Law Number 36 of 2009 on Health (State Gazette of 2009 Number 182, Supplement to the State Gazette Number 4010);
4. Law Number 23 of 2014 on Local Governments (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 several times last by

Law Number 9 of 2015 on the Second Amendment to Law Number 23 of 2014 on Local Governments (State Gazette of the Republic of Indonesia of 2015 Number 24, Supplement to the State Gazette of the Republic of Indonesia Number 5657);

5. Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2013 on Handling of HIV and AIDS (State Bulletin of the Republic of Indonesia of 2013 Number 654);
6. Regulation of the Minister of Health of the Republic of Indonesia Number 51 of 2013 on Guidelines for Preventing Mother-to-Child Transmission of HIV (State Bulletin of the Republic of Indonesia of 2013 Number 978);
7. Regulation of the Minister of Health of the Republic of Indonesia Number 27 of 2017 on Guidelines for Infection Prevention and Control in Health Care Facilities (State Bulletin of the Republic of Indonesia of 2017 Number 857);
8. Regulation of the Minister of Health of the Republic of Indonesia Number 52 of 2017 on Elimination of Transmission of HIV, Syphilis and Hepatitis B from Mother to Child (State Bulletin of the Republic of Indonesia of 2017 Number 1614);
9. Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 6 of 2018 on National Standards for Social Rehabilitation of Persons with Human Immunodeficiency Virus Acquired Immunodeficiency Syndrome (State Bulletin of the Republic of Indonesia Number 781 of 2018);
10. Regional Regulation Number 5 of 2018 on Implementation of Family Resilience Development (Regional Gazette of the Municipality of Tangerang of 2018 Number 5, Supplement to the Regional Gazette of the Municipality of Tangerang Number 5);
11. Regional Regulation Number 4 of 2019 on Regional Health System (Regional Gazette of the Municipality of Tangerang of 2019 Number 4, Supplement to the Regional Gazette of the Municipality of Tangerang Number 4);

With Joint Approval of
THE REGIONAL HOUSE OF REPRESENTATIVES OF THE MUNICIPALITY OF
TANGERANG
and
THE MAYOR OF TANGERANG

HAS DECIDED:

To issue : REGIONAL REGULATION ON HANDLING OF HUMAN IMMUNODEFICIENCY VIRUS AND ACQUIRED IMMUNODEFICIENCY SYNDROME.

CHAPTER I GENERAL PROVISIONS

Article 1

In this Regional Regulation:

1. Region means the Municipality of Tangerang.

2. Local Government means the Mayor as an administering element of the Local Government who leads the implementation of government affairs that are the authority of the autonomous regions.
3. Mayor means the Mayor of Tangerang.
4. Regional Apparatus means the supporting element of the Mayor and the Regional House Representatives in the implementation of government affairs that are the authority of the Regions.
5. Office means the Tangerang Municipal Health Office.
6. Handling means all efforts that include promotive, preventive, diagnostic, curative, and rehabilitative services aimed at reducing the number of illnesses, deaths, limiting transmission, and the spread of diseases so that the outbreak does not spread to other areas and reduces the negative impact it causes.
7. Prevention means an effort that is made to break the chain of transmission, specific protection, control of risk factors, improve community nutrition and other efforts so that a person does not experience disorders, illnesses, or diseases in accordance with the threat of Infectious Diseases through promotive and preventive activities.
8. Human Immunodeficiency Virus, hereinafter abbreviated to as HIV, means the virus that causes Acquired Immunodeficiency Syndrome.
9. Acquired Immunodeficiency Syndrome, hereinafter abbreviated as AIDS, means a collection of symptoms of reduced self-defense capabilities that is caused by the entry of the HIV virus into a person's body.
10. Person Suffering from HIV and AIDS (*Orang Dengan HIV dan AIDS*) hereinafter referred to as ODHA, means a person who has been infected with the HIV virus
11. Person living with Person Suffering from HIV and AIDS (*Orang yang Hidup Dengan ODHA*), hereinafter referred to as OHIDHA, means a person, family member, or Rehabilitation Center, who lives together, and pays attention to ODHA.
12. Sexually Transmitted Infection (*Infeksi Menular Seksual*), hereinafter abbreviated as IMS, means a infection that is transmitted through sexual intercourse vaginally, anally or through the anus, and orally or by mouth.
13. HIV Test on Initiative of Health Service Provider and Counseling (Inisiatif Pemberi Pelayanan Kesehatan dan Konseling), hereinafter referred to as TIPK, means an HIV test and counseling that is conducted on a person for the benefit of health and treatment based on the initiative of the health service provider.
14. Voluntary HIV Counseling and Testing (*Konseling dan Tes HIV Sukarela*), hereinafter referred to as KTS, means a voluntary counseling and HIV testing process on the initiative of the individual concerned.
15. Health Counseling means information exchange in the health field to help clients or patients to make the right decisions for themselves and act according to the decisions they choose.

16. Surveillance means the process of collecting, processing, analyzing, and interpreting data systemically and continuously, as well as disseminating information to units in need to be able to take action.
17. Key Population means a group of people who have certain risky behaviors that put them at high risk and have an impact on HIV. Certain risky behaviors include men who have sex with men, injection drug users, sex workers, transgender and correctional inmates.
18. Health Service Facility (*Fasilitas Layanan Kesehatan*), hereinafter referred to as Fasyankes, means a facility and/or place used to administer health service efforts, whether promotive, preventive, curative, and rehabilitative, carried out by the government, Local Government, and/or the community.
19. Health Professional means any person who is devoted to the health sector and has knowledge and/or skills through education in the health sector which for a certain type requires the authority to conduct health efforts.
20. Anti Retro Viral, hereinafter abbreviated to as ARV, means a combination of several Anti Retro Viral drugs used to slow HIV from multiplying and spreading in the body.
21. The Municipality of Tangerang AIDS Control Commission (*Komisi Penanggulangan AIDS Kota Tangerang*), hereinafter referred to as KPA The Municipality of Tangerang, means an institution that conducts efforts to handle HIV and AIDS in the The Municipality of Tangerang Area.
22. Community means an individual and/or a group of people who have the same and desire to act together to achieve the goals that have been set in relation to Handling of HIV and AIDS .
23. Business Entity means an organizational and economic unit that aims to seek profit or gain, both organized by individuals or business entity that is in the form of incorporated or unincorporated business entities.
24. Health Promotion means a process to empower the public through activities to inform, influence and help the public to play an active role in supporting behavioral and environmental change as well as maintaining and improving health towards the optimal status of health.
25. Unlinked anonymous means an HIV testing method that is conducted anonymously by removing the identity data from the specimen so that it cannot be associated with the owner of the specimen.

CHAPTER II POLICIES, STRATEGIES AND RESPONSIBILITIES

Part One General

Article 2

Local Government sets policies and strategies in efforts for Handling of HIV and AIDS.

Article 3

Policies and strategies as referred to in Article 2 are implemented institutionally, coordinated vertically and horizontally, systematically, comprehensively, participatorily, and sustainably to produce sustainable work programs.

Part Two Policies

Article 4

- (1) Local Government Policies in Handling of HIV and AIDS as referred to in Article 2 include:
 - a. conducting handling and Control of HIV and AIDS by protecting and improving the Public health status through providing optimal services;
 - b. improving the facilities and quality of primary and referral health services for the increased management of Handling of HIV and AIDS that is accountable, transparent, efficient and effective;
 - c. improving the management of HIV and AIDS;
 - d. empowerment and Community participation in Handling of HIV and AIDS ; and
 - e. cross-sectoral participation in handling of HIV AIDS coordinated by KPA.
- (2) The policy as referred to in section (1) is implemented by the relevant Regional Apparatus.

Part Three Strategies

Article 5

Local Government Strategies in the Response of HIV and AIDS include:

- a. increase of human resources that are related to the handling of HIV and AIDS and cross-border cooperation;
- b. improvement and expansion of prevention coverage;
- c. improvement and expansion of the scope of services for care, support and treatment;
- d. reduction of the negative impact of the epidemic by increasing access to social mitigation programs;
- e. reinforcement partnerships, health systems and public systems;
- f. increase and mobilization of funds;
- g. development of structural interventions;
- h. implementation of planning, prioritization and implementation of data-based programs;
- i. improvement of coordination between Regional Apparatus Work Units and/or other related institutions in Handling of HIV and AIDS; and
- j. reduction of the social and economic impact of HIV and AIDS on individuals, families and public.

Part Four
Responsibilities of the Local Government

Article 6

- (1) The Local Government is responsible for Handling of HIV and AIDS in the Region.
- (2) The responsibilities as referred to in section (1) include:
 - a. making efforts for Handling of HIV and AIDS;
 - b. ensuring the availability of primary and referral health service facilities in conducting HIV and AIDS handling according to capacity; and
 - c. implementing a system of recording, reporting, and evaluation of handling of HIV and AIDS.
- (3) Efforts to response of HIV and AIDS as referred to in section (2) point a are conducted by, among others:
 - a. development of health resources;
 - b. coordination between Regional Apparatus and stakeholders in the prevention and control of HIV and AIDS; and
 - c. increasing the participation of Business Entity and the Community.

CHAPTER III
HANDLING ACTIVITIES

Part One
General

Article 7

- (1) HIV and AIDS Handling Activities consist of:
 - a. health promotion;
 - b. prevention of HIV transmission;
 - c. HIV diagnosis screening;
 - d. treatment, care, and support; and
 - e. rehabilitation.
- (2) Activities as referred to in section (1) are organized by the Local Government and the Community.
- (3) The activities as referred to in section (1) is organized in the form of comprehensive and continuous services.
- (4) Comprehensive and continuous services as referred to in section (3) are efforts that include all forms of HIV and AIDS services provided in a complete manner starting from the home, the Community, to the Fasyankes.

Part Two
Health Promotion

Article 8

- (1) Health promotion as referred to in Article 7 section (1) point a is aimed at increasing correct and comprehensive knowledge about the prevention of HIV transmission and eliminating stigma and discrimination.
- (2) Health promotion as referred to in section (1) is provided in the form of, among others:

- a. advocacy;
- b. environmental support;
- c. empowerment;
- d. partnerships;
- e. the participation of Business Entity and the Public;
- f. public service announcement; and
- g. capacity building of health professionals and non-health professionals in promoting the prevention of narcotics abuse, psychotropics, addictive substances, and HIV transmission.

(3) Health promotion as referred to in section (2) is in accordance with the socio-cultural conditions of the Region and supported by public policy.

(4) Health promotion as referred to in section (1) may be conducted by trained Health Professionals and non-health professionals.

Article 9

(1) The objectives of health promotion as referred to in Article 8 include:

- a. policymakers;
- b. private sector;
- c. public organizations; and
- d. Community.

(2) The Community as referred to in section (1) is prioritized in the target population and Key Population.

(3) The target population as referred to in section (2) is the target population of the program.

(4) Key Population as referred to in section (2) includes:

- a. injectable drug users;
- b. direct or indirect sexual workers;
- c. clients and sexual partners of sex workers;
- d. transvestites, transgender, male customers and sexual partners with fellow men; and
- e. inmates of correctional institutions and detention centers.

Article 10

(1) Health promotion may be integrated with health services or with other health promotion programs.

(2) Health promotion that is integrated with health services as referred to in section (1) is prioritized in services, including:

- a. health care for adolescents and productive age;
- b. reproductive health and family planning;
- c. antenatal care examination;
- d. sexually transmitted infections;
- e. rehabilitation of narcotics, psychotropics, and addictive substances; and
- f. tuberculosis.

Part Three
Prevention of HIV Transmission

Article 11

- (1) Prevention of HIV transmission as referred to in Article 7 section (1) point b may be effectively achieved by implementing a safe and risk-free lifestyle.
- (2) Prevention as referred to in section (1) includes efforts to:
 - a. prevention of HIV transmission through sexual intercourse;
 - b. prevention of HIV transmission through non-sexual relations; and
 - c. prevention of HIV transmission from mother to child.
- (3) Further provisions regarding the prevention of HIV transmission as referred to in section (1) are regulated by a Mayor Regulation.

Part Four
HIV Diagnosis Examination

Article 12

- (1) HIV diagnosis examination as referred to in Article 7 section (1) point c is conducted to prevent as early as possible the occurrence of transmission or increase in the incidence of HIV infection.
- (2) HIV diagnosis examination as referred to in section (1) is conducted based on the principles of confidentiality, consent, counseling, recording, reporting, and referral.
- (3) The principle of confidentiality as referred to in section (2) means that the results of the examination must be confidential and may only be disclosed to:
 - a. the person concerned;
 - b. health professionals who handle it;
 - c. the immediate family in the event the person concerned is incompetent;
 - d. sexual partners; and
 - e. other parties in accordance with the provisions of legislation.

Article 13

- (1) HIV diagnosis examination is conducted through KTS or TIPK.
- (2) The HIV diagnosis examination as referred to in section (1) must be conducted with the patient's consent.
- (3) Those exempted from the provisions as referred to in section (2), are in the event of:
 - a. certain assignments in the soldier or police service;
 - b. medical emergencies for the purpose of treatment in patients who have clinically exhibited symptoms leading to AIDS; and
 - c. request of the authority in accordance with the provisions of legislation.
- (4) Further provisions regarding HIV diagnosis examinations that are conducted by KTS or TIPK as referred to in section (1) are regulated by a Mayor Regulation.

Article 14

- (1) In areas where the epidemic is widespread, TIPK must be recommended to all people who visit Fasyankes as part of the service standards.
- (2) TIPK as a service standard in widespread epidemics as referred to in section (1) is mainly held in Fasyankes which:
 - a. organize outpatient and inpatient medical services;
 - b. organize health services for pregnant women, delivery, and postpartum examinations;
 - c. provide health services for high-risk populations;
 - d. provide health services for children under 10 (ten) years old;
 - e. organize surgical services;
 - f. provide adolescent health services; and
 - g. provide reproductive health services, including family planning.
- (3) Fasyankes that organizes TIPK as referred to in section (2) must have the ability to provide HIV and AIDS prevention, treatment, and care service packages.

Article 15

- (1) In areas of concentrated epidemic and low epidemic, TIPK is conducted on:
 - a. all adults, adolescents, children, pregnant women and the community who exhibit signs and symptoms indicative of HIV infection, including tuberculosis; and
 - b. children with a history of exposure to HIV during the perinatal period, rape and other sexual violence.
- (2) TIPK as referred to in section (1) is held on:
 - a. IMS services;
 - b. health services for Key Population or people with high-risk behaviors;
 - c. service facilities that provide examination services for pregnant women, delivery, and postpartum women; and
 - d. tuberculosis services.

Part Five
Treatment, Care, and Support

Paragraph 1
Treatment

Article 16

Every health service facility is prohibited from refusing treatment and care for ODHA.

Article 17

- (1) HIV treatment as referred to in Article 7 section (1) point d aims to:
 - a. reduce the risk of HIV transmission;
 - b. inhibit the worsening of opportunistic infections; and
 - c. improve the quality of life of ODHA.
- (2) HIV treatment as referred to in section (1) must be carried out in conjunction with:

- a. screening;
- b. opportunistic infection therapy;
- c. the provision of condoms; and
- d. counseling.

(3) AIDS treatment aims to reduce the amount of HIV virus in the blood by using a combination of ARV drugs.

Article 18

- (1) Every ODHA is obliged to get:
 - a. post-examination counseling for HIV diagnosis;
 - b. national registration; and
 - c. treatment.
- (2) Registration as referred to in section (1) includes records that contain:
 - a. health service facility code number;
 - b. the serial number found in the health service facility; and
 - c. clinical stage when the diagnosis is first established.
- (3) Registration as referred to in section (1) and section (2) must be kept confidential in accordance with the provisions of legislation.

Paragraph 2 Care and Support

Article 19

- (1) HIV and AIDS care and support must be conducted with a choice of approach according to the needs:
 - a. Fasyankes-based care; and
 - b. community-based home care.
- (2) HIV and AIDS care and support as referred to in section (1) must be conducted thoroughly and continuously.
- (2) comprehensive and continuous Service as referred to in section (2) is conducted based on:
 - a. coordination and partnership with stakeholders;
 - b. the active role of the community including ODHA and family;
 - c. integrated and decentralized services;
 - d. HIV service packages;
 - e. referral system and work network; and
 - f. guaranteed access to services.

Article 20

Fasyankes-based care as referred to in Article 19 section (1) point a is a treatment aimed at ODHA with opportunistic infections so that it requires treatment at Fasyankes in accordance with the referral system.

Article 21

- (1) Every ODHA has the right to receive treatment and care from Fasyankes.
- (2) Each Fasyankes is obliged to provide treatment and care to ODHA as referred to in section (1) in accordance with its capabilities.
- (3) In the event that the Fasyankes is unable to provide treatment and care as referred to in section (2), it is obliged

to refer the ODHA to another Fasyankes that is able or to an ARV referral hospital.

Article 22

- (1) Community-based home care as referred to in Article 19 section (1) b is a form of care provided to ODHA without opportunistic infections, who choose home care.
- (2) Home care as referred to in section (1) aims to:
 - a. prevent infection;
 - b. reduce complications;
 - c. reduce pain or discomfort;
 - d. increase self-acceptance of situations and understand the diagnosis;
 - e. prognosis and treatment; and
 - f. increase independence to achieve a quality life.

Part Six
Rehabilitation

Article 23

- (1) Rehabilitation as referred to in Article 7 section (1) point e is aimed at restoring the quality of life and social functioning to become economically and socially productive through medical and social rehabilitation.
- (2) Medical rehabilitation as referred to in section (1) is conducted by the Office and social rehabilitation is conducted by the Social Service.
- (3) Medical rehabilitation as referred to in section (1) is conducted for any pattern of HIV transmission in all HIV and AIDS patients.
- (4) Social Rehabilitation for all HIV/AIDS patients as referred to in section (2) is conducted by means of Social empowerment and self-efficacy that are conducted by the Local Government and the Community in accordance with the provisions of legislation.
- (5) Provisions regarding medical and social Rehabilitation as referred to in section (1) are regulated by the Mayor Regulation.

CHAPTER IV
SURVEILLANCE

Article 24

- (1) HIV and AIDS surveillance are conducted for monitoring and decision-making in Handling of HIV and AIDS.
- (2) HIV and AIDS surveillance as referred to in section (1) includes:
 - a. reporting of HIV cases;
 - b. reporting of AIDS cases;
 - c. HIV and syphilis sentinel surveillance;
 - d. IMS Surveillance;
 - e. HIV Surveillance based on HIV Counseling and Testing services;
 - f. integrated biological and behavioral Surveillance;
 - g. rapid behavioral surveys; and
 - h. ARV resistance monitoring activities.

(3) Further provisions regarding HIV and AIDS Surveillance as referred to in section (2) are regulated by a Mayor Regulation

CHAPTER V IMPACT MITIGATION

Article 25

(1) Impact mitigation is an effort to reduce health and socio-economic impacts.

(2) Local Government, Business Entity, and Community independently and/or jointly conduct mitigation of the socio-economic impact of ODHA and their families by, among others:

- providing health insurance;
- eliminating discrimination in providing services and in community life;
- organizing assistance programs to increase family income; and
- involving ODHA and their families in HIV and AIDS Response efforts as a means for economic and social empowerment of ODHA.

(3) Mitigation activities as referred to in section (2) are carried out in accordance with the provisions of legislation.

CHAPTER VI HEALTH RESOURCES

Part One Fasyankes

Article 26

(1) Each primary Fasyankes is obliged to make promotive, preventive, counseling, early detection, and referral efforts to cases that require referral.

(2) Primary Fasyankes may conduct diagnosis, treatment, and care for ODHA in accordance with the ability and referral system.

Article 27

Every hospital with at least class C is obliged to be able to diagnose, treat, and care ODHA in accordance with the provisions in the referral system.

Article 28

(1) Every Fasyankes is obliged to implement preventive measures to avoid the transmission of HIV.

(2) Preventive measures as referred to in section (1) include:

- general vigilance;
- compliance with infection prevention programs in accordance with standards;
- safe use of blood from HIV; and
- communication, information, and education to patients.

- (3) The Local Government may impose administrative sanctions on Fasyankes that does not conduct preventive measures as referred to in sections (1) and section (2).
- (4) Administrative sanctions as referred to in section (3) are in the form of:
 - a. verbal reprimands;
 - b. written reprimand;
 - c. suspension of permit; and/or
 - d. revocation of permit.

Part Two Human Resources

Article 29

- (1) Human resources in Handling of HIV and AIDS include:
 - a. Health Professional; and
 - b. Non-Health Professional.
- (2) Health Professional as referred to in section (1) point a are Health Professional who have competence and authority in accordance with the provisions of legislation.
- (3) Non-health professional a referred to in section (1) play a role in the fields of policy, welfare, health, education, social, and culture, which covers all HIV and AIDS problems as a whole.

Part Three Availability of Medicines and Health Supplies

Article 30

The Local Government together with the Government of the Province of Banten and the Central Government ensure the availability of medicines and health supplies needed for handling of HIV and AIDS.

Article 31

- (1) The Local Government in ensuring the availability of medicines and health supplies as referred to in Article 30 must prepare an annual procurement plan.
- (2) The annual procurement plan as referred to in section (1) is submitted in stages to the Central Government through the Government of the Province of Banten.

CHAPTER VII PARTNERSHIP

Article 32

- (1) The Local Government may cooperate with other parties in Response of HIV and AIDS Prevention in the Region.
- (2) Other parties as referred to in section (1) include:
 - a. Vertical agencies in the Region;
 - b. non-governmental organizations;
 - c. higher education entities;
 - d. professional organizations in the health sector;
 - e. Key Population communities; and
 - f. Business Entities.

Article 33

- (1) The Scope of cooperation between the Local Government and other parties as referred to in Article 32 includes:
 - a. roll-out of the dangers of HIV and AIDS;
 - b. community empowerment;
 - c. periodic HIV screening;
 - d. HIV screening for the future bride/groom; and
 - e. HIV screening for students.
- (2) Cooperation between the Local Government and other parties as referred to in section (1) is stated in the agreement and/or partnership agreement.

CHAPTER VIII
INSTITUTIONS

Article 34

- (1) For the implementation of the handling of HIV and AIDS in the Region, the Local Government establishes the Regional AIDS Control Commission.
- (2) The Regional KPA as referred to in section (1) consists of:
 - a. Local Government;
 - b. Vertical Agencies; and
 - c. Community.
- (3) The Regional KPA as referred to in section (1) is stipulated by the Decree of the Mayor

CHAPTER IX
RIGHTS, OBLIGATIONS AND PROHIBITIONS

Part One
Rights

Article 35

Everyone has the rights to:

- a. obtain correct information about Handling of HIV and AIDS; and
- b. get Health Services if infected with HIV or AIDS.

Part Two
Obligations

Article 36

Everyone is obliged to:

- a. regularly check their health at fasyankes if they are at risk or who have been infected with HIV or AIDS;
- b. seek treatment, to protect themselves and their sexual partner if they realize that they are infected with HIV or AIDS; and
- c. use a shaver, syringe, tattoo needle, or acupuncture needle in a sterile state.

Article 37

Everyone who is in charge of:

- a. conducting HIV or AIDS tests for surveillance purposes is obliged to do that in an unlinked anonymous manner; and

- b. in providing health services related to blood, blood products, sperm, organs and/or body tissues is obliged to follow general vigilance procedures.

Article 38

- (1) Every person who owns and/or manages a Business Entity is obliged to conduct health promotion and prevention of HIV transmission at their place of business.
- (2) Any person who violates the provisions as referred to in section (1) is subject to administrative sanctions in the form of:
 - a. verbal reprimands;
 - b. written reprimand;
 - c. suspension of permit; and/or
 - d. revocation of permit.

Part Three Prohibition

Article 39

Everyone is prohibited from:

- a. intentionally transmitting to others if they know that they are infected with HIV or AIDS;
- b. donating, distributing blood, blood products, sperm, organs and/or body tissues infected with HIV or AIDS to others; and
- c. publishing a person's HIV or AIDS status except with the consent of the person concerned or for medical reasons.

Article 40

- (1) Every person/Institution/Business Entity is prohibited from making HIV or AIDS screening as:
 - a. Prerequisites for a recruitment process, continuation of worker status, or as a mandatory routine health test; or
 - b. Prerequisites for continuing education.
- (2) Every person/Institution/Business Entity that violates the provisions as referred to in section (1) is subject to administrative sanctions in the form of:
 - a. verbal reprimands;
 - b. written reprimand;
 - c. suspension of permit; and/or
 - d. revocation of permit.

Article 41

Further provisions regarding the procedure for imposing administrative sanctions as referred to in Article 28 section (4), Article 38 section (2) and Article 40 section (2) are regulated by a Mayor Regulation.

CHAPTER X PARTICIPATION

Article 42

Every person/Institution/Business Entity must actively participate in preventing and tackling the HIV epidemic according to their respective abilities and roles.

Article 43

The Public may participate in Handling of HIV and AIDS by:

- a. Increasing Religious Understanding;
- b. promoting healthy life behaviors;
- c. increasing family resilience;
- d. preventing stigma and discrimination against ODHA, OHIDHA, and Key Population communitY;
- e. forming and developing Warga Peduli AIDS/AIDS Care Residents; and
- f. encourage community members who have the potential to commit acts at risk of contracting HIV to check themselves at KTS service facilities.

Article 44

- (1) Religious Understanding as referred to in Article 43 point a is conducted by Improving Life Behavior in accordance with the Teachings whom adheres to.
- (2) Healthy life behavior as referred to in Article 43 point a b is carried out by avoiding sexual and non-sexual behaviors at risk of HIV transmission.
- (3) Family resilience as referred to in Article 43 point b is conducted by, among others:
 - a. being loyal to the spouse;
 - b. honing each other, loving, and nurturing in the family towards a healthy life, especially reproductive health; and
 - c. avoiding narcotics, psychotropics, and addictive substances.
- (4) Preventing stigma and discrimination against HIV-infected persons as referred to in Article 43 point c is carried out by, among others:
 - a. understanding correctly and completely the mode of transmission HIV and its prevention;
 - b. empowering persons infected with HIV as well as other members of society; and
 - c. inviting all members of the community not to discriminate against persons infected with HIV both in terms of health services, education, work, and all aspects of life.

Article 45

- (1) Warga Peduli AIDS as referred to in Article 43 point d is a means of community participation to carry out Handling of HIV and AIDS.
- (2) Warga Peduli AIDS as referred to in section (1) may be formed at the sub-district, urban village, rural village, community level, and neighborhood level.
- (3) AIDS Care Citizen activities as referred to in section (1) may be integrated with village activities.

Article 46

- (1) Every Institution/Business Entity may participate in carrying out Handling of HIV and AIDS in the workplace for its workers.

- (2) Every Institution/Business Entity whose workers are at risk of HIV and AIDS transmission is obliged to participate in conducting Handling of HIV and AIDS in the workplace.
- (3) Efforts for Handling of HIV and AIDS in the workplace as referred to in section (1) and section (2) include:
 - a. providing information and education about IMS, HIV, and AIDS;
 - b. providing a place for communication, information, and education about IMS, HIV, and AIDS that is easily accessible to visitors and employees;
 - c. playing an active role in efforts for Handling of IMS, HIV, and AIDS;
 - d. allocating corporate social responsibility funds for HIV and programs of Handling of AIDS;
 - e. implementing special Occupational Safety and Health procedures for Handling of HIV and AIDS in accordance with the provisions of legislation; and
 - f. checking employees who are their responsibility periodically to the Fasyankes.

Article 47

- (1) ODHA may participate in HIV and AIDS Control by, among other things:
 - a. maintaining personal health;
 - b. making efforts to prevent HIV transmission to others;
 - c. informing sexual partners and health workers of HIV status for medical purposes;
 - d. complying with medical recommendations; and
 - e. participating in HIV and AIDS Response efforts with the Local Government and other members of the Public.
- (2) The participation of ODHA as referred to in section (1) point b is conducted through, among others:
 - a. the obligation to use condoms correctly and consistently;
 - b. using disposable sterile syringes;
 - c. active participation in mother-to-child transmission prevention services for HIV-infected pregnant women; and
 - d. not being a donor of blood, blood products, organs, and/or other body tissues.

CHAPTER XI RECORDING AND REPORTING

Part One Recording

Article 48

- (1) All HIV and AIDS handling activities must be recorded and reported in accordance with the provisions of legislation.
- (2) Fasyankes is obliged to record treatment, follow up treatment of HIV patients, administer ARVs, and document them in medical records.

Part Two
Article 49

Reporting

- (1) Fasyankes is obliged to report HIV cases, AIDS cases, and their treatments to the Office.
- (2) The Office compile the reporting as referred to in section (1), and conduct analysis for policy making and follow-up.
- (3) The Office forwards the report as referred to in section (1) and section (1) and section (2) to the Banten Provincial Health Office.
- (4) Reporting as referred to in section (1) and section (3) is conducted every month.

CHAPTER XII
GUIDANCE AND SUPERVISION

Article 50

- (1) The Local Government conducts guidance and supervision of activities of Handling of HIV and AIDS in the Region.
- (2) Guidance and supervision as referred to in section (1) is conducted with monitoring and evaluation activities.

CHAPTER XIII
FUNDING

Article 51

Funding of the Response of HIV and AIDS programs implemented by Supporting Regional Apparatus, is charged to:

- a. Local Budget; and
- b. other legal and non-binding sources.

CHAPTER XIV
PROVISIONS OF INVESTIGATION

Article 52

- (1) The official that is in charge of investigating criminal acts as referred to in this Regional Regulation is a Civil Servant Investigator within the Local Government whose appointment is determined in accordance with prevailing legislation.
- (2) The authority of the investigator as referred to in section (1) is to:
 - a. receive, seek, collect and examine information or reports regarding criminal acts of violation of Regional Regulation and so that such information or reports become complete and clear;
 - b. research, search, collect information on individuals or entities about acts committed in connection with criminal acts of violation of the Regional Regulation;
 - c. request information and evidence from individuals or entities in connection with criminal acts of violation of Regional Regulation;
 - d. examine books, records and documents and confiscate such evidence;

- e. conduct searches to obtain evidence of bookkeeping, records and other documents, as well as confiscate such evidence;
- f. request the assistance of experts in the context of conducting the task of investigating criminal acts of violation of Regional Regulation;
- g. order a person to stop, prohibit a person from leaving the room or place during the examination and examine the identity of the person or brought document as referred to in point e;
- h. photograph a person or an object that is related to a criminal act of violation of Regional Regulation;
- i. summon persons to be heard and examined as suspects or witnesses;
- j. stop the investigation; and
- k. take other actions that are deemed necessary to support investigation of actions in the field of violations of Regional Regulation according to the law that can be accounted for.

(3) The investigator as referred to in section (1) notifies the commencement of the Investigation and submits the results of the investigation to the Public Attourney through the Investigator of the State Police Officer of the Republic of Indonesia, in accordance with the provisions stipulated in the Criminal Law Procedures Code.

CHAPTER XV CRIMINAL PROVISIONS

Article 53

- (1) Every person who violates the provisions as referred to in Article 36 point c and Article 39 is sentenced to imprisonment for a maximum of 6 (six) months or a maximum fine of Rp50,000,000.00 (fifty million rupiah).
- (2) Criminal acts as referred to in section (1) are violations.

CHAPTER XVI CLOSING PROVISIONS

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 Regional Gazette of the Municipality of Tangerang.

Issued in Tangerang
on 10 June 2021

MAYOR OF TANGERANG,

signed

ARIEF R. WISMANSYAH

Promulgated in Tangerang
on 10 June 2021

REGIONAL SECRETARY
OF THE MUNICIPALITY OF TANGERANG,

signed

HERMAN SUWARMAN

REGIONAL GAZETTE OF THE MUNICIPALITY OF TANGERANG OF 2021
NUMBER 4

Jakarta, 19 December 2025

Has been translated as an Official Translation
on behalf of the Minister of Law
of the Republic of Indonesia
DIRECTOR GENERAL OF LEGISLATION,



DHAHANA PUTRA

**ELUCIDATION OF
REGULATION OF THE MUNICIPALITY OF TANGERANG
NUMBER 4 OF 2021
ON
HANDLING OF HUMAN IMMUNODEFICIENCY VIRUS DAN ACQUIRED
IMMUNODEFICIENCY SYNDROME**

I. GENERAL

Human Immunodeficiency Virus (HIV) is an infectious virus that can damage the immune system. The virus can cause a collection of various symptoms of the disease or Acquired Immunodeficiency Syndrome (AIDS). HIV can be transmitted through the chain of HIV transmission, such as: drug users; sex workers; clients or sexual partners of sex workers; gay, transvestite, transgender; male customers or sexual partners with fellow men; pregnant women with HIV to children; tuberculosis patients; and/or IIMS patients.

HIV transmission is often very difficult to monitor, control, and/or supervise because the virus' long incubation period which on average is 5-10 years and not all persons are open to voluntary take early detection. HIV is regarded as a threatening virus and seriously endangers the health of the community as a whole. In some cases, HIV is even considered as a threat to the sustainability of the civilization process of a society because HIV not only threatens the lives of family members, but can also cut off the survival of generations of a family. Therefore, Handling of HIV and AIDS is a very significant effort in order to maintain the basic rights of the Community to the health status and the continuity of the human civilization process.

Based on data obtained by the the Municipality of Tangerang Health Office in 2019, the estimated number of cases in the Municipality of Tangerang reached 238 cases. Based on the results of the examination, 161 HIV positive cases and 77 AIDS positive cases were found.

The rise of HIV cases needs to be accompanied by the need for health services that are in favor of HIV and AIDS cases, a referral system for HIV and AIDS patients, and an increase in understanding and knowledge about HIV and AIDS for Health Professionals and the Community, and optimal efforts are needed by the Local Government in supporting HIV and programs of Handling of AIDS . Law Number 23 of 2014 on Local Governments, mandates the regions to accelerate the realization of community welfare through improving services, empowerment, and the role of all components of the community. One of the mandatory affairs that is the authority of the local governments is the handling of the health sector. The handling of the health sector is directed at efforts to improve the health status, which ultimately aims to accelerate the realization of Public welfare.

Based on the above descriptions, in order to provide legal certainty and legal protection in Handling of HIV and AIDS in the Municipality of Tangerang, DPRD and the Government of the Municipality of Tangerang have taken a policy to

regulate Handlinf of HIV and AIDS in a Regional Regulation. The Regional Regulation on Hadndling of HIV and AIDS has material that includes:

- a. General Provisions;
- b. Policies, Strategies and Responsibilities;
- c. Response Activities;
- d. Surveillance;
- e. Impact Mitigation;
- f. Health Resources;
- g. Partnership;
- h. Institutional;
- i. Rights, Obligations and Prohibitions;
- j. Participation;
- k. Recording and Reporting;
- l. Guidance and supervision;
- m. Funding;
- n. Investigation Provisions;
- o. Criminal Provisions; and
- p. Closing Provisions.

This Regional Regulation is highly determined by the institutional functions and the set of implementing regulations required for it. Therefore, in order to provide legal certainty and legal protection for the Local Government and related parties in the fight against HIV and AIDS in the Municipality of Tangerang, Regional Regulation on Handling of HIV and AIDS is made.

II. ARTICLE BY ARTICLE

Article 1

Sufficiently clear.

Article 2

Sufficiently clear.

Article 3

Sufficiently clear.

Article 4

Sufficiently clear.

Article 5

Sufficiently clear.

Article 6

Sufficiently clear.

Article 7

Sufficiently clear.

Article 8

Section (1)

Sufficiently clear.

Section (2)

Sufficiently clear.

Section (3)

Sufficiently clear.

Section (4)

The term non-health professionals means workers other than Health Professionals.

Article 9

Sufficiently clear.

Article 10

Sufficiently clear

Article 11

Sufficiently clear.

Article 12

Sufficiently clear.

Article 13

Sufficiently clear.

Article 14

Sufficiently clear.

Article 15

Sufficiently clear.

Article 16

Sufficiently clear.

Article 17

Section (1)

Sufficiently clear.

Section (2)

Point a

The term Screening means an examination before doing treatment.

Point b

The term opportunistic infection Therapy means an infection caused by an organism that does not normally cause disease in persons with normal immune systems but can attack persons with poor immune systems.

Point c

Sufficiently clear.

Point d

Sufficiently clear.

Section (3)

Sufficiently clear.

Article 18

Sufficiently clear.

Article 19

Sufficiently clear.

Article 20

Sufficiently clear.

Article 21

Sufficiently clear.

Article 22

Sufficiently clear.

Article 23

Sufficiently clear.

Article 24

Sufficiently clear.

Article 25

Sufficiently clear.

Article 26

The term primary Fasyankes means first-level health services (Fasilitas Kesehatan Tingkat Pertama or FKTP) such as Community Health Centers (Puskesmas) and Clinics.

Article 27

Sufficiently clear.

Article 28

Sufficiently clear.

Article 29

Sufficiently clear.

Article 30

The term health supplies mean all the materials and equipment needed to carry out health efforts.

Article 31

Sufficiently clear.

Article 32

Section (1)

Sufficiently clear.

Section (2)

Point a

The term vertical Agencies in the Region means agencies such as the Regional Office of the Ministry of Religion of the Municipality of Tangerang and the Regional Office of the Ministry of Law and Human Rights of Banten.

Point b

Sufficiently clear.

Point c

Sufficiently clear.

Point d

Sufficiently clear.

Point e

Sufficiently clear

Point f

Sufficiently clear.

Article 33

Sufficiently clear.

Article 34

Sufficiently clear.

Article 35

Sufficiently clear.

Article 36

Sufficiently clear.

Article 37

Point a

The term "unlinked anonymous" means a test that is carried out in the context of sero-surveillance that is carried out in such a way that the identity of the person being tested is not included in the blood sample or other specimens taken and cannot be traced back because it is only used for epidemiological samples based on a specific population, and not an individual.

Point b

The term general vigilance means a way to prevent the transmission of disease from bodily fluids, both from patients to health workers and vice versa from patient to another patient.

Article 38

Sufficiently clear.

Article 39

Sufficiently clear.

Article 40

Sufficiently clear.

Article 41

Sufficiently clear.

Article 42

Sufficiently clear.

Article 43

Sufficiently clear.

Article 44

Sufficiently clear.

Article 45

Sufficiently clear.

Article 46

Section (1)

Sufficiently clear

Section (2)

The term Business Entity whose workers are at risk of HIV and AIDS transmission means Business Entity engaged in fields such as hospitality and entertainment.

Section (3)

Sufficiently clear

Article 47

Sufficiently clear.

Article 48

Sufficiently clear.

Article 49

Sufficiently clear.

Article 50

Sufficiently clear.

Article 51

Sufficiently clear.

Article 52

Sufficiently clear.

Article 53

Sufficiently clear.

Article 54

Sufficiently clear.

SUPPLEMENT TO THE REGIONAL GAZETTE OF THE MUNICIPALITY OF TANGERANG OF 2021 NUMBER 4