Jurnal Jaminan Kesehatan Nasional,
Volume 4 Number 1, June, 2024). Page 40 - 50
DOI : 10.53756/jjkn.v4i1.186
ISSN : 2798-6705 (online)
ISSN : 2798-7183 (print)

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Inpatient Claims at Mojokerto Hospitals

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Abstract: This study aims to see and analyze the inpatient claims of Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome at Mojokerto Hospitals. The research design used is a type 2 case study, namely an embedded single case and uses a qualitative approach. The results of the study show that the largest proportion of HIV/AIDS inpatient JKN patients is the type of Beneficiaries of Contribution Assistance (PBI) membership which is a segment of the underprivileged community. Until now, the Global Fund still contributes significantly to the efforts of the Indonesian government in terms of spending on HIV/AIDS programs. The Indonesian government has not yet had any serious regulations and efforts that lead to optimizing financing independently.

Keywords: financing; inpatient; tiered reference system; integrated

INTRODUCTION

HIV/AIDS is still a major global public health issue because there are an estimated 40.1 million sufferers to date. The Indonesian government has a target by 2030 to end the AIDS epidemic as one of the infectious diseases by reducing the number of new HIV infections per 1,000 uninfected population (Bappenas 2020). Financing for HIV/AIDS control efforts is mainly sourced from international, government (central, regional and JKN) and private assistance. The largest proportion of HIV/AIDS financing currently comes from the government, which is 74%, as much as 26% is the contribution from international assistance and the contribution from the private sector is very small (Setiawan, Soehoed, and Stein 2020).

BPJS Kesehatan applies INA-CBGs rates for claim payments at FKTL which are grouped by region, region, and type of hospital class.

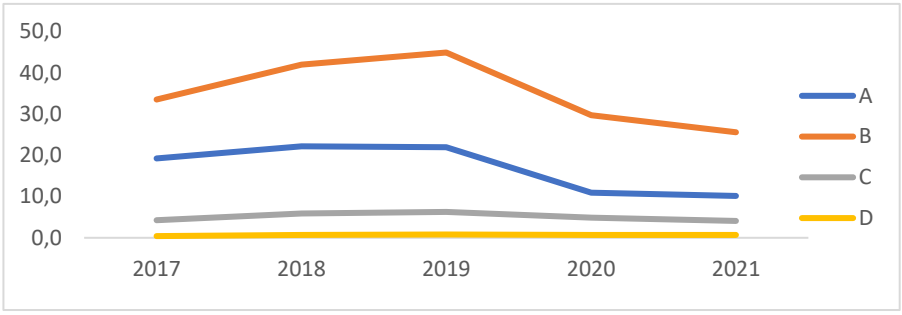

Figure 1. Claim Costs for INA-CBGs Hospitalization of HIV/AIDS in East Java Based on Type of Hospital Class (Billion)
(Source: Self Service Business Intelligence BPJS Kesehatan)

Based on figure 1, there was an increase in claim costs from 2017 to 2019, then there was a decrease in 2020 and further decreased in 2021. This decline was due to the Covid19 pandemic that hit Indonesia. In the period from 2017 to 2021, the proportion of cases was most treated in type B hospitals, while type D hospitals had the fewest cases.

Table 1. Grouping of INA-CBGs in Mojokerto Regency, Mojokerto City and Jombang Regency in 2017-2021
(Source: Self Service Business Intelligence BPJS Kesehatan)

	Tipe RS	Grouping INA-CBGs A-4-15-I					Grouping INA-CBGs A-4-15-II					Grouping INA-CBGs INA-CBGs A-4-15-III					%
		2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	
JOMBANG REGENCY	B	67	57	33	34	22	4	32	32	31	31	29	8	1		2	**87,0**
	C	2	1		2	6					1			1	1		3,2
	D	4	5	8	1	4		2	3	4	3			2	6	1	9,8
MOJOKERTO REGENCY	B	48	39	59	11	26	3	20	5	1	16	1	10	5		2	55,7
	C	13	11	15	21	17	7	5	19	3	5	2	2	5			28,3
	D	9	17	10	7	12	5	5	4	2							16,1
MOJOKERTO CITY	B	15	24	33	13	8	43	26	38	44	22	12	20	26	10	4	83,0
	C	6	13	9	4	11	1	2	2	2	3	2		4		1	14,7
	D	1	3	1				1				1	1	1			2,2
EAST OF JAVA	A	132	212	185	53	30	328	367	428	268	227	281	293	2144	98	102	23,7
	B	1030	1211	1327	845	682	624	791	940	646	554	293	404	379	264	221	**47,1**
	C	565	755	748	484	370	257	389	429	409	361	132	158	164	141	127	25,3
	D	77	136	135	104	110	17	37	53	47	57	9	12	20	22	13	3,9

Based on table 1, it can be seen that many HIV/AIDS hospitalization cases with mild severity are treated in type B hospitals. This is in line with the proportion of HIV/AIDS hospitalization cases in East Java where the highest is 47.1% of cases are treated in type B hospitals. Hospitals tend not to pay attention to the severity of the case. With this phenomenon, researchers need to study more deeply how the characteristics of HIV/AIDS hospitalization cases in type B hospitals located in Mojokerto City, Mojokerto Regency and Jombang Regency are located. In addition, researchers also want to identify what factors affect the distribution of treatment for HIV/AIDS patients.

HIV control programs in Indonesia are budgeted through three main sources, namely from international institutions, the government, and the private sector. In 2016, 74% of the HIV program budget was financed by the government, while donor agencies covered 26% (private sector

participation is practically meaningless). The share of HIV financing from the central and local governments is large, most of which is for treatment and treatment, especially for drug and consumables programs. Most of the government's funding allocation for HIV comes from non-JKN sources, although JKN also covers some services such as drugs for the treatment of sexually transmitted infections (STIs), STI consultations, and inpatient services for opportunistic infections and HIV treatment in hospitals through payment systems (Setiawan, Soehoed, and Stein 2020).

Intervensi	Komponen Layanan	Elemen Layanan	Cakupan Saat Ini/Mekanisme Pembiayaan
Pencegahan	Layanan IMS	Diagnosa: tes IMS	**JKN** dan Publik
		Obat	**JKN** dan Publik
		Kondom dan pelicin	Publik – Domestik dan Eksternal
		Materi KIE	Publik – Domestik dan Eksternal
		Konsultasi (honor teknisi medis dan lab)	**JKN** dan Publik
	Konseling dan tes HIV	Tes diagnosa	Publik – Pusat dan Daerah
		Kondom	Publik – Domestik dan Eksternal
		Konsultasi (honor teknisi medis dan lab)	**JKN** dan Publik
	Pengurangan dampak buruk	LASS	Publik – Domestik dan Eksternal
		Metadon	Publik
		Kondom	Publik – Domestik dan Eksternal
		Konsultasi (honor teknisi medis dan lab)	Publik
	PPIA	Tes diagnosa	Publik – Pusat dan Daerah
		Kondom	Publik – Domestik dan Eksternal
		ARV	Publik – Domestik dan Eksternal
		C-section	Publik – Domestik dan Eksternal
		Materi KIE	Publik – Domestik dan Eksternal
		Konsultasi (honor teknisi medis dan lab)	**JKN** dan Publik
Pengobatan dan Perawatan	Pengobatan dan perawatan	Skrining tes: eligibilitas ARV	Publik – Pusat dan Daerah
		Obat profilaksis	Publik – Domestik dan Eksternal
		ARV	Publik – Domestik dan Eksternal
		Tes monitoring: CD4 dan *viral load*	Publik – Domestik dan Eksternal
		Rawat inap infeksi oportunistik	**JKN**
		Obat infeksi oportunistik	**JKN** dan Publik
		Kondom	Publik – Domestik dan Eksternal
		Konsultasi (honor teknisi medis dan lab)	**JKN** dan Publik

Figure 2 Scheme for the Integration of HIV/AIDS Control Programs into JKN (Dea et al. 2017)

So far, funds to overcome HIV in Indonesia are not included in the JKN scheme. The fund is almost entirely managed by the Ministry of Health. Based on the 2015 KPAN report in the figure above, it can be seen how HIV control is integrated into the JKN scheme, namely based on the type of service promised by the government and the financing procedure. Of the 26 services, only 8 types of services are included in the JKN scheme, including sexually transmitted infection drugs (STIs), consultation, and opportunistic infection hospitalization. In HIV control, Indonesia still depends on

international funding sources, if the international budget is stopped while JKN has not guaranteed comprehensive HIV prevention and treatment services, HIV people and the core population will experience a loss of access to prevention and treatment services (Dea et al. 2017).

METHOD

The research design used is a type 2 case study, namely an embedded single case. This study uses a quantitative approach to describe the picture of HIV/AIDS hospitalization cases in advanced health facilities based on participant demographics, Severity Level (severity of the case) and LOS (Length of Stay) with the exclusion criteria being patients with forced discharge status to complete qualitative data. The research site was carried out in Mojokerto using Self Service Business Intelligence (SSBI) data from BPJS Kesehatan Mojokerto Branch Office.

The researcher collected data by conducting in-depth interviews with all informants with open questions using interview guidelines that were adjusted to the conditions that developed during the interview. Then the results of the interview are recorded and recorded and a document study is carried out. All informants responded positively to the course of the interview and answered all the researcher's questions. The data that has been obtained from the results of interviews and document studies are examined and then analyzed and presented in a descriptive manner in the form of research results.

RESULT

Table 2. Financing Types of JKN Services and Programs in Health Facilities

Type of Services	Health Facilities	Financing	
		JKN	Program
Outpatient	VCT clinic		Yes
	Spesialist clinic	Yes	
ARV drugs			Yes
Testing (Screening and Viral Load)			Yes
Inpatient	Primary Health Care	Yes	
	Refferal Health Care	Yes	

The research data in table 2 through the government program to finance HIV/AIDS services in the form of dropping drugs and reagents. The rest of the financing by government programs focuses on preventive and promotive efforts. Meanwhile, financing comorbidities and complications that require specialist services is financed by JKN. Likewise, if an HIV/AIDS patient requires inpatient services, then the treatment episode will be guaranteed by the JKN scheme. In the JKN scheme, claims payments to hospitals use the INA-CBGs rate regulated in Permenkes No. 3 of 2023 which is determined based on the type of hospital.

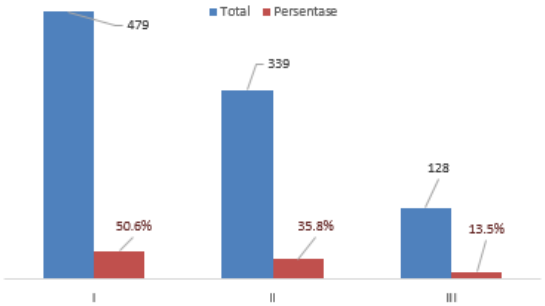

Figure 3. Overview of HIV/AIDS Inpatient Cases at Type B Hospital, BPJS Kesehatan Mojokerto Branch Work Area in 2017-2021 Based on Severity Level

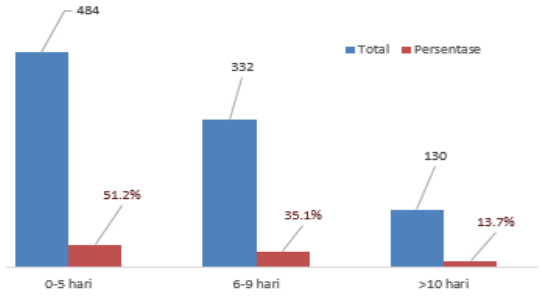

Figure 4. Overview of HIV/AIDS Inpatient Cases at Type B Hospital, BPJS Kesehatan Mojokerto Branch Work Area in 2017-2021 Based on LOS

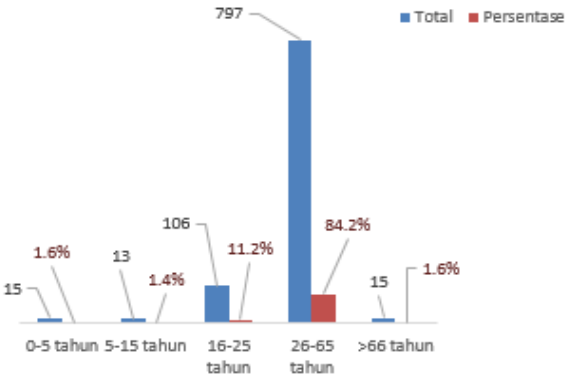

Figure 5. Overview of HIV/AIDS Inpatient Cases at Type B Hospital, BPJS Kesehatan Mojokerto Branch Work Area in 2017-2021 Based on Age

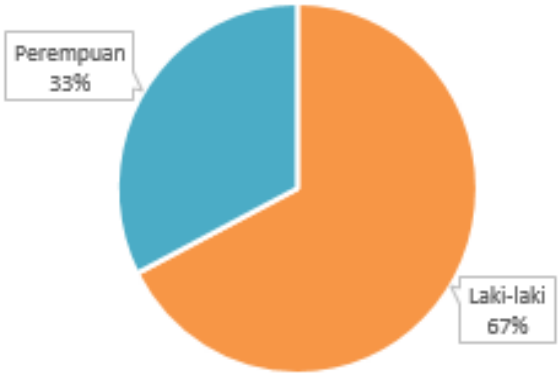

Figure 6. Overview of HIV/AIDS Inpatient Cases at Type B Hospital, BPJS Kesehatan Mojokerto Branch Work Area in 2017-2021 Based on Gender

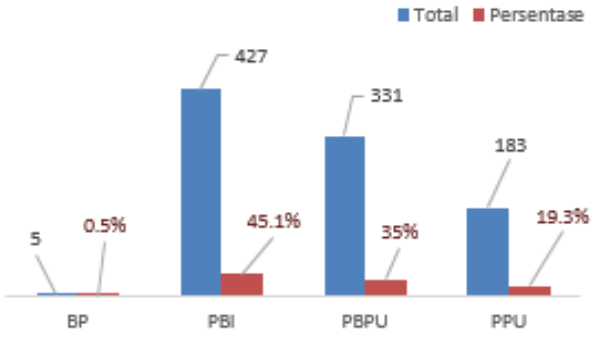

Figure 7. Overview of HIV/AIDS Inpatient Cases at Type B Hospital, BPJS Kesehatan Mojokerto Branch Work Area in 2017-2021 Based on the Type of JKN Membership

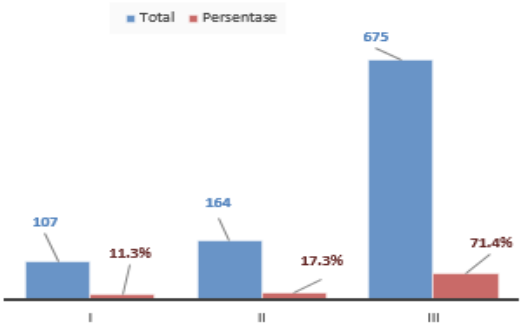

Figure 8. Overview of HIV/AIDS Inpatient Cases at Type B Hospital, BPJS Kesehatan Mojokerto Branch Work Area in 2017-2021

Based on figures 3-8 of HIV/AIDS hospitalization cases in Type B Hospitals BPJS Kesehatan Work Area in 2017-2021, it was found that the proportion of patients with the most inpatient cases had severity level I or mild severity, the proportion of the most cases was hospitalized for 0-5 days, the proportion of patients was in the age range of 26-65 years and the lowest in the age range of 5-

15 years, The proportion of patients is mostly male, the proportion of JKN membership types is Beneficiaries of Contribution Assistance participants, and the most are treated in the III care class.

Table 3. Comparison of Conditions of Mojokerto City, Mojokerto Regency and Jombang Regency

Comparison of Regional Conditions	Mojokerto City	Mojokerto Regency	Jombang Regency	Description
Service Regulations	Mojokerto City Regional Regulation No. 10/2016 on the Management of Human Immudodeficiency Virus Aquired Immunodeficiency Syndrom.	does not have a local regulation, follows the Indonesian Minister of Health Regulation No. 23 of 2022 concerning Management of Human Immunodefeciency Virus, Acquired Immunodefeciency Syndrome, and Sexually Transmitted Infections.	Regional Regulation Number 10 of 2018 concerning: HIV/AIDS and Tuberculosis Management.	
Availability of PDPs	• 1 Type B Government Hospital • 4 Public Health Centres	• 1 Type B Government Hospital • 1 Type C Government Hospital • 8 Public Health Centres	• 1 Type B Government Hospital • 1 Type D Government Hospital • 2 Type C Private Hospital • 23 Public Health Centres	When compared to the number of health facilities in collaboration with BPJS Kesehatan: • Mojokerto City 21,7% • Mojokerto Regency 11,3% • Jombang Regency 25,7 %

Table 3 shows that PDP services in the Mojokerto City, Mojokerto Regency and Regency areas are relatively limited. In fact, PDP services should be expected to be available as close to the place where HIV/AIDS patients live. The limitation of PDP services is also a problem factor in this study. The proportion of the number of PDP health facilities compared to the number of health facilities that collaborate with BPJS Kesehatan is the highest in Jombang Regency, which is 25.7%, then Mojokerto City is 21.7% and the lowest in Mojokerto Regency is only 11.3%. Based on this data, Jombang Regency looks more proactive in increasing the number of PDP health facilities by starting to collaborate with privately owned health facilities. In the Mojokerto City Regional Regulation Number 10 of 2016 concerning the Countermeasures of Human Immunodeficiency Virus Acquired

Immunodeficiency Syndrome in article 23 also emphasizes that the APBD is one of the sources of HIV/AIDS financing, although it has not been further regulated regarding the proportion of costs because it adjusts to the availability of the budget.

DISCUSSION

Based on the HIV AIDS Annual Report in 2019-2020, the Global Fund still dominates spending on HIV programs. Currently, total spending from district/city governments is still less than 7%, even for provincial spending is still less than 2% (Kementerian Kesehatan RI 2022). The financing of the HIV program, which is also quite large, is through the JKN (National Health Insurance) scheme which contributes between 11-16 percent of the total expenditure in 2019-2020 (Ministry of Health of the Republic of Indonesia 2022). Indonesia was once in the category of upper-middle-income countries in 2019, but the Covid-19 pandemic lowered Indonesia's position back into the group of lower-middle-income countries (LMIC) in 2020 (Ministry of Finance, 2023). Indonesia's return to the upper-middle-income group not only indicates that Indonesia's economy is improving, but on the other hand, it can also be a problem for the sustainability of HIV/AIDS control efforts in Indonesia, which is still dominated by financing sourced from global funds. If Indonesia is considered capable and has sufficient economic capacity, it is not impossible that global fund assistance will be withdrawn and diverted to other countries whose economies are weaker than Indonesia. In fact, in Indonesia itself, there are no regulations and serious efforts that lead to independent financing in terms of HIV/AIDS control efforts. The central government also always encourages the involvement of financing by regional governments sourced from the APBD and village fund budgets in order to maintain program continuity and increase the regional government's sense of ownership in HIV/AIDS prevention efforts. However, Indonesia is a country that has 34 provinces where there is a fairly high gap in fiscal capacity, even at the district level. In the era of regional autonomy, district/city fiscal capacity plays a very important role in the success of HIV AIDS control programs. The current situation is that there are provinces and districts/cities that have adequate capacity to fund their development, including health development, and specifically including funding for HIV/AIDS control programs. However, there are still many provinces and districts/cities that do not have adequate capacity, so they still need the support of the central government (Kemenkes RI 2020) Based on research data, the largest percentage of HIV/AIDS inpatient cases are cases treated in Type B hospitals, with the largest type of participation being Beneficiaries of Contribution Assistance with treatment class 3, cases with LOS 0-5 days and severity level 1. Types of Beneficiaries of Contribution Assistance the most compared to other types of participation. This is in line with Setiawan's research on utilization patterns in health facilities and estimated financing for treating HIV/AIDS

patients under the JKN scheme in 2018. The research data also shows that the highest number of HIV/AIDS inpatient cases are in treatment class 3 and severity level 1 (Setiawan et al. 2022). Therefore, the JKN scheme and local government subsidies ease the economic burden on PLWHA's health, so that the average cost of HIV/AIDS treatment for PLWHA is relatively low, less than 10% of expenditure. This means that the JKN scheme also helps PLWHA have access to funding for prevention, care, support and treatment, as well as mitigating its impact. (Demartoto, Murti, and Zunariyah 2021).

The government's budgeted financing for HIV/AIDS cases is IDR 370,418,069,180 which comes from two main sources, namely the State Budget and the Global Fund (Cholilalah, Rois Arifin 1967). The amount of the cost is distributed to each region. Currently, the total expenditure from the district/city local government is still less than 7%, even for provincial expenditure is still less than 2% (Cholilalah, Rois Arifin 1967). BPJS Kesehatan Mojokerto Branch has paid the cost of HIV/AIDS hospitalization claims in the period 2017-2021 of IDR 17,708,412,600. In detail, the informants do not have data on the proportion of financing for each source of funds. Regarding HIV/AIDS service regulations, Mojokerto City and Jombang Regency each have a Regional Regulation that specifically regulates HIV/AIDS services and their prevention efforts.This Regional Regulation is clear evidence that HIV/AIDS has become a concern of the local government of Mojokerto City and Jombang Regency. Policies and regulations must be supported by optimal coordination and cooperation between local and central governments (Susanti 2022). Research from (Hutabarat dan Kismartini 2019) on Evaluation of Mitigation Policies found that there are three inhibiting factors in the implementation of HIV/AIDS control policies in Semarang City, namely communication in working group coordination meetings, uneven and ready human resources, and disposition inhibitions caused by discriminatory acts and lack of HIV/AIDS health service professionals in Semarang City.

One of the implementations of minimal health services for people with HIV/AIDS is PDP health facilities. PDP is an integrated and continuous service that provides support in both managerial, medical, psychological and social aspects with the aim of reducing or solving problems faced by ODHA during treatment and treatment (Rahmatin and Azinar 2017). The results of this study show that the distribution of HIV/AIDS hospitalization cases is concentrated mostly in Type B hospitals, meaning that the mechanism of the tiered referral system does not work as it should for HIV/AIDS hospitalization cases. This is because not all health facilities that have been bound to cooperate with BPJS Kesehatan are health facilities that have been PDP.

Afriana (2019) said in the national forum "Challenges of HIV and AIDS Policy Development" that the number of ODHA continues to increase and is spread across all regions, meaning that more people have been found before entering the AIDS stage. Halik Sidik (2019) added that for more than

10 years, the HIV and AIDS treatment program has not shown maximum results and in terms of budget, it is still relatively small and not on target. The strategy for expanding services and improving the quality of PDP health facilities has been prepared by the Ministry of Health since 2007. Basically, PDP services follow a tiered referral system, namely PDP strata I, II, and III services. The referral services provided include patient referrals and sample referrals for laboratory examinations. Considerations in carrying out referrals include distance, time, cost, and efficiency. With the cooperation agreement system, referrals can also be organized between government-owned hospitals and private hospitals/laboratories. With the existence of a cooperative network, it is hoped that it can provide better services to ODHA (Hasdiana 2018). The implementation of health services by PDP does not contradict the implementation of health services in the JKN scheme. With the increasing breadth and number of PDP services, even if all health facilities that have a cooperative bond with BPJS Kesehatan are also PDP services, it can be expected that the implementation of referrals for HIV/AIDS hospitalization cases is close to ideal in accordance with applicable regulations.

Research on project management of PDP HIV/AIDS services at the Melintang Pangkalpinang Health Center found several obstacles in PDP services, both internal and external. This research expects the government to play a more role in paying more attention to PDP services both in terms of implementation and budget. The existing budget is limited so that the implementation of the program is quite hampered and it is hoped that there will be efforts to strengthen human resources who are responsible for the PDP service program so that data can continue to be updated as appropriate (Manalu and Syakurah 2023).

In addition, the existence of Regional Regulations is a form of effort by the Regional Government to be concerned about HIV/AIDS cases. Research on the Implementation of Semarang City Regional Regulation Number 4 of 2013 concerning HIV/AIDS Control in Semarang City shows that the implementation of the Regional Regulation is quite important because it regulates how to coordinate roles between agencies so as to encourage HIV/AIDS control programs not to stop even though the Covid19 pandemic occurs, because the transmission of HIV/AIDS has not stopped. (Adilina, Rostyaningsih, and Lestari 2021).

CONCLUSION

Until now, the Global Fund still contributes significantly to the efforts of the Indonesian government in terms of spending on HIV/AIDS programs. The Indonesian government has not yet had any serious regulations and efforts that lead to optimizing financing independently in terms of HIV/AIDS control efforts. The restructuring of the calculation of the INA-CBGs tariff specifically for HIV/AIDS hospitalization needs to use the calculation with special CMG as currently applied to

psychiatric and leprosy cases. The restructuring of tarrif can be the solution for sustainability of financing in JKN scheme.

The provision of PDP services has been regulated in regulations as a minimum standard of health services. The number of PDP service availability is still limited. PDP services have also not been fully integrated with the JKN scheme; this is because not all health facilities that have been bound to cooperate with BPJS Kesehatan are health facilities that have been PDP. The distribution of HIV/AIDS hospitalization cases is concentrated mostly in Type B hospitals, meaning that the mechanism of the tiered referral system does not work as it should. This is because not all health facilities that have been bound to cooperate with BPJS Kesehatan are health facilities that have been PDP. Accelerating health facilities in collaboration with BPJS Kesehatan into PDP services as an effort to integrate PDP services into the JKN scheme. Then the expenditure of the district/city government needs to be increased between 7% or more, and the provincial government needs to intervene with the district/city government so that the expenditure on the HIV/AIDS program is increased. For further research, it is necessary to conduct research related to factors that support or hinder the expansion of HIV/AIDS services through PDP services.

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