MANAGEMENT OF KNOWLEDGE HUB FOR HIV AND AIDS POLICY

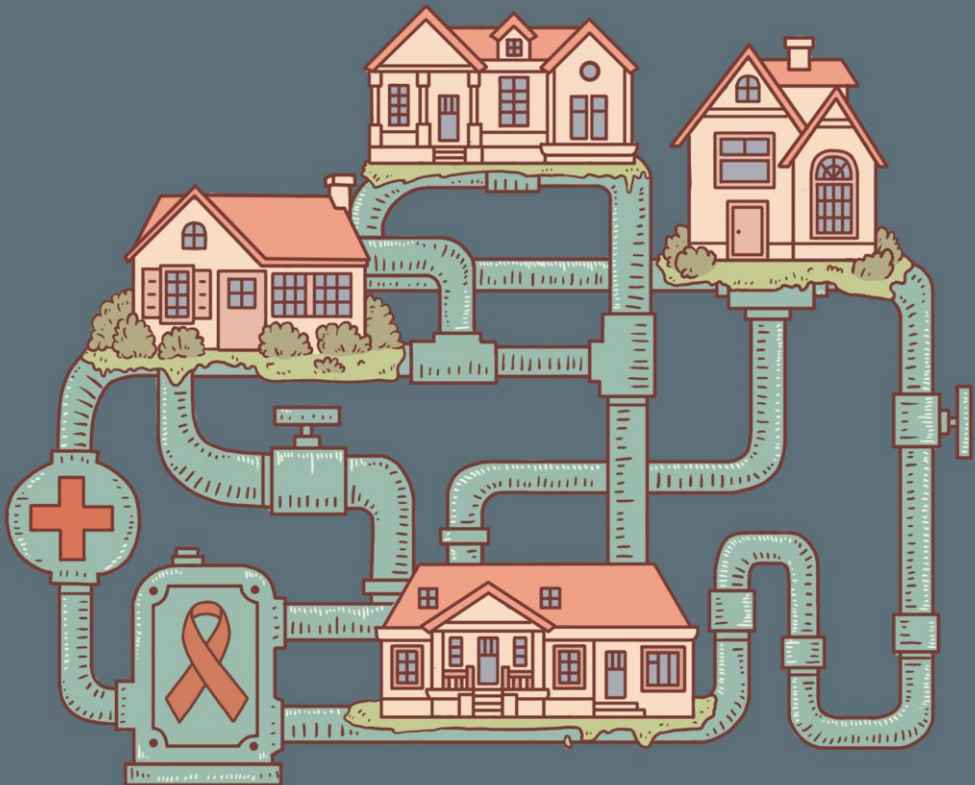Research on "HIV and AIDS Policies and Programs
in the Indonesian Health System"

Management of Knowledge Hub
for HIV and AIDS Policy

Pusat Kebijakan dan Manajemen Kesehatan (PKMK)
Fakultas Kedokteran Universitas Gadjah Mada

Management of Knowledge Hub for HIV and AIDS Policy

By:
Chrysant Lily; Ignatius Praptoraharjo; Eviana Hapsari Dewi; Swasti Sempulur; M. Suharni; Ignatius Hersumpana; Ita Perwira; Satiti Retno Pudjiati

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Abbreviations

Adinkes	*Asosiasi Dinas Kesehatan* (Health Services Association)
AIDS	Acquired Immuno Disease Syndrome
ANU	Australian National University
APBD	*Anggaran Pendapatan Belanja Daerah* (Regional Budget)
ARV	Anti Retro Viral
Bappenas	*Badan Perencanaan Pembangunan Nasional* (National Development Planning Agency)
BPJS	*Badan Penyelenggara Jaminan Sosial* (Social Security Administrative Agency)
CCM	Country Coordinating Mechanism
CHAI	Clinton Health Access Initiative
CoP	Community of Practice
Danais	*Dana Keistimewaan* (Special Status Fund)
DERAP	Delivering Expanded Resources for AIDS Programming
DFAT	Department of Foreign Affairs and Trade
DKI	*Daerah Khusus Ibukota* (Special Capital City Region)
FGD	Focus Group Discussion
FKM	*Fakultas Kesehatan Masyarakat* (Faculty of Public Health)
Fornas	*Forum Nasional* (National Forum)
GF	Global Fund
GWL Ina	*Jaringan Gaya Warna Lentera* (Network of Gay, Transgender, and Men who have sex with Men in Indonesia)
HCPI	HIV Cooperation Programme for Indonesia
HIV	Human Immunodeficiency Virus
IAC	Indonesia AIDS Coalition
IMS	*Infeksi Menular Seksual* (Sexually Transmitted Infection)

ILO	International Labor Organization
IPPI	*Ikatan Perempuan Positif Indonesia* (Association of Positive Women)
JKKI	*Jaringan Kebijakan Kesehatan Indonesia* (Indonesian Health Policy Network)
JKN	*Jaminan Kesehatan Nasional* (National Health Insurance)
KDS	*Kelompok Dukungan Sebaya* (Peer Support Group)
Kesra	*Kesejahteraan Rakyat* (Social Welfare)
Kemenkes	*Kementerian Kesehatan* (Ministry of Health)
KPA	*Komisi Penanggulangan AIDS* (AIDS Eradication Commission)
KPAN	*Komisi Penanggulangan AIDS Nasional* (National AIDS Eradication Commission)
KPAP	*Komisi Penanggulangan AIDS Provinsi* (Provincial AIDS Eradication Commission)
LKB	*Layanan Komprehensif HIV-IMS Berkesinambungan* (Sustainable Comprehensive Service for HIV-IMS)
LKNU	*Lembaga Kesehatan Nahdlatul Ulama* (Nahdlatul Ulama Health Organization)
LSL	*Lelaki yang berhubungan seks dengan lelaki* (Men who have sex with men - MSM)
LSHTM	London School Hygiene and Tropical Medicine
LSM	*Lembaga Swadaya Masyarakat* (Non-government organization - NGO)
MPI	*Mitra Pembangunan Internasional* (International Development Partner - IDP)
NFM	New Funding Model
OBK	*Organisasi Berbasis Kemasyarakatan* (Community Based Organization - CBO)

ODHA	*Orang dengan HIV dan AIDS* (People Living with HIV/AIDS)
OMS	*Organisasi Masyarakat Sipil* (Civil Society Organization)
OPSI	*Organisasi Perubahan Sosial Indonesia* (Organization for Social Change Indonesia)
PDP	*Perawatan Dukungan Pengobatan* (Care Support Treatment - CST)
PAUD	*Pendidikan Anak Usia Dini* (Early Childhood Education)
Pernas	*Pertemuan Nasional* (National Assembly)
PITC	Provider Initiative Test and Conseling
PKBI	*Perkumpulan Keluarga Berencana Indonesia* (Indonesian Family Planning Association)
PKNI	*Perkumpulan Korban Napza Indonesia* (Indonesian Drug Victim Association)
PKK	*Pembinaan Kesejahteraan Keluarga* (Guidance for Family Welfare)
PKMK FK UGM	*Pusat Kebijakan dan Manajemen Kesehatan Universitas Gadjah Mada* (Gadjah Mada University Center for Health Policy and Management)
PMTS	*Pencegahan Melalui Transmisi Seksual* (Prevention through Sexual Transmission)
PPH Atma Jaya	*Pusat Penelitian HIV dan AIDS Atma Jaya* (Atma Jaya HIV and AIDS Research Center)
PPK UI	*Pusat Penelitian Kesehatan Universitas Indonesia* (University of Indonesia Center for Health Research)
P2JK	*Pusat Pembiayaan Jaminan Kesehatan* (Center for Health Insurance Funding)
P3SY	*Perkumpulan Perempuan Pekerja Seks Yogyakarta* (Association of Women Sex Worker Yogyakarta)

P2PL	*Pencegahan dan Pengendalian Penyakit dan Lingkungan* (Disease Management and Community Health)
RSCM	*Rumah Sakit* Cipto Mangunkusumo (Cipto Mangunkusumo Hospital)
RW	*Rukun Warga* (Neighborhood Association)
SAKI	*Sanggar Anak Kampung Indonesia* (Kampong Children Studio Indonesia)
SJSN	*Sistem Jaminan Sosial Nasional* (National Social Security System)
SKPD	*Satuan Kerja Perangkat Daerah* (Regional Apparatus Work Unit)
SRAN	*Strategi Rencana Aksi Nasional* (National Action Plan Strategy)
SubDit	*Sub Direktorat* (Sub-directorate)
SUFA	Strategic Use for ART
TB	Tuberculosis
UHC	Universal Health Coverage
UI	University of Indonesia
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UPT	*Unit Pelayanan Terpadu* (Integrated Service Unit)
USAID	United State Agency for International Development
UU	*Undang Undang* (Law)
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
WPA	*Warga Peduli AIDS* (Citizens Concerned about AIDS)
WPS	*Wanita Pekerja Seks* (Women Sex Worker)

Executive Summary |

This report documents the knowledge hub management initiated by the HIV and AIDS Policy Team of PKMK FK UGM from August 2013 to June 2016. The main purpose in developing this knowledge hub is to ensure that all the knowledge acquired and produced by the HIV and AIDS Policy Team can be beneficial to a broader audience, as well as to support evidence-based policy development and advocacy. The development of the knowledge hub system is based on the functions of knowledge management as defined by Davenport (1994). These functions include investigation, collection, and identification of various forms of knowledge related to the health system and HIV and AIDS policy as well as the use of knowledge for the development of policies at both the local and national level. This report discusses in detail the activities and achievements of each function of the knowledge management, any obstacles that arised during implementation and adopted solutions that could be used as lessons learned.

Management of the knowledge hub on HIV and AIDS policy in Indonesia includes the initiation of the Indonesian HIV and AIDS Policy Network, the development of the HIV and AIDS policy website, and the completion of collaborative research among network members on the health system and HIV and AIDS policy. In addition, another important activity is the capacity building activities for network members. A number of activities have also been conducted in order to convert this knowledge into real-world actions, such as meetings to diseminate the research result, open seminars, consultative meetings at the national level, and the development of policy briefs to articulate the research results into policy decisions.

A number of lessons can be drawn from the development of the Indonesian HIV and AIDS Policy knowledge hub. First, HIV and AIDS

policy is a more specific issue compared to the general health policy. As a result, the development of the Indonesian HIV and AIDS Policy Network and the Indonesian AIDS Policy website is especially useful in improving access to information and knowledge development on this topic. Second, network members still have limited capacity in research and policy analysis. Consequently, a number of capacity building activities have been conducted to address this issue. Third, knowledge producers and knowledge users need to communicate routinely so that they can use the research results to formulate evidence-based policies. There has been efforts to improve the interaction between these two parties through various forums including a meeting to diseminate the research results. Nonetheless, further efforts need to be pursued to encourage routine communication between knowledge producers and knowledge users.

To conclude, the knowledge hub on Indonesian HIV and AIDS policy developed by the PKMK FK UGM HIV and AIDS Policy Team has three functions. First, it improves access to information on HIV and AIDS policy. Second, it diseminates and implements knowledge related to HIV and AIDS policy. Third, it interprets knowledge in order to produce better HIV and AIDS policy. A number of challenges were encountered during the implementation of the knowledge hub, but on the other hand PKMK has succeeded in achieving their objectives of optimizing the functions of knowledge management of HIV and AIDS policy in Indonesia. By consistently improving these three knowledge hub functions, its contribution towards better HIV and AIDS policy can be realized.

Background

The "HIV and AIDS Policy and Program in the Indonesian Health System" research project was conducted by the Center for Health Policy and Management (PKMK), the Faculty of Medicine, Gadjah Mada University, with the financial support of the Australian Department of Foreign Affairs and Trade (DFAT). The PKMK conducted the project in cooperation with 9 universities from 8 provinces in Indonesia. The universities are Cenderawasih University (Papua), the Papua State University (West Papua), Nusa Cendana University (Nusa Tenggara Timur), Udayana University (Bali), Hasanuddin University (South Sulawesi), Airlangga University (East Java), University of Indonesia and Atma Jaya University (DKI Jakarta), and North Sumatera University.

The research aims to assess the implementation of the HIV and AIDS policy and program in the Indonesian health system. The assessment will lead to recommendations to the national and local government, funding agencies, and civil society in order to strengthen the existing program efforts on HIV and AIDS.[1]

The research project has three components: (1) mapping of HIV and AIDS policies and their integration into the Indonesian health system; (2) developing a policy model of HIV and AIDS efforts that is integrated into the health system in order to broaden coverage and improve the effectiveness of interventions, (3) developing a knowledge hub through the implementation of a knowledge management system that can support the organization and use of knowledge for the development and advocacy of policies. This research report focuses on the third component, which was conducted between August 2013 to June 2016.

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1   Research Proposal (Australia – Indonesia Partnership for HIV (AIPH). HIV/AIDS Policy and Programming within the Framework of Health System in Indonesia). Center for Health Policy and Management, University of Gadjah Mada, 2013.

The research project defines knowledge management as "the process of capturing, developing, sharing, and effectively using organizational knowledge (Davenport, 1994). As a result, the research project conducts the following activities to develop knowledge management, such as uncovering, collecting, and identifying various forms of knowledge on the health system and HIV/AIDS policy development. The research project then shares the knowledge to network members and uses the research results to develop policies at the regional and national level. The process of developing the knowledge management system is simplified in the following diagram:

1	2	3	4
Develop the Indonesian HIV and AIDS Policy Network and Develop the kebijakanaidsindonesia.net website	Uncover, identify, and collect knowledge	Capacity building for understanding the health system and HIV/AIDS policy	Interpret knowledge into HIV and AIDS policy

Picture 1. The development process for knowledge management of Indonesian HIV and AIDS policy

Through this development process, the project directs the PKMK knowledge management system to facilitate members of the HIV and AIDS Policy Network, which includes academics, policy makers, HIV and AIDS program staff, and health care providers. There are also efforts to empower these members to obtain useful information in order to strengthen the policies and programs in their respective work regions.

This report describes the various knowledge management activities conducted by the PKMK as summarized in Table 1. Other than discussing the achievements of each knowledge management function, the report will also discuss the obstacles in implementation and the solutions taken, so that they can be treated as lessons learned.

Table 1. Implementation of PKMK Knowledge Management

Phase	Activity
Developing the HIV and AIDS Policy Network	**A. Development of the HIV and AIDS Policy Network** Using the momentum of the 4th Health Policy Network Forum (JKKI IV), PKMK begins to form the HIV and AIDS Policy Network to facilitate the increase in research and analysis on HIV and AIDS policy. **B. Development of the Indonesian AIDS Policy website** PKMK develops the www.kebijakanaidsindonesia.net to provide access to various forms of information on health policy and HIV/AIDS efforts for members to the HIV and AIDS Policy Network and the public
Uncovering, Searching, and Collecting Sources of Knowledge	**A. Identify knowledge on AIDS Policy through document analysis (desk review)** PKMK conducts the document analysis to provide a holistic picture of the development of HIV and AIDS policy in Indonesia so that it can be used as reference in future research and policy analysis.

Phase	Activity
	B. Implementation of Research on HIV and AIDS Policy and the Health System. ● Research on 'The Integration of HIV and AIDS Efforts into the Health System.' Members of the HIV and AIDS Policy Network conduct research on this topic in their respective regions as a form of direct knowledge collection at the local level. ● 'Case Studies: Integration of HIV and AIDS Efforts into the Health System and Effectiveness of HIV and AIDS Efforts in Regions.' In this research project, members of the HIV and AIDS Policy Network conduct research on this topic in their respective regions. ● Research on 'Prevention through Sexual Transmission Model at the level of Primary Healthcare Centers and their Networks.' This research is the subsequent research phase conducted by PKMK. Network members were involved as respondents to provide information at the local level. **C. Implementation of Operational Research on HIV and AIDS Policy** As part of the HIV and AIDS Policy Network, PKMK has contributed in the form of a number of research projects, including research on Sustainable Comprehensive Services (LKB) for the Ministry of Health and research on the response of the community sector in HIV and AIDS efforts for the KPAN.

Phase	Activity
Strengthening knowledge to understand the health system and HIV/AIDS policies and programs.	A. **Capacity building** in knowledge management and utilization for HIV and AIDS Network members, especially researchers from various universities. The capacity building is conducted through a Course on AIDS Policy and the National Health System. The course combines online and in-person lectures in order to improve the network members' understanding of HIV and AIDS health policy. B. **Development of an online forum** to facilitate the use of technology for information sharing with other information users. This is done through: ● Website on Indonesian AIDS Policy in which network members can share articles and research summaries. ● Information exchange through social media such as *Facebook, Twitter,* and *Youtube.* ● Community of Practice and Knowledge Sharing as a technique of knowledge management in the website. C. **Cultural discussions** Cultural discussions are held every month involving HIV and AIDS stakeholders and organized by the PKMK team and other network members in their respective regions. The discussion enables dialogue on HIV and AIDS policy especially among researchers, policy makers, program implementers and beneficiaries.

Phase	Activity
Translating knowledge into better policies	**A. Various activities to disseminate research results** The objective of these activities is to ensure that policy makers and administrators of HIV and AIDS programs can access the research results. **B. Open seminar** To ensure broader access by involving practitioners, academicians and wider audiences in discussing various issues related to HIV and AIDS policies and programs. **C. National level meeting** A yearly national level meeting is held alongside the JKKI Forum in order to obtain current information and issues that need mutual attention. **D. Publication of various policy briefs** to articulate the research results and respond to the need of policy makers for evidence-based policy.

The "HIV and AIDS Policy and Program in the Indonesian Health System" research project was conducted by the Center for Health Policy and Management (PKMK), the Faculty of Medicine, Gadjah Mada University, with the financial support of the Australian Department of Foreign Affairs and Trade (DFAT). The PKMK conducted the project in cooperation with 9 universities from 8 provinces in Indonesia.

Phase 1

Initiation of the HIV and AIDS Policy Network

A. Rationale

TO strengthen HIV and AIDS policy in Indonesia, there is a need for empirical evidence that can be used as a foundation for the formulation of policies that are relevant to the situations, needs and actors. These empirical evidences can be the result of analysis, observation, evaluation, research or practical experience of program implements. These evidences are spread among various parties that are directly or indirectly involved in policy formulation. In order to obtain tacit or explicit knowledge related to policy formulation, there needs to be a knowledge hub comprised of academics, practitioners, policy makers and beneficiaries at both the national and local level. To accommodate this need, and the fact that this type of network does not yet exist in Indonesia, PKMK develops two activities: the development of a HIV and AIDS Policy Network and the development of an Indonesian AIDS Policy website.

B. Implementation and Result

1. Development of the HIV and AIDS Policy Network

The HIV and AIDS Policy Network was formed at the Indonesian Health Policy Network National Forum IV (Fornas JKKI IV) in Kupang. The HIV and AIDS network aims to improve research and HIV and AIDS policy development. The network is made up of two sections. The first section is the network of researchers from 9 select universities[2] spread across Indonesia who conduct the research on HIV and AIDS policy and the health system in 8 provinces. This section has 18 members, with two

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2   Cenderawasih University (Papua), Papua State University (West Papua), Nusa Cendana University (East Nusa Tenggara), Udayana University (Bali), Hasanuddin University (South Sulawesi), Airlangga University (East Java), North Sumatera University (North Sumatera), University of Indonesia and Atma Jaya University (Jakarta).

researchers in each university team. The second section is a broader and more open network that includes academics, practitioners, policy makers, and beneficiaries. This broader network in a communication forum for individuals and currently has 866 members.

2. Development of the Indonesian AIDS Policy Website

The objective of the Indonesian AIDS Policy website (www. kebijakanaidsindonesia.net) is to provide space for knowledge sharing on AIDS policy in Indonesia and to be a reference source for the development of AIDS policy. PKMK initiated the website in October 2013 and routinely updates it every week. The website has various sections and the main menu contains articles and analysis on HIV and AIDS policies and programs. As a reference source for HIV and AIDS policy, the website also contains a compendium on HIV and AIDS policy that all visitors can download free.

The website management has achieved a number of expected results. First, up to June 2016, 652 articles have been uploaded, achieveing 2 million hits or an average of 3000 hits per article. More than 100 thousand visitors have opened more than 500 thousand pages.[3] There are 539 documents that have been uploaded onto the website with a total of 163,673 downloads, with each document having an average of 303 downloads. Second, from the analysis of website traffic, the 10 most visited pages contain topics related to health policy, such as health insurance policy or policy on HIV and AIDS.[4] Third, currently the website has more than 800 subscribers. Most of the visitors are researchers, health office staff, KPA administrators, and civil society organizers. Fourth, each website visit lasts, on average, more than 2 minutes and each visitor opens at least 4 pages on every visit. Further analysis regarding the Indonesian AIDS Policy website is available in Appendix 1.

C. Obstacles, Solutions, and Lessons Learned

From their experience in developing the HIV and AIDS Policy Network, PKMK found that the issue of HIV and AIDS policy is still relatively unknown. The number of practitioners or knowledge users who are interested in HIV and AIDS policy is still limited, compared to the interest to HIV and AIDS programs. HIV and AIDS policy is also a very specific policy issue compared to the issue of general health policy. As a result, the main obstacle of the project is the limited audience and the minimal amount of demand for knowledge on this topic. The deal with this obstacle, PKMK makes an effort create the need for information on HIV

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3   These visit numbers do not differentiate between human and machine (bots) visitors.
4   Details on the ten most visited articles and downloaded documents can be seen in Appendix 1.

Memperkuat Integrasi Penanggulangan HIV dan AIDS ke dalam Sistem Kesehatan sebagai Upaya untuk Mendukung UHC 2019

Padang, 24 - 26 Agustus 2015

and AIDS policy. One example is through forums that focus on HIV and AIDS policy, such as the annual National JKKI Forum. This forum enables the exposure of HIV and AIDS policy to health policy observers. In addition, this forum also provides opportunity for members of the HIV and AIDS Policy Network to learn about the latest issues relevant to their research or to obtain new information that they can communicate to stakeholders in their respective regions.

In addition to the annual meetings, PKMK also provides a website on Indonesian AIDS Policy. This website functions as a platform for routine communication on issues surrounding HIV and AIDS policy. Since February 2014, this website also offers newsletter and alert system facilities that enable subscribers to receive information through email every time there are updates to the website. Social media websites such as *Facebook, Twitter* and *Youtube* also functions as a way to share information. *Facebook* and *Twitter* generally function to share information on activities or newly published articles from the Indonesian AIDS Policy website. Meanwhile, *Youtube* functions as a way to share video documentation of training activities or other videos related to HIV and AIDS programs. This media also enables live streaming of various training activities or policy discussions.

Phase 2
Uncovering, Searching, and Collecting Sources of Knowledge

A. Rationale

IN knowledge management, the fundamental issue is to manage the content or substance of knowledge, so that one can share knowledge and use it to develop policy. On this issue, PKMK conducts various efforts to uncover, search, and collect various sources of knowledge to then distribute to other members of the policy network. The three methods that PKMK uses to obtain sources of information are: (1) document analysis or desk review regarding HIV and AIDS policy in Indonesia, (2) direct collection of information from the field through a series of research projects focusing on the integration of AIDS policies and programs into the health system, and (3) conducting various research on AIDS policy

through cooperation with the Ministry of Health, the National AIDS Commission (KPAN), and International Development Partners (MPI).

B. Implementation and Results

1. Identify Knowledge on the Development of HIV and AIDS Policy in Indonesia

To provide a holistic picture as a reference point in developing research projects in later phases, PKMK conducts document analysis or desk review on HIV and AIDS policies and programs at both the national and sub-national level. This document analysis adopts a historical

perspective starting from the first discovery of AIDS cases in Indonesia until 2013. The review also maps policies based on whether they support or do not support HIV and AIDS efforts.

The document analysis finds that the main external factor that influences the development of HIV and AIDS policy in Indonesia is the changing relations between central and regional governments due to the policy of decentralization. The desk review also maps out the number of HIV and AIDS policies at the national and regional level as well as the gap between policy response and institutional performance.

2. Implementation of Research on HIV and AIDS Policy and the Health System

In addition to the desk review above, the project also conducts three original field research projects together with 9 partner universities. The research results become sources of knowledge that the project disseminates through various methods, such as book publications as well as meetings that involve both national and local stakeholders.[5] A description of the 3 research projects is as follows:

a. Research on the Integration of HIV and AIDS Efforts into the Health System

This research focuses on mapping the level of integration of HIV and AIDS efforts into the health system at both the national and sub-national level. The research also analyzes the push-and-pull factors of integration. The research produced 9 regional reports[6] and 1 joint report titled The Integration of HIV and AIDS Response into the Health System.

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5   Phase 4.B.1.Disemination of Research Results contains further information regarding the dissemination of the research results.
6   National level report, North Sumatera province, DKI Jakarta, Bali, East Java, South Sulawesi, East Nusa Tenggara, Papua, and Manokwari regency.

b. Case Studies: The Integration of HIV and AIDS Response into the Health System and the Effectiveness of HIV and AIDS Response in the Regions

This research analyzes the effects of the integration of HIV and AIDS response into the health system. It also identifies the mechanisms that enable integration to influence the effectiveness of specific HIV and AIDS interventions. The case studies include the ART service program (DKI Jakarta and Makassar city), the Sterile Needle and Syringe program (DKI Jakarta), the PMTS for LSL program (Denpasar and Surabaya city), the PMTS for WPS (Merauke, Kupang, and Medan city), and the Link to Care program in the Manokwari regency. The research produced 9 regional case study reports and 1 joint report by the PKMK HIV and AIDS Policy team.

c. Research on Prevention through the Sexual Transmission Model at the level of Primary Healthcare Centers and their Networks

The objective of this research is to analyze the model of integrated service commonly used to ensure the sustainability of the PMTS program at the primary health care level. The research also seeks to uncover the operational policy model needed to ensure the integration of the PMTS program at the primary health care level. The research initially conducts a literature review to develop the model followed by trials with practitioners and experts to obtain consensus. At the end, the research obtains a model that integrates the health services in the PMTS program and supporting policies with the health system. The model trial involved practitioners and stakeholders from 8 cities that were the locations of the previous research. The trial also involved experts from the national level.

3. Implementation of Operational Research on HIV and AIDS Policy

PKMK also conducts a number of operational research for example in cooperation with the Ministry of Health and with the KPAN. PKMK conducts operational research outside of DFAT funding, with the consideration that there is still a limited amount of research on HIV and AIDS policy. The operational research acts as initiatives to introduce and conduct HIV and AIDS policy research, which will help encourage interest into issues related to this topic as well as provide broader evidence on other aspects of AIDS policy not yet covered by the previous research above. The various operational research projects are:

a. Operational Research on Sustainable Comprehensive Care (LKB)

In this research, PKMK cooperated with the Ministry of Health in order to address the obstacles in the delivery of medical treatment together with the LKB policy. The research aims to identify those obstacles and find the alternative solutions to improve the effectiveness of comprehensive HIV-IMS care at the city and regency level. The research finds three main problems in the implementation of LKB. First, there is uncertainty in the strategy to integrate LKB into existing health services. Second, the unpreparedness of health facility staff that act as LKB network hubs (community health centers and hospitals). Third, there is lack of coordination between stakeholders at the city level, such as NGOs, Peer Support Groups (KDS), Health Office, and the regional KPA. These three basic problems results in the sub-optimal HIV and AIDS services in the respective locations, such as the low coverage of VCT, PITC, IMS medication and treatment, and ARV therapy.[7]

b. Research on the Role of the Community Sector in HIV and AIDS Efforts

This research is supported by the KPAN with the objective of systematically determining the role of the community sector and the effectiveness of their activities, in order to develop recommendations to maximize the contributions of the community sector in HIV and AIDS efforts. This research involved 48 CSO/CBOs in 12 provinces: North Sumatera, Bangka Belitung, West Java, Yogyakarta Special Region, Central

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7   *Laporan Penelitian Operasional: Prosedur Pengobatan pada Layanan Komprehensif HIV-AIDS Berkesinambungan (LKB) di Kota Yogyakarta dan Kota Semarang.* (Operational Research Report: Treatment Procedure in HIV-AIDS Sustainable Comprehensive Treatment (LKB) in Yogyakarta and Semarang). PKMK FK UGM, 2015.

Kalimantan, East Java, Bali, West Nusa Tenggara, South Sulawesi, North Sulawesi, Papua and West Papua.

The results of the research underline that the community sector has taken the role of service provider, advocacy, and community education in the HIV and AIDS response. However, their main efforts are still on preventive care activities especially with key populations and PDP services to ODHA. The advocacy and community education roles are still limited to supporting their service provider role. These roles are still not optimal in terms of their coverage and effect on behavior change and adherence to medication. This happens because of roles tend to shift through time, resulting in a need for a strategy to bring back ideal roles for the community sector in HIV and AIDS efforts.

C. Obstacles, Solutions, and Lessons Learned

This second phase is the most important phase since this is where the PKMK HIV and AIDS Policy team identify and collect sources of knowledge on HIV and AIDS policy and the health sector. The main obstacle in this phase, as predicted, is that the sources of knowledge are spread out because there are so few studies of this kind for reference in Indonesia. For this reason, the HIV and AIDS policy team conducts a desk review to map out the contexts and development of HIV and AIDS policy in Indonesia in the framework of the health system.

Furthermore, the scale of identification and collection of sources of knowledge covers both the national and sub-national scale, represented by 8 provinces and 8 cities/regencies spread across Indonesia. This research is designed to be multi-centered, involving 9 partner universities. An obstacle in this large-scale research is the problem of coordination

and consistency across all the research locations. To deal with this problem, the HIV and AIDS Policy team conducts various capacity building activities for the network members and organizes meetings to prepare the research and analytical methods, as the report will explain in the next section.

Phase 3

Strengthening Knowledge to Understand the Health System and HIV/AIDS Policies and Programs

A. Rationale

TO ensure that they can properly use of information on HIV and AIDS policy, network member require a number of capacity building activities. The expectation is that these network members can make use of knowledge to conduct research and policy analysis, and to inform others about the implementation of HIV and AIDS policy in their region.

The first form of capacity building is in improving substantive knowledge on policy issues and methodological ability to conduct research and analysis on HIV and AIDS policy. This form of capacity building focuses on the university researchers who are part of the multi-centered series of research on HIV and AIDS policy and the health system. Other forms of capacity building is the development of network members' ability to identify various policy problems and how to make use of available knowledge sources to push for the formulation of evidence based policies. This type of capacity building focuses more on practitioners, such as those in government agencies, HIV and AIDS activists, academics interested in HIV and AIDS issues, and beneficiaries of HIV and AIDS programs. These various activities employ a blended learning method, in which training is conducted both face-to-face and online through webinars.

B. Implementation and Results

1. Capacity Development of University Researchers

The capacity building for university research is a continuous process that co-occurs with the research phases. There were a variety of methods, starting from direct meetings, combination of direct meetings and distance learning, consultative meetings with resource persons, mentoring,

to formal training in a classroom. A number of capacity building activities held for researchers for every phase of the research are as follows:

a. Research I: Integration of HIV and AIDS efforts into the health system

1) Workshop on research design development

This workshop invited experts on the health system, health policy analysis, and practitioners in HIV and AIDS efforts to explain the major issues and context of HIV and AIDS efforts in the health system. This event was held on 28-30 January 2014 in Yogyakarta and was attended by 18 university researchers and 6 PKMK researchers. The event also involved members of the research consultative group made up of representatives from KPAN, the Ministry of Health, a research advisor from Atma Jaya University and a Senior Health Advisor from DFAT.

2) Workshop on Data Collection

To ensure that the university researchers implement the existing research design, training on research protocols was conducted on 27-28 March 2014. The training strengthens the participant's ability on the principles of scientific research through sessions delivered by Professor Budi Utomo of the Faculty of Public Health, University of Indonesia.

3) Mentoring

Direct visits to each university research team were also conducted for capacity building. These visits provide assistance and technical support to the university research team to ensure that they follow the operational guidelines of the research and to find solutions to obstacles that may arise.

4) Workshop on Data Analysis

After the completion of data collection, there is guidance for the research members through a workshop on qualitative data analysis. The resource person of this workshop was Prof. drh. Wiku Adisasmito, M.Sc. from University of Indonesia, who presented his experience in conducting a number of research projects on integrating certain health programs into the national health system. The discussion occurred on 26-28 August 2014 in Yogyakarta and produced a number of main points collected in a guideline for data analysis and research reports. This guideline became the mutual reference in data analysis and writing the report for the first phase of research.

5) Consultative Meeting

To sharpen the analysis in this research, DFAT facilitated a consultative meeting involving Prof. Richard Coker from LSHTM (London School of Hygiene and Tropical Medicine). The presentation discussed experiences on integration research, especially on programs funded by Global Fund and their integration into the national health systems of a number of South East Asian countries. This consultative meeting was held on 10-11 September 2014 in Jakarta and was also attended by Prof. Drh. Wiku Adisasmito, M.Sc., representatives from UNAIDS, KPAN, and the Ministry of Health.

b. Research II: Case studies on the contribution of integrating HIV and AIDS response into the health system on the effectiveness of specific HIV and AIDS interventions at the regional level

1) Workshop on research design development

The second research phase focuses on analyzing the influence of the integration of HIV and AIDS response into the health system and on identifying the mechanisms in which integration influences the effectiveness of programs. The capacity building of researchers occurs since the development of the research protocol in the form of a consultative meeting with Prof. Richard Coker in Yogyakarta on 29-30 January 2015, together with Prof. drh. Wiku Adisasmito, M.Sc and Prof. Budi Utomo.

2) Workshop on Data Collection

The workshop was held in Yogyakarta on 23-25 April 2015 to improve researchers' capacity in using the case study method, deal with challenges and obstacles in data collection, and improve their capacity in data analysis and writing reports. The resource persons in this activity are Prof. Irwanto from PPH Atma Jaya University, Prof. Drh. Wiku Adisasmito, M.Sc and Prof. Budi Utomo from University of Indonesia.

3) Mentoring

Mentoring is conducted in the form of two field visits from the PKMK researchers during the research period. The first visit focuses on checking the preparations for data collection in each research location. Mentoring during this phase is conducted based on the lessons learned in the first phase of research, which showed some problems in preparations resulting in data that was incomplete and below expectations. The focus of the second visit is to ensure the use of management tools so that data can be comparable between regions. The second visit also aims to prepare materials for data analysis.

4) Workshop on data analysis

The workshop on data analysis and planning the report was conducted on 7-9 October 2015 in Bali. Other than conducting the required analytical phases, the participants also agreed that the research must be completed at the end of November 2015. This workshop did not invite any resource persons since it is a

forum for sharing experience in data collection, data management and agreeing on the analytical format of the second research.

5) Workshop on Finalizing the Research Report

In this event, the researchers meet with the reviewers so that they can discuss the notes on the research reports. This activity was held in Solo on 22-23 February 2016, attended by 16 researchers and 3 reviewers. The research team from UNIPA could not attend because they have not yet finished their report at the time. This consultative model enabled revisions to finalize the research report. The result of the meeting is the production of 8 case study research report that is ready for broader dissemination.

2. Course on AIDS Policy and the National Health System

Another form of capacity building for network members is through a policy course. The reason for this course is that analysis of health policy has its own complexity and a limited number of HIV and AIDS activists have this skill. The course aims to equip participants to: 1) analyze and evaluate the health system functions needed to strengthen HIV and AIDS response, 2) identify and make use of opportunities to play a larger advocacy role, 3) analyze the gap in health services for groups affected by HIV and AIDS and be able to provide recommendations to improve access, 4) conduct HIV and AIDS policy research.

To achieve these objectives, the course focuses on 6 key modules covering: 1) The Health System and Decentralization Politics, 2) Health System Organization and Health Financing, 3) Broadening AIDS Response

and the Health System, 4) Civil Society Empowerment, 5) HIV services, Accessibility and Articulation of Interest of Key Population Groups and Society, 6) AIDS Policy Research and Writing AIDS Policy Papers. The course uses a mixed method of face-to-face meeting at the beginning and end of the course and web based learning using a webinar application. The 90-minute webinar enables the participants and resource person to interact with the aid of a moderator. The course uses an adult learning approach that involves the active participation and independent study in the form of assignments from the resource person.

The policy course was conducted 3 times. The first iteration involved researchers from the Indonesian HIV and AIDS Policy Network. One of the results of the online course is the production of abstracts that was presented at one of the sessions of the National JKKI Forum V in Bandung. The second iteration of the course focused on participants from outside of the research network. Twelve participants passed the selections and committed to taking the online course. The participants com from the KPA of Mataram, the Health Office of Banjarbaru regency, Community Health Centers, Social Ministry, and the St. Carolus college in Jakarta, the Kemenkes Health Polytechnic and NGOs. The first meeting was held together with the Fornas JKKI V in Bandung on 24-26 September 2014. This second course was closed together with the Fornas JKKI VI in Padang, where the three best proposals were announced and each winner received Rp. 5 million as a seed grant.

The third batch opened with 20 participants, representing HIV program practitioners such as NGOs, peer support groups, key populations, academics, and from the government sector such as KPAD and Regional Work Units (SKPD). The course began with a meeting on 24-25 February 2016, with 8 tutorial meetings through webinar and closed with a meeting on 3-4 May 2016 in Yogyakarta. At the end of the course, the participants produced a policy paper.

3. Cultural Discussions

Cultural discussions are monthly informal discussions with a variety of themes depending on the agreement of the network members. However, the themes still relate to the HIV and AIDS policy agenda from PKMK UGM. The cultural discussions develop and strengthen dialogue among AIDS activists in each region. The results of these routine discussions are developed into recommendation points for targeted agencies. All the notes from the discussions are also uploaded onto the Indonesian AIDS policy website so that it can be accessible to a wider audience.

Other members of the Indonesian HIV and AIDS Policy Network also conduct cultural discussions. Appendix 1 details the cultural discussions from both the PKMK and other members of the network.

4. Community of Practice and Knowledge Sharing

Community of Practice (CoP) and knowledge sharing is a form of knowledge management through the development of discussion forums or websites. The objectives of these forum are to: (1) promote knowledge management to various parties involved in HIV and AIDS efforts in Indonesia through the Indonesian AIDS Policy website; (2) push for local discussion forums that involve various stakeholders in HIV and AIDS efforts to discuss policy implementation and local HIV programs; (3) develop policy papers as part of advocacy for change in HIV and AIDS policy.

The Indonesian AIDS Policy website has developed 5 forms of CoP, consisting of: (1) Researchers of HIV and AIDS policies and programs; (2) Health Offices; (3) Regional and National KPA; (4) NGOs; (5) Combination of the 4 CoPs. The CoP members' scope of work and latest issues in AIDS efforts decide the technical materials in the CoP. Resource persons prepare the materials and the website administrator moderates the discussion.

The main resource person functions to provide a concluding statement on the discussion. So far, there are 5 CoP articles on the website, although there are still a few comments from participants since this is still a new initiative.

The Knowledge Sharing forum is also web-based and members can share knowledge and experience on HIV and AIDS policy in the form of online classes. The resource person can show an introductory video on the class they are offering and the syllabus. The class can be held as a series or as a single meeting.

C. Obstacles, Solutions, and Lessons Learned

The implementation of this phase revealed that members of the research network still need support in the form of capacity building so that they can conduct research on HIV and AIDS policy. PKMK has conducted capacity-building activities at every phase of the research to provide an example for independent policy research by network members. The blended learning method that combines face-to-face meeting and distance learning is an effective and efficient form of learning, especially for members with time and distance constraints. This method is also cheaper compared to just reliance on direct meetings. As a result, this method can be an alternative way of interaction for academics, HIV and AIDS activists, bureaucrats, service providers, ODHA and key populations.

The second obstacle discovered during this phase is that network members are still at the beginning of implementing their knowledge, so they still have limited experience and knowledge to share and require constant encouragement. This may be one reason why members have yet to make optimal use of the available online forums. For example, the Facebook page for HIV and AIDS Policy tends to function as a unidirectional way to share information and members have not yet utilized it as a medium for information sharing. Another example is the lack of development in the CoP and Knowledge Sharing forums, which the organizers expected to be a tool for sharing ideas among members. To address this issue, PKMK continues to push for discussions and meetings among researchers and stakeholders in their respective regions, by suggesting it as an activity that needs to be conducted by university researchers who are part of PKMK's multi-center research.

Phase 4

Translating Knowledge into Better Policies

A. Rationale

THERE needs to be an effort to communicate the knowledge obtained from research and policy analysis to policy makers so that it becomes the reference point for the development of evidence-based HIV and AIDS policies. Both written and spoken media are needed to ensure that the research results make it to the policy makers. Other stakeholders and policy beneficiaries also need to know the research results so they can use it as reference for their advocacy. For this reason, PKMK develops a series of policy briefs that contains policy recommendations from the research. PKMK also conducts various activities to disseminate the research results. By conducting these activities, the Indonesian HIV and AIDS Policy Network can push for the development of evidence-

based policy and create communications media between knowledge producers and knowledge users, which in this case are policy makers. The expected result is the development of better HIV and AIDS policy at the national and regional level.

B. Implementation and Results

1. Dissemination of Research Results

To deliver the results and recommendations of the research to the knowledge users, there needs to be a number of dissemination meetings. The PKMK HIV and AIDS Policy team conducts a number of methods of dissemination: (1) dissemination through special meetings with key stakeholders, (2) dissemination in the form of presentations in a broader forum, (3) dissemination of research results in the form of both hard and soft copy to a targeted audience, (4) dissemination to the public through online media (website).

The main objective of the meetings with key stakeholders is to share the major recommendations of the research. For example, the recommendation that is relevant for the Ministry of Health is the integration of HIV and AIDS efforts into the health system. This was directly delivered to the AIDS Sub Directorate on August 2015. Another meeting with a key stakeholder at the national level is the meeting with the KPAN, which involved UNAIDS and DFAT, in order to present the results of the desk review on HIV and AIDS policy, held on June 2014. Meetings with stakeholders at the sub-national level also occurred. For example, in May 2014, PKMK disseminated the document analysis on HIV and AIDS policy to the Yogyakarta KPA, cross sector SKPD associated with HIV and AIDS efforts, academics, NGOs, Health Office, and representatives of key population of Yogyakarta (IPPI, KDS Metacom, Victory Plus, and P3SY).

The results of the LKB research were also directly shared with relevant parties in the cities of Yogyakarta and Semarang.

The national level meetings that PKMK used to disseminate the research results include the JKKI National Forum V in Bandung, where the document analysis on HIV and AIDS policy in Indonesia was presented. In the Fornas JKKI VI in Padang, the PKMK team disseminated the results of three research projects through a parallel session with the theme Integration of HIV and AIDS Efforts into the Health System to Help Achieve Universal Health Coverage 2019. In this session, the PKMK team presented the results of the LKB research, the Integration of HIV and AIDS into the Health System research, and the research on the community sector response in HIV and AIDS efforts. This last research was also presented at the National Meeting for AIDS V in Makassar.[8]

The PKMK also used these national forums to disseminate the results in the form of hard copy publications. In the Fornas JKKI V in Padang, the PKMK team distributed a number of documents related to the three research projects outlined above as well as a number of policy briefs. At the Pernas AIDS V in Makassar, the PKMK team also distributed the research report of the integration of AIDS programs into the health system research.

2. Open Seminars

The PKMK organized a number of Open Seminars on HIV and AIDS policies and programs in the month of December to coincide with the World AIDS Day. The first Open Seminar was held at the end of 2014 with

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8   Project Report: *Pelaksanaan Projek Penelitian I. Kebijakan dan Program HIV dan AIDS Dalam Sistem Kesehatan di Indonesia, Agustus 2013 – Mei 2014*, (Implementation of Research Project 1. HIV and AIDS Policy and Program in the Indonesian Health System) PKMK FK UGM 2014.

the theme of "Close the Gap" to end AIDS in 2030 as promoted by UNAIDS. The next Open Seminar occurred at the end of 2015 with a focus on the acceleration of ending AIDS, titled "Fast Track 90-90-90: The Role of Monitoring and Evaluation in HIV and AIDS Efforts."

These two Open Seminars attracted a varied audience, not just from NGOs, Peer Support Groups, AIDS activists, but also academics. Various government agencies, such as Regional KPA, as well as other agencies related to the AIDS effort, such as the Office for Transportation, Office for Culture, Office for Social Work, and Office for Tourism).

3. National Level Meeting of HIV and AIDS Policy Network

To facilitate the dissemination of research results by members of the HIV and AIDS Policy Network and to discuss issues on HIV and AIDS policy, a number of national level meetings have been held.

a. National Forum of the Indonesian Health Policy Network IV - Kupang

A special session on HIV and AIDS policy, with the theme of "Challenges in the Development of AIDS Policy in Indonesia" was conducted in the Fornas JKKI IV, held on 4-7 September 2013. Around 65 participants attended the meeting, representing various key stakeholders such as the Ministry of Health, MPIs, NGOs, academics, and AIDS activists. The main result of this forum is the beginning of special discussions on HIV and AIDS policy in the framework of general health policy and the formation of the Indonesian HIV and AIDS Policy Network.

b. National Forum of the Indonesian Health Policy Network V - Bandung

In the following year at the Fornas JKKI V in Bandung (24-27 September 2014), the HIV and AIDS Policy Network developed a parallel session with the theme "Integrating HIV and AIDS Efforts into the Health System." A number of key stakeholders attended as presenters, such as from the KPAN, Ministry of Health, PPH Atma Jaya, a senior journalist, the Papua Health Office, PPK UI, the Migunani NGO, and key population networks (OPSI, GWL Ina, and PKNI).

These annual meetings results in knowledge sharing of HIV and AIDS policy that also involves members of the network. The other main result consists of follow up action on issues identified at previous national meetings, such as the need for capacity development of researchers. The courses on HIV and AIDS policy for the network members also began at this meeting.

c. National Forum of the Indonesian Health Policy Network VI - Padang

The members of the HIV and AIDS Policy Network again had their annual meeting at the Fornas JKKI VI in Padang on 24-26 August 2015. The theme of the forum was "Strengthening the Integration of HIV and AIDS Efforts into the Health System to Support Universal Health Coverage 2019." In contrast to previous years, members of the network who could attend were limited to those who passed the selection of abstracts. This was done to encourage network members to actively conduct and share their research on HIV and AIDS policy in their region. Fourteen

participants passed the selection and received full funding to attend. There were 4 parallel sessions in the forum, with a total of 17 speakers, in which each session was attended by 40 people on average.

Another important result from this forum is the discussion on the mechanism of contracting out in HIV and AIDS health services. There have not been any clear policies regarding the mechanism of financing from government to non-government agencies, which is becoming urgent due to the decreasing funding from MPIs. The HIV and AIDS Policy Network invited a number of policy makers to discuss this issue. These include the Secretary General of Politics and Public Affairs from the Ministry of Home Affairs, the Public Health Bureau of the National Planning Agency (Bappenas), the HIV and AIDS Sub-Directorate of the Ministry of Health, the TB Sub-Directorate of the Ministry of Health and Head of Adinkes. Other speakers, such as the DKI KPA, the RED Foundation from Bogor and KIOS Atma Jaya, were also invited to share their experience regarding funding for civil society in HIV and AIDS efforts. This workshop on contracting out was conducted on the third day before the closing of the national forum. With this discussion, the members of the HIV and AIDS Policy Network have a better understanding of contracting out policy. One example of follow up from this event is that PKMK sent a policy recommendation on financing for civil society organizations to the Ministry of Home Affairs and recommendations to Bappenas regarding the concept of contracting out for services from community organizations.

d. National Meeting for AIDS V - Makassar

At the Pernas AIDS V in Makassar, 28 October 2015, the PKMK HIV and AIDS Policy team collaborated with HCPI to hold a parallel session for a skill building workshop with the theme: "From Research to Policy: Data for HIV and AIDS Policies and programs." Around 80 people participated in this session, after the organizers could not accommodate all the people interested to participate in this session. The PKMK team also distributed a package containing books and leaflets regarding research they are conducting and as a media for promotion.

4. Writing and Disseminating Policy Briefs

To articulate research results and respond to the needs of policy makers for evidence-based policy, PKMK has developed and produced a number of policy briefs made for stakeholders and policy makers on HIV and AIDS efforts, such as:

a. The role of higher education in HIV and AIDS response.
b. Strategies to empower religious and community leaders to support promoting the prevention of HIV and AIDS through sexual transmission.
c. How to increase regional revenue for AIDS response.
d. Can the government fund SUFA?
e. Comprehensive and Sustainable AIDS Services: What is the role of the regional government and civil society?
f. Strengthening HIV and AIDS health services through the development of frontline services.
g. Optimalizing regional budgeting and planning for HIV and AIDS response.

h. Research priority agenda to support HIV and AIDS response in Indonesia.

i. Recommendations to Bappenas on Public Private Partnership (PPP) in HIV and AIDS response.

j. Recommendations to the Ministry of Home Affairs: Improving the Political Commitment of Regional Governments in HIV and AIDS Efforts through Funding and Empowering Community Organizations.

PKMK has delivered these policy briefs to various parties, among others through the JKKI Forum in Bandung for Policy Brief 1 and 2, the JKKI VI Forum in Padang and National Meeting for AIDS V in Makassar for the other six Policy Briefs. Two recommendation letters for the Bappenas and Ministry of Home Affairs have been sent through official mail. All of these documents are also available for download.

5. Press Conference

At the National Meeting for AIDS in Makassar, the PKMK HIV and AIDS Policy team had the chance to conduct a press conference attended by media from West Kalimantan, East Kalimantan, Flores, Banten, Jakarta and Makassar. This activity aims to convey the position of PKMK UGM as an analytical agency regarding the regional government's efforts on HIV and AIDS. PKMK UGM encourages regional governments to take more responsibility in HIV and AIDS efforts, especially on these following issues:

a. Commitment in financing HIV and AIDS efforts covering prevention, medication, treatment and impact mitigation support.
b. Including HIV and AIDS efforts in the regional government's routine planning and budgeting process.
c. Implementing HIV and AIDS programs in a continuum of care framework by putting HIV and AIDS services as front line services at the community level.
d. Encourage local colleges to produce evidence that can be used to develop evidence-based policy for HIV and AIDS efforts in the region.
e. Mobilizing community and religious leaders to be involved in reducing discrimination and stigmatization in HIV and AIDS efforts in the region.

C. Obstacles, Solutions, and Lessons Learned

The main obstacle in translating knowledge into policy is the lack of communication between knowledge producers (such as researchers and universities) and knowledge users (such as policy makers, program

staff, and stakeholders). This communication is needed to ensure that research results can be relevant to the needs of knowledge users. The national level meetings become strategic because it can be the forum in which policy researchers can study problems yet to be solved by knowledge users. It can also be the forum in which knowledge users can be exposed to the research results so they can develop evidence-based programs or policies.

Furthermore, the translation of research results into policies requires the use of various methods. Other than exposure at national forums, there also needs to be a direct approach to relevant stakeholders to ensure the direct communication of research-based recommendations. The production of policy briefs is also relevant in turning research results into concrete policy choices for policy makers. The various activities of disseminating research results are still needed to continuously share knowledge on HIV and AIDS policy so that it becomes part of public discourse. A combination of these approaches can ensure that policies make use of knowledge from these research results.

Conclusion

THIS report shows that in the framework of knowledge management, PKMK has three main functions that they fulfilled through various activities: (1) improve access to information on HIV and AIDS policy, (2) disseminate and implement knowledge related to HIV and AIDS policy, and (3) translate knowledge into better HIV and AIDS policy. In the first knowledge management function, the formation of the HIV and AIDS Policy Network enabled its members to obtain broader access to information. The development of the Indonesian HIV and AIDS Policy website became one of the most effective medium in providing access to information on HIV and AIDS policy.

The improvement in access to information also supports the second knowledge management function of implementing knowledge on HIV and AIDS policy. Through various research projects on HIV and AIDS policy in the Indonesian health system, conducted with researchers from regional partner universities, PKMK pushed for direct implementation of knowledge. Furthermore, PKMK improved the capacities of the researchers and the broader audience through various capacity building activities, such as the course on HIV and AIDS policy, cultural discussions, and online discussions through CoP and Knowledge Sharing.

The activities in the first and second functions of knowledge management decides the achievement of the third function of knowledge management, which is to translate research results into evidence and reference for the development of HIV and AIDS policy. PKMK employs various methods to disseminate and encourage the use of research results for policy, either through meetings at national forums, meetings with relevant stakeholders, policy briefs, and communication through media and website. In implementing these three knowledge management functions, PKMK contributes to the development of better HIV and AIDS policy.

Appendix 1
Details of Cultural Discussions

Table 2. Cultural discussions organized by PKMK FK UGM

Theme	Description
1. **November 2013** Inequalities and challenges in implementation of HIV and AIDS policy and program in Yogyakarta. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/58-kesenjangan-dan-tantangan-pelaksanaan-kebijakan-dan-program-hiv-aids-di-yogyakarta	The objective is to have a critical discussion on the inequalities in the implementation of HIV policy and program in Yogyakarta.
2. **February 2014** How can we improve the national social security system in the BPJS era? http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/181-bagaimana-caranya-sistem-jaminan-sosial-nasional-di-era-bpjs-bisa-menjadi-lebih-baik	Held in the PKBI Hall in Yogyakarta, with the background of changes in the healthcare insurance scheme in 2014. The discussion results in the formulation of the Forum on BPJS consisting of NGOs, universities, and individuals concerned with this issue.

Theme	Description
3. April 2014 The possibility of using the special status fund for the public health sector. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/317-reportase-diskusi-kultural-menggali-kemungkinan-pemanfaatan-dana-keistimewaan-untuk-sektor-kesehatan-publik	The Special Status Fund, based on the Special Status Law No. 13, 2012 poses problems in accessing the fund. The fund is only available for cultural activities, with culture defined in a narrow sense. The critical question: Should the health sector join in trying to access the fund?
4. June 2014 Discussion on the implementation guidelines of the National Health Insurance (JKN) draft. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/424-diskusi-serial-1-draft-pedoman-pelaksanaan-jaminan-kesehatan-nasional	The discussion series in this month focuses on a number of policy plans still in development: a) Draft of the implementation guidelines of the National Health Insurance (JKN). The discussion results in policy recommendations addressed to the Head of the Center for Health Insurance Financing (P2JK), Ministry of Health.

Theme	Description
Discussion of the draft of the National Strategic Action Plan (SRAN) 2015-2019. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/425-diskusi-serial-2-draft-strategi-rencana-aksi-nasional-2015-2019	b) The discussion aims to review the SRAN draft and compile recommendations for the KPAN Secretary and UNAIDS, facilitated by DFAT.
Discussion on the draft revision Permendagri No. 20,2007 on the General Guidelines of the KPA and Community Empowerment in HIV and AIDS Efforts in the Regions. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/426-diskusi-serial-3-permendagri-no-20-tahun-2007	c) Draft of the revision of Permendagri No. 20, 2007. The discussion aims at providing input and ideas to improve the effectiveness of the role of KPADs. The recommendations were sent to the KPAN.
5. **October 2014** Community voices and role of researchers: notes from community meeting at Ledok kampong, Tukangan.http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/996-suara-warga-dan-peran-peneliti-catatan-dari-pertemuan-warga-kampung-ledok-tukangan	This discussion was held at Ledok Tukangan, on the banks of the Code river in Yogyakarta, in cooperation with the Indonesian Kampong Children's Studio (SAKI). The focus of this discussion is to discover how residents define marginalized communities, their concerns on this issue, their coping strategies and their attitude to assistance from the government.

Theme	Description
6. **November 2014** Closing the chasm of inequality: community knowledge and AIDS programs. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1007-diskusi-dan-refleksi-pkmk-fk-ugm-dalam-rangka-peringatan-aids-sedunia-menutup-jurang-kesenjangan-pengetahuan-komunitas-dan-program-penanggulangan-aids	In commemorating World AIDS Day, this discussion was held in Rejowinangun, Kotagede in cooperation with Angkatan Muda Senopati, a youth community concerned with culture, politics and health. The meeting helped make HIV and AIDS issues familiar to the youth in the region.
7. **February 2015** Perceptions on the role of higher education in AIDS efforts. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1196-persepsi-atas-peran-pendidikan-tinggi-kesehatan-dalam-penanggulangan-aids	This discussion involved the administrators of health colleges in Yogyakarta (Stikes Aisyiah, Stikes Bethesda, Karya Husada Health Academy, Ahmad Dahlan Midwife Academy, Karya Bakti Husada Nursing Academy, and Yogyakarta City Health Office). The reason behind the theme is that there is still discrimination against ODHA by healthcare workers. Health colleges can play a role to reduce this.

Theme	Description
8. March 2015 Integration of HIV, AIDS, and TB in the GF *New Funding Model* proposal. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1233-integrasi-hiv-aids-dan-tb-dalam-proposal-gf-new-funding-model	The discussion involved the DIY KPA, City and Regency KPA, Health Office, colleges, NGOs, peer support groups, and members of the public. The resource persons are representatives of CCM and Kiosk, Atma Jaya Jakarta, through a webinar. The discussion is PKMK's effort in assisting the formulation of NFM proposals.
9. April 2015 Writing Abstracts for the Pernas AIDS 2015 application http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1251-pkmk-ugm-bekerjasama-dengan-kpap-yogyakarta-berbagi-pengetahuan-penulisan-abstrak-untuk-aplikasi-pernas-aids-2015	In preparation for Pernas AIDS V in Makassar, PKMK UGM together with KPAP Yogyakarta conducted a coaching clinic for 20 AIDS activists from Yogyakarta who are interested in sending an abstract to the Pernas. The aim of the clinic is to provide understanding in the techniques of writing abstracts.

Theme	Description
10. **May 2015** Legal dilemma in acknowledging the existence of transgendered: A historical perspective http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1267-dilema-hukum-tentang-pengakuan-eksistensi-waria-sebuah-perspektif-sejarah	This discussion featured Benjamin Hegarty, an anthropologist from the Australian National University (ANU), to talk about the development of the identity construction of transgendered in Indonesian history. Government policy only defines gender into two forms, whereas transgendered are a key population vulnerable to HIV. If the government does not acknowledge the existence of transgendered, how can they receive legal protection and health insurance?
11. **July 2015** The benefits of LKB for ODHA: how can medical care reach the community? http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1330-manfaat-lkb-untuk-odha-bagaimana-layanan-pengobatan-sampai-ke-komunitas	Discussion on access to ARV medication for ODHA. Resource persons: Zainal Abidin (Edelweis clinic, Sardjito Hospital), Sandeep Nanwani (AIDS Researcher), Ragil Setya (Peer support group). The discussion also functions to disseminate PKMK research results on LKB

Theme	Description
	Treatment in Yogyakarta and Semarang.
12. October 2015 Legitimation and role of social and religious institutions in HIV programs: efforts to breach stigma and discrimination. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1360-legitimasi-dan-peran-lembaga-sosial-keagamaan-dalam-program-hiv-upaya-menerobos-stigma-diskriminasi	This discussion is based on result of study on Organizational Strategy of Nahdlatul Ulama Health Institution (LKNU) in managing HIV and AIDS programs, especially funds from Global Fund. Two activists from Yogyakarta were invited, Mukhotib MD and Maesur Zaky.
13. November 2015 Estimating the population of homeless people	Paul Kellner shares his experience in estimating the population of homeless people. The aim of the discussion is to look at the method of mapping, especially for hidden populations, which is relevant for HIV and AIDS efforts.

Theme	Description
14. **December 2015** Walking and exploring the country, reducing discrimination http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1423-diskusi-isu-isu-strategis-orang-dengan-hiv-dan-aids-odha-jalan-kaki-jelajah-negeri-kurangi-diskriminasi	This discussion features Cah Gareng, an ODHA that conducted a long walk as a form of public action against stigma and discrimination of ODHA. This action is supported by the Pelita Ilmu Foundation (YPI) and the Indonesian Association of Public Health Experts (IAKMI). More than 30 participants attended this discussion, from NGOs, peer support groups, KPA, academics, IAKMI. The discussion results in exchange of experience regarding multidimensional issues faced by ODHA.
15. **January 2016** Counting and estimating key populations http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1430-menghitung-dan-mengestimasi-populasi-kunci	This cultural discussion focuses on the availability of data on the amount and distribution of key populations as a foundation for policy and decision-making. Representatives from Vesta NGO, Kebaya NGO, and PKBI shared their experience in conducting estimates.

Theme	Description
16. **February 2016** Advocacy for on campus LGBT protection	More than 45 participants attended this discussion held by PKBI. This event discusses the currently popular topic of LGBT. Since there have been many statements against LGBT, even from public officials, this discussion explores the impact and solutions to LGBT protection, especially in university campuses.
17. **March 2016** Reproductive health and sexuality of the disabled http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1498-kesehatan-reproduksi-dan-seksualitas-bagi-penyandang-disabilitas	In cooperation with the Center for Advocacy of Women, the Disabled, and Children (SAPDA), the discussion shares their research findings on obstacles to obtaining sexual and reproductive health information for the disabled. More than 40 participants attended the discussion.
18. **May 2016** Reflection on implementation of city KPA strategic action plan.	Held by the Yogyakarta city KPA and attended by 17 participants, this discussion focuses on the implementation of their

Theme	Description
	previous SRAD in order to plan for a new SRAD for 2016-2020.
19. June 2016 Role of traditional medicine in HIV and AIDS efforts	CD Bethesda organized this discussion with the objective of discussing the side effects of ARV and the potential for traditional medicine in dealing with these side effects and improving quality of life for ODHA. Attended by 18 participants.

Table 3. Cultural discussions in other regions

Region	Summary
1. Makassar	On 16 July 2014, the Hasanuddin University research team held a meeting with beneficiaries and key populations of HIV and AIDS programs to discuss their experiences in accessing HIV and AIDS services in Makassar. Attended by 14 participants. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/688-catatan-pertemuan-budaya-cultural-meeting-dengan-penerima-manfaat-program-hiv-aids-dan-populasi-kunci-di-kota-makassar The second discussion happened on 28 August 2015 with the theme of obstacles in beginning ARV therapy for ODHA in Makassar. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1347-tantangan-dalam-memulai-terapi-arv-bagi-odha-di-kota-makassar
2. Jakarta	Cultural discussion by PPH Atma Jaya in cooperation with local NGOs in Jakarta. The topic is on "Harm Reduction: Obstacles and Future Challenges." Discussion held on 21 August 2015 at the Atmajaya Health Kiosk. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1346-harm-reduction-hambatan-dan-tantangan-ke-depan

Region	Summary
	Discussion on the characteristics, social network, acquisition and abuse of narcotics in DKI Jakarta, in cooperation with Karisma Foundation on 29 September 2015. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1390-reportase-diskusi-kultural-ii-pph-atmajaya The HIV unit of UI and RSCM hospital also conducts a series of discussions. The first is on policy in medication adherence, held on 19 September 2015 in cooperation with Pelita Ilmu Foundation. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1389-kebijakan-dalam-kepatuhan-obat Another discussion titled "HIV our shared problem" held on 22 September 2015 at Mampang, Jakarta. Around 17 participants attended, including the Mampang village head, PKK leader, PKK administrators, PAUD, RW, and village government staff. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1387-hiv-masalah-kita-bersama The third discussion focuses on improving adherence to medication, held on 22 September 2015 at Cilincing Community Health Center, attended by 16 doctors and medical staff. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1388-meningkatkan-kepatuhan-berobat

Region	Summary
3. Medan	Discussion held on 31 July 2015 in the Medan KPA office. The discussion theme is PMTS Program: Protection for Vulnerable Groups. In general, the discussion uncovered information that can help research on HIV prevention through sexual transmission on the WPS population. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1348-program-pmts-perlindungan-terhadap-kelompuk-rentan
4. Kupang	The discussion is on AIDS concerned citizens (WPA): community participation. The discussion was held on 27 July 2015, attended by 9 participants. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1349-warga-peduli-aids-wpa-wadah-partisipasi-masyarakat
5. Bali	This cultural discussion aims to uncover various issues related to prevention and mitigation of HIV among MSM in Denpasar. Held on 6 August 2015 with the program manager and field officer of Gaya Dewata Foundation, an NGO that works in HIV efforts among MSM in Denpasar. 12 participants attended the discussion. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1392-pencegahan-dan-penanggulangan-hiv

Region	Summary
6. Surabaya	This discussion talks about the role of the Surabaya Health Office concerning the increase in HIV cases, especially among MSM. This discussion was attended by the Head of Prevention and Control of Diseases and Community Health Surabaya Health Office, Head of Disease Control P2PL Surabaya Health Office, and Director of Gaya Nusantara. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1424-peran-pemerintah-dinas-kesehatan-kota-surabaya-dalam-menyikapi-fenomena-lsl-semakin-banyak
7. Papua	In response to the policy of the Jayapura Regency in closing the Tanjung Elmo red light district, the Cenderawasih University Research team organized a cultural discussion on the impact of this policy, held on 18 September 2015. http://www.kebijakanaidsindonesia.net/id/diskusi-kultural/1391-sejauh-mana-pemahaman-mahasiswa-fkm-tentang-hiv-aids-dan-pendapat-mahasiswa-terkait-penutupan-lokalisasi-tanjung-elmo

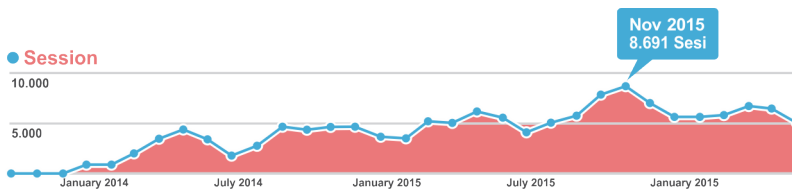# Appendix 2
Analysis of the HIV and AIDS Policy Website

www.kebijakanaidsindonesia.net

A. Method

THE analysis of the Indonesian AIDS Policy website uses two methods, Google Analytics and the website's internal hits counter. Each method has their ownadvantages. The Google Analytics system can detect and differentiate whether visitors are web-robots or humans, thus yielding more precise visitor data. On the other hand, the internal hits counter uses the website's database to analyze the amount of content uploaded by the web administrator and the amount of visitors per content. This enables the web administrator to obtain data on the visitor's topic of interest.[9]

B. User Analysis

Picture 2 shows the number of visitors to the website since its launch in October 2013 to June 2016. The graphic shows that it took around 6 months for visits to increase. The amount of visitors stabilized 7 months after the website was developed. It reached its peak on November 2015, when it obtained 8692 visits. The number of visits fluctuates according to the current events. For example, there are many visits in November because users are searching for information regarding the World AIDS Day on 1 December.

Picture 2. Sessions October 2013-June 2016

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9   This method is open to all visitors to the website: http://www.kebijakanaidsindonesia.net/hits.

During the observed period, more than 100 thousand users accessed the website, as shown in picture 3. Users viewed more than 500 thousand pages. During that period, there were 139476 visits to the website. This can be considered a high number since a website on HIV and AIDS Policy attract a specific audience.

Sessions
139,746

Users
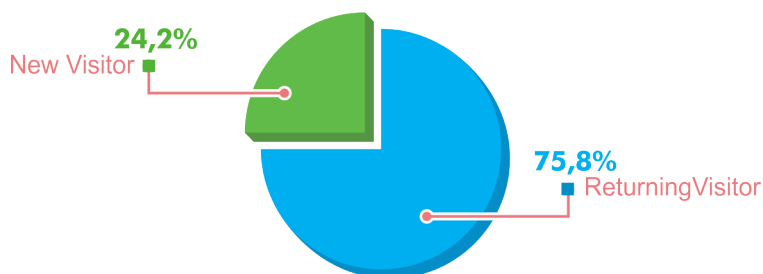**105,721**

Pageviews
568,393

Picture 3. Sessions, Users, and Page views

Picture 4 shows that users on average open 4 pages and spend 2 minutes every time they access the website. Around 12.75% of users, or around 10 thousand visitors, immediately close the website after opening only one page (bounce).

Pages / Session
4.07

Avg. Session Duration
00:02:14

Bounce Rate
12.75%

Picture 4. Pages per session, Visit duration, bounce rate

Picture 5 shows that a majority of visitors are new, around 75.8% or 105981 sessions.However, this number may not be accurate since repeat users may visit using different machines or IP addresses.

24,2%
New Visitor

75,8%
ReturningVisitor

Picture 5. Percentage of new and returning visitors

C. Content Analysis

The website's contents include articles, downloadable files, and audio-visual materials that visitors can view. The web administrators update the content periodically and articles are categorized into a number of categories, such as Thematic Articles, Regulations, Guidelines, Activity Reports, etc. There are 652 articles uploaded on the website, with a total of 2 million hits. On average, each articles obtained 3000 hits.

Table 4. Top 10 article based on hits

No.	Title	Category	Hits
1.	Does Indonesia Need to Implement Test and Treat?	CoP HIV&AIDS	354,081
2.	Gender equality in HIV/AIDS eradication and its Relation to MDGs Achievements	Cross topic	139,033
3.	What Is Your Opinion on the Impact of Death Penalty to Criminals related to Drugs/Narcotics and Health Services Access of Addicts?	CoP HIV&AIDS	55,821
4.	Outlook 2015: HIV and AIDS Policy in Indonesia	General	14,604
5.	Republic of Indonesia Health Ministerial Regulation No 27 year 2014 on Technical Guideline for Indonesian Case Base Groups (INA-CBGs) System	Regulation	13,696

No.	Title	Category	Hits
6.	Concept and Strategy for Financing Civil Society Organizations in Providing Healthcare through the Contracting Out Mechanism	National Forum VI	13,241
7.	Collaborative Research of PKMK with Australia-Indonesia Collaboration Program for HIV	Project Info	13,211
8.	Policy on Eradication of STI, HIV and AIDS	Regulation	11,304
9.	HIV policy	Regulation	10,435
10.	Preparation for Pernas AIDS V in Makassar 2015: Broadening Cross-Sector Strategic Partnership in Eradication of AIDS	Thematic article	9,810

Table 4 shows the top 10 articles based on obtained hits. The most popular article comes from the CoP HIV and AIDS category. There are also three articles from the Regulation category, which shows that visitors are interested in this topic.

Other than articles, the website also offers health policy documents and presentation materials from the activities conducted by the PKMK HIV and AIDS team. Currently there are 539 files with 163673 hits, or an average of 303 hits per document.

Table 5. Top 10 documents based on hits

No.	Title	Category	Hits
1.	Permenkes RI No 5, 2014 on Guidelines for Clinical Practice for Doctors in Primary Health Facilities	National Regulation	3,331
2.	Permenkes RI No 69, 2013 on Standard Cost of Health Services at the Primary Level Health Facilities and Advanced Level Health Facilities in the Administration of the Health Insurance Program	National Regulation	1,886
3.	Circular Letter of Menkes RI No HK/Menkes/32/I/2014 on the Implementation of Health Services for BPJS Health Members at the FKTP and FKTL in the Administration of Health Insurance Program	National Regulation	1,551
4.	Permenkes RI No 27, 2014 on Technical Guidance for Indonesian Case Base Groups (INA-CBGs) System	National Regulation	1,485
5.	Permenkes RI No 21, 2013 on Eradication of HIV/AIDS	National Regulation	1,377
6.	Permenkes RI No 74, 2014 on Guideline for the Implementation of HIV Test and Counseling	National Regulation	1,140

No.	Title	Category	Hits
7.	Circular Letter of Menkes RI No 129, 2013 on the Implementation of Managing HIV/AIDS and Sexually Transmitted Infection (STI)	National Regulation	1,082
8.	Permendagri RI No 39, 2012 on the Changes to Permendagri No 32, 2011 on Guidelines of Grants and Social Assistance Sourced from Regional Budgets	National Regulation	889
9.	Permenkes RI No 51, 2013 on Guideline for the Prevention of HIV Transmission from Mother to Child	National Regulation	865
10.	Analysis of HIV and AIDS Prevention and Eradication Policy in West Java (Presentation from Eka and Tim)	Project Info/ HPN Forum Kupang	795