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Analysis of Pre-Exposure Prophylaxis (PrEP) Program in Preventing HIV/AIDS Based on the Health Policy Triangle

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ABSTRACT

Background: Pre-exposure prophylaxis (PrEP) is an action to prevent HIV transmission using antiretroviral (ARV) drugs. During 2022, the PrEP program was implemented in 21 districts/cities as a trial limited to MSM and sex worker populations. This study aims to analyze the PrEP program in preventing HIV/AIDS using a health policy triangle approach that assesses the aspects of actor, context, content, and process. **Methods:** The study was performed using qualitative methods from electronic document searches. **Results:** The results of the analysis show that the actors in the PrEP program as HIV/AIDS prevention are the President, Legislative, Ministry of Health, Ministry of Education, Ministry of Internal Affairs, health office, community health centers, hospitals, non-governmental organization (NGOs)/HIV and AIDS care groups, HIV/AIDS key populations, correctional institutions, the Indonesian Ulema Council (MUI), and the Food and Drug Monitoring Agency (BPOM). The context of PrEP implementation in the form of situational factors is high HIV transmission within at-risk populations, structural factors are legal bases, cultural factors are patriarchal culture and MSM and sex workers which are still taboo, as well as international factors in the form of WHO policy. The policy process consists of problem identification, policy analysis, policy formulation, implementation, and program monitoring and evaluation. **Conclusion:** PrEP content regarding the aim of PrEP, targets, types of drugs used, how to get PrEP services, how to use the drugs, and how to monitor has been explained in the Technical Guidelines for PrEP Services made by WHO and adapted by the Indonesian Ministry of Health.

Keywords: pre-exposure prophylaxis, HIV, health policy triangle

INTRODUCTION

The Ministry of Health of the Republic of Indonesia stated that the number of people living with HIV/AIDS (PLWHA) in Indonesia in 2020 was 543,000 people (Indonesian Ministry of Health, 2023a). The highest number of HIV cases was in DKI Jakarta, followed by East Java, West Java, Central Java, Papua, and Bali. The highest percentage of HIV infection was reported in the 25–49-year age group at 70.20% and in men at 61.00%. HIV cases in Indonesia were found to increase in 2023 compared to the previous year (Indonesian Ministry of Health, 2023b).

Bali is the province with the sixth-highest number of HIV cases and the fifth-highest number of AIDS based on data and reporting from the Indonesian Ministry of Health from 2010 to March 2023. There were 27,114 PLHIV and 11,779 AIDS cases found in Bali Province from 1987 to March 2023 (Ditjen P2P Kemenkes RI, 2023). The number of HIV/AIDS cases reported to the Bali Provincial Health Office continues to increase each year during the 2016–

2022 period. In 2020, there were 7,189 HIV cases in Bali province. HIV cases in Bali Province were dominated by men at 68.16% and the age group 25-49 years at 67.67%. Around 40.00% of these cases were reported from Denpasar while the rest were from other 8 districts in Bali. The number of female cases was less than male but the increasing trend was the same among both genders (Dinas Kesehatan Provinsi Bali, 2021).

Pre-exposure prophylaxis (PrEP) is an action to prevent HIV transmission using antiretroviral (ARV) drugs. The PrEP program is an addition to comprehensive prevention efforts already underway in populations at risk of HIV infection (key populations). Pre-exposure prophylaxis does not replace or compete with established, effective HIV prevention interventions such as comprehensive condom programs for sex workers and men who have sex with men or inject drug users. People who would benefit most from PrEP were key population groups who may face legal and social barriers to accessing health services (Mahariski et al., 2023).

Pre-exposure prophylaxis (PrEP) can be prescribed for individuals who have a sexual partner with PLWHA, have had anal or vaginal sex within 6 months without a condom, have been diagnosed with a sexually transmitted infection (STI) in the last 6 months, use injecting drug or needles. Currently, there are two types of medications approved for PrEP, namely Truvada® (emtricitabine/tenofovir disoproxil fumarate) for all people at risk of contracting HIV through sex or injecting drug use, and Descovy® (emtricitabine/tenofovir alafenamide) for men and sexually active transgender women who at risk of contracting HIV (O Murchu et al., 2022; Straubinger et al., 2019).

In research on understanding pre-exposure prophylaxis adherence among adolescent girls in Kenya conducted by Haberer et al. in 2022 with a prospective study, cohort observations showed that adherence to PrEP was still low and decreased over time. HIV risk was not consistently associated with adherence, but clinic access and location-level factors were also relevant. This relatively low incidence of HIV suggests that participants may have gained protection through multiple strategies (Haberer et al., 2022).

In Mansoor's 2022 study, which conducted a prospective study of oral pre-exposure prophylaxis initiation and adherence among adolescent girls in KwaZulu-Natal, South Africa, it was found that despite moderate oral PrEP initiation and high pill count adherence, adherence was ultimately measured by low TFV-DP levels and a high rate of early discontinuation. Overall HIV incidence rates are high, underscoring the importance of addressing HIV barriers to initiation of oral PrEP, adherence, sustained use, and expanding HIV prevention options for young women (Mansoor et al., 2022).

Since 2021, the Indonesian government has launched a project to distribute PrEP free of charge to key populations in 7 provinces. During 2022, the PrEP program has been implemented in 21 districts/cities in 10 provinces as a trial limited to MSM and sex worker populations. Unfortunately, PrEP implementation still has low adherence rates, from 2,794 MSM clients and sex workers who started, only 14 remained in the program in the twelfth month. PrEP coverage is also still low, only 19.00% in the MSM population and 12.00% in the sex worker population (Kemenkes RI, 2023a). Apart from that, implementing PrEP among the general community in Indonesia, especially in Bali, is still rare. The PrEP program usually can only be accessed by the victims of sexual violence who report to hospitals or medical personnel who have medical incidents. There are still many people who do not know what PrEP is and do not know where to get it (Pradnyawati et al., 2023).

Health policy is a series of concepts, principles, basic provisions, and decisions taken by a person or group of political actors that become the basis for implementing activities to achieve a balanced state of physical, mental, social, and spiritual health (Widodo & Yulyanti, 2023). One concept of thought that can be considered to analyze the background to the formation of a health policy or program is to carry out an analysis of the policy framework which consists of actors, content, context, and the process of forming a program (Buse et al., 2023). This study aimed to analyze the PrEP program in preventing HIV/AIDS from the perspective of the health policy triangle which includes actors, content, process, and context.

RESEARCH METHOD

This study used a qualitative method with a health policy triangle approach that assesses the actor, context, content, and process aspects of the PrEP program in HIV/AIDS prevention (Figure 1). The design used is phenomenology with data analysis using Nvivo software. We used secondary data sources obtained from searching electronic documents related to the PrEP program. The time for collecting secondary data is October 2023.

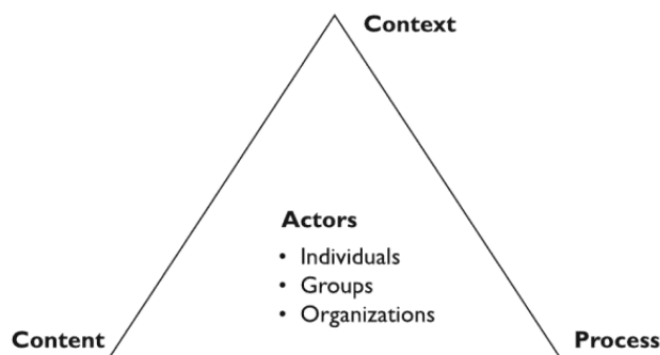


Figure 1. Policy Analysis Triangle, adapted from Walt and Gilson in 1994

RESULTS

To create a health policy, it is necessary to pay attention to the policy triangle consisting of actors (who participates in policy-making, influences policy formulation, and policy implementation), context (why this policy is needed), content (what is the essence of the policy), and process (how the policy is proposed and implemented) (Ma et al., 2015). According to Buse et al. (2012), actors are policymakers who can be individuals, groups, or organizations (Buse et al., 2023). According to Zahidie et al. (2023), context can be in the form of situational, structural, cultural, and environmental factors that influence the process of developing policy principles. Content is the substance of a policy which describes the main parts of the existing policy in detail. The process is how issues become problem agendas and produce policy content.

DISCUSSION

Actors in PrEP program as HIV/AIDS prevention

Actors are policymakers who can be individuals, groups, or organizations. Actors participate in policy-making or influence policy formulation and implementation (Buse et al., 2012). Actors can be official actors or unofficial actors. Official actors are actors who have legitimate power in a country, such as the President, House of Representatives, Ministries, Governors, Regents, and so on. Unofficial actors are actors who do not have legal power in a country but can influence the formulation and implementation of policies. Parties included in unofficial actors include political groups, community organizations, and individual citizens (Aprilla, 2020). Actors who play a role in PrEP program as HIV/AIDS prevention include the President (Executive Body), House of Representatives (Legislative Body), Ministry of Health, Ministry of Education, Ministry of Internal Affairs, health service, community health centers, hospitals, non-governmental organization (NGOs)/HIV and AIDS care groups, HIV/AIDS key populations, correctional institutions, Indonesian Ulema Council (MUI), and Food and Drug Monitoring Agency (BPOM) (Khodayari-Zarnaq et al., 2019; Ma et al., 2015).

Based on Article 5 of the 1945 Constitution of the Republic of Indonesia, the President has the right to submit a Draft Law to the House of Representatives and establish government regulations to implement the law. Based on Law No. 17 of 2014, the policy of the House of Representatives of the Republic of Indonesia is to prepare and discuss a constitution; discuss a constitution proposed by the President or DPD; enact laws together with the President; and approve or disapprove of government regulations to be enacted into laws. If it is not approved by the House of Representatives or the President, health policies including PrEP cannot be implemented. The House of Representatives plays a role in passing the PrEP procurement budget and passing policies regarding the use of PrEP for HIV/AIDS prevention. By the role of the President and the House of Representatives, PrEP drugs can be provided free of charge to increase the level of use and adherence to PrEP use.

The Ministry of Health is the main actor in implementing the PrEP program policy to prevent HIV/AIDS. So far, the PrEP program for HIV/AIDS prevention has been carried out by the Directorate General of Disease Prevention and Control (P2P) of the Indonesian Ministry of Health since 2021. The Ministry of Health plays a role

in providing PrEP drugs, guidelines and training for PrEP use, PrEP promotional media, distributing PrEP drugs, monitoring, controlling, and managing so that the PrEP program as HIV/AIDS prevention can be implemented well, as well as carrying out evaluations and creating reports regarding PrEP program (Kemenkes RI, 2023a).

The Ministry of Education has an important role in HIV/AIDS policy education based on an analysis of HIV/AIDS policy in Iran. The community must be educated early about HIV/AIDS prevention including PrEP through materials or curricula in schools so that it has an impact on their adherence to HIV/AIDS prevention in the future (Khodayari-Zarnaq et al., 2019). After school-based HIV/AIDS education, a study in China reported that all students experienced a significant increase in knowledge and attitudes about HIV/AIDS. Education can start from the junior high school level and continue at the senior high school level (Gao et al., 2012). Currently, schools in Indonesia have been educated about HIV/AIDS prevention including ABCDE (abstinence, be faithful, condom, don't inject drugs, and education), but there has been no education about PrEP. This is probably the reason for the low level of public knowledge about PrEP (Suraya & Mardhiati, 2018).

The Ministry of Internal Affairs through the AIDS Prevention Commission, based on Minister of Internal Affairs Regulation number 20 of 2007, has the task of coordinating the formulation of policies, strategies, and steps needed to overcome HIV and AIDS; lead, manage, control, monitor and evaluate the implementation of HIV and AIDS prevention in the Province; collect, mobilize, provide, and utilize resources originating from the central, regional, community and foreign aid effectively and efficiently for HIV and AIDS prevention activities; coordinate the implementation of the duties and functions of each agency that is part of the Provincial AIDS Commission; holding regional cooperation in the context of controlling HIV and AIDS; disseminate information regarding efforts to control HIV and AIDS to officials and the community; encourage the formation of NGOs/HIV and AIDS care groups; carry out monitoring and evaluation of the implementation of HIV and AIDS prevention. The Ministry of Internal Affairs plays a role in encouraging district/city regional governments to organize PrEP distribution to the community, especially key HIV populations.

District/City health services based on Technical Instructions for the Management of the Oral PREP Program for People at High Risk of HIV in Indonesia act as policymakers and program managers, as well as monitors and evaluators (Kementerian Kesehatan RI, 2023). Community health centers have the role of sending health workers to carry out health promotion regarding PrEP as HIV/AIDS prevention among residents in their work environment, especially key populations. Community health centers also play a role as places that provide PrEP for residents who need it or referral places looking for PrEP at hospitals. Currently, there are around 60 community health centers and hospitals that have provided free PrEP services throughout Indonesia. The presence of community health centers and hospital actors makes it possible to implement the PrEP program (Kemenkes RI, 2023a).

Inmates in correctional institutions are one of the key populations for HIV/AIDS which is WHO's target for the PrEP program. Therefore, correctional institutions are one of the actors that play an important role in PrEP policy. Correctional institution officers can carry out the distribution and monitoring of PrEP programs in people at high risk of HIV. In the HIV/AIDS prevention program policy in Iran, correctional institutions are the first place to implement HIV/AIDS policy, through the distribution of condoms, distribution of razors to prevent sharing between inmates, and love booths to prevent free sex (Khodayari-Zarnaq et al., 2019). Currently, the Indonesian Ministry of Health's PrEP program only covers the MSM population and sex workers, but correctional institutions are an ideal place to implement the next PrEP program.

Indonesia is a country with a predominantly Muslim population, so the Indonesian Ulema Council (MUI) plays an important role in issuing halal fatwas related to medicines, which can influence health policies in Indonesia. PrEP drugs can receive a halal fatwa from the MUI, thereby increasing the confidence of the Indonesian people, especially Muslims, to consume PrEP. If there is no MUI fatwa, it is feared that this could give rise to deviant or hoax issues in society such as haram universal health insurance or haram contraceptives, as has happened before. Therefore, it is important to involve the MUI regarding the policy of using PrEP to prevent HIV/AIDS (Harimurti et al., 2020).

The Food and Drug Monitoring Agency (BPOM) is tasked with supervising drugs and food in Indonesia, starting from assessment before a product is permitted to circulate, evaluating the safety, benefits, and quality of drug and food products, monitoring after the product is permitted to circulate, taking action and empowering the community. The PrEP program uses ARV drugs, so BPOM plays a role in granting drug permits and monitoring PrEP drugs after they are distributed to the public (Prabowo & Kurniawan, 2021).

There are various HIV-related NGOs or HIV/AIDS care groups, which are also often called AIDS Concerned Citizens. Often PLHIV joins this group to share their experiences. These groups play a role in promoting and educating the PrEP program to the community, especially key populations. This group can also play a role in assisting PrEP users to adhere to their medication. In addition, these groups can help with the process of distributing PrEP to key populations and provide information for people who need PrEP, for example after experiencing sexual violence without a condom. (Fauzi & Rahayu, 2023; Khuluq et al., 2019).

The HIV key populations consisting of female sex workers (FSW), transgender, men who have sex with men (MSM), injecting drug users (IDUs), TB patients, correctional inmates, and people whose partners are HIV positive are the main targets of the PrEP program. A policy begins to be formulated when there is a problem in the target population (HIV/AIDS transmission), and a sample of the target population agrees with the solution offered (the PrEP program). This key population plays a role in influencing the formulation and implementation of policies, namely by supporting or not rejecting the PrEP program, as well as by using PrEP (Buse et al., 2023).

Context in PrEP program as HIV/AIDS prevention

Context is the reason why a policy is necessary. Context can be situational, structural, cultural, and environmental factors that influence the process of developing policy (Buse et al., 2023; Zahidie et al., 2023).

Situational factors are conditions or circumstances of a temporary nature that influence the emergence of policy decisions

The situational factor in the PrEP program as HIV/AIDS prevention is the increase in HIV/AIDS cases, especially among housewives who do not use condoms with their partners. In 2023, national transmission of HIV cases was dominated by housewives at 30.00%, this number is higher than the transmission of HIV cases in other groups such as sex workers and MSM (Indonesian Ministry of Health, 2023b). Apart from that, the consistency of condom use among the MSM population and sex workers in Indonesia is also quite low even though condoms are available and education has been provided by local health workers, therefore additional prevention methods are needed. (Arum & Sudarto, 2021; Buse et al., 2023; Herlina & Yunita, 2017).

Structural factors are political, economic, social, and demographic policies that support a policy

The PrEP program for HIV prevention has been supported by the Indonesian government through Minister of Health Regulation (Permenkes) Number 23 of 2022 concerning the Management of Human Immunodeficiency Virus, Acquired Immunodeficiency Syndrome, and Sexually Transmitted Infections. In the tenth section, article 18 paragraph 1 explains that antiretroviral prophylaxis is given to people who are at risk of HIV, both to people who have been exposed to HIV (PPP) and those who have not been exposed to HIV (PrEP). Apart from that, previously the recommendation for PrEP for prevention of HIV/AIDS in the workplace was stated in the Decree of the Minister of Manpower and Transmigration of the Republic of Indonesia Number Kep. 68/MEN/IV/2004 (Menteri Tenaga Kerja dan Transmigrasi, 2004). Other laws that support the PrEP program as HIV/AIDS prevention are Presidential Regulation of the Republic of Indonesia Number 76 of 2012 concerning the implementation of patents by the government for antiviral and antiretroviral drugs, the National Action Plan for Control of HIV and AIDS for 2020-2024, the National Medium Term Development Plan (RPJMN) 2020-2024, Minister of Health Regulation Number 21 of 2020 concerning Strategic Plan of the Ministry of Health for 2020-2024 (Kementerian Kesehatan RI, 2023).

Cultural factors are the habits of a society in responding to things considered to have values and habits

This begins with how they receive information, their social position in society, and their knowledge about what they feel. (Zdunek et al., 2019). Cultural factors influence human actions and human actions will influence policy implementation (Yuningsih, 2014). The cultural factor in Indonesia that undermines the implementation of the PrEP program is the superiority of men, while women have low bargaining power in discussions of safe sex and condom use. Female sex workers or women with PLHIV partners can be obedient when asked not to use condoms because of this culture (Anugwom & Anugwom, 2016). The high rate of HIV transmission among housewives in Indonesia is caused by their partners frequently having unprotected multi-partner sexual relations (Kemenkes RI, 2023b). In

addition, the culture of same-sex sex and sexual workers is still taboo, making them difficult to reach (Mahariski et al., 2023).

International factors are factors of mutual interdependence between countries that influence international sovereignty and cooperation

The PrEP program was first initiated by the World Health Organization (WHO) in September 2015. The World Health Organization emphasizes the importance of using PrEP in all countries in the world, especially low- and middle-income countries (LMIC) where HIV transmission dominates. The World Health Organization has produced technical instructions regarding the use of PrEP for HIV prevention which have also been translated into the Indonesian language (Buse et al., 2023; Kementerian Kesehatan RI, 2023; World Health Organization, 2017).

Process in PrEP program as HIV/AIDS prevention

The process is how visible issues become problem agendas and produce policy content. The process consists of problem identification, policy analysis, policy formulation, policy implementation, and program monitoring and evaluation (Buse et al., 2023).

Identify problems and issues

Since the start of the epidemic, it is estimated that around 85.6 million people have been infected with HIV and 40.4 million people have died from HIV. Globally, approximately 39 million people were living with HIV at the end of 2022. The worldwide prevalence of adults aged 15–49 years living with HIV is estimated at 0.70%. HIV prevalence is higher in low- and middle-income countries than in developed countries. In 2022, there were 630,000 HIV-related deaths and 1.3 million new HIV cases (World Health Organization, 2023).

The Ministry of Health of the Republic of Indonesia stated that the number of people living with HIV/AIDS (PLWHA) in Indonesia in 2020 was 543,000 people (Ministry of Health of the Republic of Indonesia, 2023a). The highest number of HIV cases is in DKI Jakarta, followed by East Java, West Java, Central Java, Papua, and Bali. HIV cases in Indonesia were found to increase in 2023 compared to the previous year (Indonesian Ministry of Health, 2023b).

In 2016, WHO released the Global Health Strategy on HIV 2016–2021 guidelines which asked all countries to accelerate their HIV control response followed by sustainable action until they reach the desired target by 2030. Indonesia's target towards three zero HIV/AIDS by 2030 is zero new HIV infections, zero AIDS-related deaths, and zero stigma discrimination. HIV infection is still a problem even though there are previous prevention measures such as the use of condoms and sterile syringes, so additional preventive measures in the form of PrEP are needed.

Policy analysis

Policy analysis is carried out by identifying various policy options to overcome problems, then using quantitative and qualitative methods to evaluate policy options, and then determining the most effective, efficient, and feasible policies. Policy analysis must be able to explain how the policy will impact morbidity and mortality (health impacts), the costs of implementing the policy, and how these costs compare with the benefits (economic and budget impacts), as well as political and operational factors related to adoption and implementation (feasibility). Stakeholders then assess and prioritize policy options (Buse et al., 2023). The PrEP drug has been declared effective in preventing HIV transmission from sexual intercourse by 99.00% and from injecting needles by 74.00% based on clinical trials. PrEP drugs have also been proven safe for human consumption (CDC, 2023; Fonner et al., 2016). The ARV drugs used in PrEP are relatively cheap and are only consumed for a short period compared to being infected with HIV, so they do not burden the state budget. World Health Organization has also issued technical guidance for the implementation of PrEP (World Health Organization, 2017). In addition, the PrEP program does not conflict with political or socio-cultural factors. All of these things support the implementation of the PrEP program for HIV/AIDS prevention.

Policy formulation

Policy formulation is the identification of strategies for the policy to be adopted and how the policy will be implemented. At this stage, stakeholders identify how the policy will be implemented and what is needed for policy

enactment and implementation (for example, understanding the jurisdictional context and identifying information and capacity needs). This stage also determines strategies for involving stakeholders and policy actors and possibly formulating policies (laws, regulations, procedures, actions, etc (Buse et al., 2023). The PrEP program so far has involved the Ministry of Health, health services, community health centers, hospitals, NGOs/HIV and AIDS care groups, and key HIV/AIDS populations. The PrEP program has also been included in Minister of Health Regulation Number 23 of 2022 and already has Technical Instructions issued by the Ministry of Health (Kementerian Kesehatan RI, 2023)

Program Implementation

PrEP is provided by trained health workers through health facilities to the PrEP target group, which consists of a) Men who have sexual relations with other men (MSM); b) Female sex workers (FSW); c) Transgender; d) injecting drug users (IDUs); e) PLHIV couples; f) high-risk couple. To obtain PrEP, target groups who meet the criteria must meet the following requirements: 1) Have HIV-negative status based on test results with SOPs that apply in Indonesia; 2) Indonesian citizens; 3) Have no clinical signs of acute HIV infection (Indonesian Ministry of Health, 2023).

PrEP can be obtained at health facilities that provide PrEP providers that have been appointed based on the following criteria: 1) Have HIV testing services and priority is given to community health centers, private clinics, and community-based clinics; 2) Have a network with NGOs that work in treating and controlling HIV and STIs; 3). Have a network for supporting laboratory examinations; 4) Have received capacity building (training, orientation workshops, OJT) regarding PrEP management; 5) Able to record and report (Indonesian Ministry of Health, 2023)

The PrEP program begins with HIV testing. After the HIV test results are declared negative, prospective PrEP users can proceed to the stage of starting PrEP. The stages of starting PrEP include filling in initial data on prospective PrEP users by health workers at health facilities providing PrEP, education and counseling on PrEP, screening for indications of acute HIV infection (IHA), asking for willingness and consent to use PrEP, collecting data on risk factors, determining the method of using PrEP, and referral for tests in supporting laboratories (Indonesian Ministry of Health, 2023)

Program Monitoring and Evaluation

Routine monitoring and evaluation of the PrEP program needs to be carried out to assess program uptake, effectiveness, and safety, as well as to estimate demand and ensure the necessary logistical supply is sufficient and uninterrupted. Recording and reporting of the PrEP program will be carried out using the PrEP online form integrated into SIHA. There are 2 different types of data recording and reporting, namely recording and reporting at the health facility level; as well as recording and reporting at district/city, provincial and national levels (Indonesian Ministry of Health, 2023). Current PrEP monitoring shows that PrEP implementation still has a low level of adherence, namely of the 2,794 MSM clients and sex workers who started, only 14 people remained in the program at the twelfth month. PrEP coverage also remains low, namely only 19.00% in the MSM population and 12.00% in the sex worker population. This is a trigger to scale up the PrEP program (Indonesian Ministry of Health, 2023b).

Content in PrEP program as HIV/AIDS prevention

Content includes details of the substance or content of a selected policy (Zahidie et al., 2023). Pre-Exposure Prophylaxis (PrEP) is a type of HIV prevention in people at high risk of HIV by taking ARV drugs orally. It is recommended that PrEP be consumed a maximum of 72 hours after exposure to HIV, either through unprotected sexual intercourse, the use of non-sterile syringes, or as a result of a medical accident. Pre-Exposure Prophylaxis is an addition to previous comprehensive HIV/AIDS prevention efforts such as health promotion, the use of condoms, and the use of sterile syringes for injecting drug users. The results of PrEP implementation in several countries have shown a reduction in HIV rates. PrEP containing Tenofovir (TDF) or a combination of TDF and Emtricitabine (FTC) can prevent new HIV infections by up to 90.00% if taken consistently. The ARV drugs used in the PrEP program in Indonesia are TDF/FTC and TDF/3TC. PrEP can be taken when someone has a high risk of HIV infection and can be stopped if the risk is low or non-existent, so PrEP does not need to be taken continuously like ARVs for treatment. However, the level of PrEP protection to prevent HIV infection is highly correlated with compliance and needs to be

used under usage regulations (Indonesian Ministry of Health, 2023). Clinical testing that has been carried out shows that there has been no decrease in condom use or increase in the number of sexual partners among PrEP users (World Health Organization, 2017).

PrEP does not aim to replace other methods of preventing HIV transmission. PrEP targets groups at high risk of HIV infection and therefore requires additional prevention. PrEP is provided in the form of a comprehensive HIV prevention package, because PrEP can also increase routine HIV testing targets in high-risk groups, optimize STI treatment for those infected, and simultaneously provide other HIV prevention services including condoms (Indonesian Ministry of Health, 2023).

CONCLUSION

Actors in implementing the PrEP program as HIV/AIDS prevention include the President (Executive Institution), House of Representatives (Legislative Institution), the Ministry of Health, the Ministry of Education, Ministry of Internal Affairs, health service, community health centers, hospitals, non-governmental organization (NGOs)/HIV and AIDS care groups, HIV/AIDS key populations, correctional institutions, the Indonesian Ulema Council (MUI), and the Food and Drug Monitoring Agency (BPOM). The context of PrEP implementation in the form of situational factors is high HIV transmission in at-risk populations, structural factors in the form of legal bases, cultural factors in the form of patriarchal culture and MSM and FSW which are still taboo, as well as international factors in the form of WHO policy. The policy process consists of problem identification, policy analysis, policy formulation, policy implementation, and program monitoring and evaluation. PrEP content regarding the purpose of PrEP, targets, types of drugs used, how to get PrEP services, how to use drugs, and how to monitor has been explained in the Technical Guidelines for PrEP Services made by WHO and adapted by the Indonesian Ministry of Health. Suggestions that need to be made for further research are to conduct a quantitative analysis of the effectiveness of PrEP at the community level.

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CONFLICT OF INTEREST STATEMENT

The authors report no conflict of interest. All authors declare there is no conflict of interest regarding manuscript publication.

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