



Policy Implementation During the Covid-19 Pandemic: HIV/AIDS Prevention and Control in Batam City

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Abstract

This study aims to describe how the policies in handling and preventing HIV/AIDS by City Batam Government during the Covid-19 Pandemic, which later during the Covid-19 pandemic established several policies aimed at reducing the chain of transmission of the Covid-19 Virus . This research is a descriptive qualitative research. This study used primary data and secondary data. The analysis technique in this study was triangulation which was carried out to check the validity of the data obtained from the results of interviews with informants and the results of interviews with informants. The technique of analyzing data is supported by the N-Vivo 12 Plus application. Policy implementation is seen based on Communication, Resources, Disposition, Bureaucratic Structure. factors influencing policy implementation during the Covid-19 Pandemic were Communication with a value of 15%, Human Resources during the Covid-19 Pandemic with a value of 23%, Disposition 36%, and Bureaucratic Structure with a value of 24%. The research results show that the implementation of policies in achieving policy goals or solving the HIV-AIDS problem during the pandemic has not been fully achieved. based on the characteristics of the problem is not precise. From the point of view of policy-making institutions, HIV and AIDS prevention policies have been made by institutions that are competent in their fields that are in accordance with the character of the policy.

Keywords: Policy; HIV/AIDS; Covid-19.

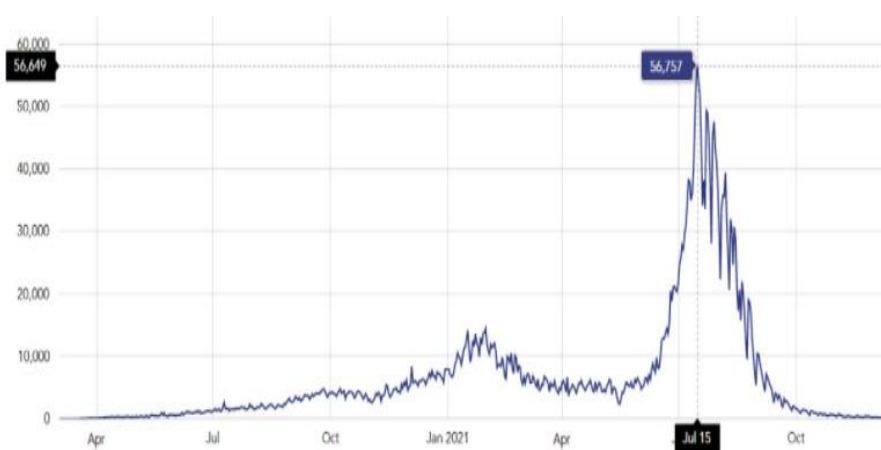
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Introduction

The The spread of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) or so-called Covid-19 puts the government in a difficult situation, one of which must take drastic steps to handle and respond to outbreaks and state preparedness in a pandemic situation (Meilinda, 2020). The rapid spread and the number of victims that continue to increase every year from 2020-2021 have made the government issue several policies to suppress and stop the spread of the virus. COVID-19 is a disease with clinical symptoms of dry cough, dyspnea, bilateral lung infections in the digestive tract, and fever, for which no cure or vaccine has yet been found (Depkes RI, 2020). Coronavirus Disease 2019 (COVID-19) is increasingly spreading to become epidemiological and declared a global pandemic (Zhai et al., 2020), even infecting a significant risk

of transmission for several countries (Heymann & Shindo, 2020), and has infected 100 countries with 100,000 people infected (Remuzzi & Remuzzi, 2020).

From 2020 to mid-2021, the number of cases of the new Coronavirus shows a spike, indicating that the pandemic is not over soon and everyday life is still far from expectations. In 2021, Indonesia continued to show an increase in the indicated cases of COVID-19 as of September 19, 2020, with 240,687 positive confirmed cases, 9,448 COVID-19-related deaths, and 174,350 recoveries (Lodigiani et al., 2020), with an average of a week's positive Covid-19 rate of 19.6 percent is very far above the WHO standard of maximum 5 percent. Furthermore, in mid-2021, there was a drastic increase in the number of confirmed Covid-19 cases in July 2021, which amounted to 56,757 people. The increase in Covid-19 cases in mid-2021 can be seen in Figure 1.



Sources: www.covid19.go.id

Figure 1 increase in Covid-19 cases in mid-2021

The surge in COVID-19 cases since 2020 has made Indonesia the 23rd country in the world with the most COVID-19 issues (Nasir, Baequni, & Nurmansyah, 2020). This is a harsh lash for the Indonesian health sector due to the emergency that has not been handled after six months of the COVID-19 virus in Indonesia. The Deep Knowledge Group report shows that Indonesia is included in a country with a high risk of failing to deal with COVID-19 (Januraga & Harjana, 2020). This can be proven by the number of Covid-19, which is still relatively high compared to other countries that can move freely. Although the number of COVID-19 cases from October 2021 has decreased, social distancing is still being implemented; based on official Covid-19 data, the number of confirmed cases as of December 17, 2021, was 4,260,070 Covid-19 patients who were treated as many as 4833 people, died. 143.979.

The spread of the Covid-19 Virus until the end of 2021 still exposes the government to a crisis. It requires the government to take drastic steps to handle and respond to the outbreak and prepare for a pandemic (Meilinda, 2020). Several countries have made efforts to control the COVID-19 virus to anticipate the spread of the epidemic (Heymann & Shindo, 2020). Each country prepares for possible attacks with prevention campaigns, establishes health protocols, prepares health facilities, and prepares handling and channels for public information (Wirtz, Müller, & Weyerer, 2021). Several policies and work programs are ready and adjust regulations regarding Covid-19. The following are various policies in dealing with and overcoming the Covid-19 pandemic by the government, including staying at home, social distancing, physical distancing, using personal protective equipment (masks), maintaining cleanliness (Abriyanti, 2021). Self (Washing Hands), Working and Studying at Home (Work/Study from Home), Lockdown, Large-Scale Social Restrictions (PSBB), Enforcement of New Normal, Enforcement of restrictions on Community Activities (specifically Java and Bali) and followed by several regions (Abriyanti, 2021).

The emergence of the Corona case is a challenge in implementing various government policies, affecting Indonesia's economic growth and all aspects of development, including the Health Sector (Priana & Sawitri, 2021). One of the Crucial factors that cannot be ignored to develop the country and the region is public health. The government has issued various efforts and policies to ensure the health of its people. However, it is undeniable that there are still several disease cases that are difficult to be handled by Global, namely the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV-AIDS), one of the viral diseases that have become a global issue that is quite sensitive because of the unique nature caused by this disease (Khusro, Aarti, Barbabosa-Pliego, Rivas-Cáceres,

& Cipriano-Salazar, 2018). HIV/AIDS is a disease that continues to grow and becomes a global problem and becomes one factor that hinders development (Purnamasar, Kurnia, Puspita, & Rismawan, 2021). HIV/AIDS is also one of the targets and agenda for sustainable health by the worldwide concept of sustainable development (Lestari, 2013). The world has committed to achieving the 2030 Agenda for Sustainable Development, for that the government must protect and uphold the human rights of every person/society. Based on WHO data, 2019 HIV/AIDS accounts for around 54% of the causes of death. To end the HIV/AIDS epidemic, this case will be targeted by 2030. As for the possibility of Covid-19, which has now become a global/world challenge because of the straightforward nature of this disease. Transmitted. Based on WHO data, in 2021, there will be 90,054,813 cases in the world. In a study (Heymann & Shindo, 2020), Corona Virus disease has large-scale transmission in various countries in the world.

Related to this study, HIV/AIDS cases in various regions/provinces in Indonesia have almost increased (Manineng, 2019). One of the cities experiencing an increase in HIV/AIDS cases is Batam City. From the recorded report From April to June, the number of HIV cases reported was 11,519 people. The highest percentage of HIV infection was reported in the 25-49 age group (71.1%), followed by the 20-24 age group (14.4%), and the ≥ 50 age group (9%). From April to June 2019, the number of AIDS reported was 1,463 people. B. The highest percentage of AIDS in the 30-39 age group (34.7%), followed by the 20-29 age group (27.3%) and the 40-49 age group (20.4%). Control of HIV-AIDS in the Batam City Regional Regulation Number 4 of 2017 concerning Regional Health Provision. The seriousness of the Government in preventing and handling HIV/AIDS cases can be seen from the regulation. (Sukmawati, Sihombing, & Purwoko, 2021) Through the Regional Regulation, HIV/AIDS control can be carried out properly. However, in its implementation, the application of the provisions of the regulation has not been effective in preventing and handling HIV and AIDS cases in Batam City.

The impact is quite fatal during the current COVID-19 pandemic. The spread of the corona virus in 2019 caused an adjustment strategy in achieving policy targets, including the policy target of reducing HIV-AIDS cases in the Special Region of Batam. (Newland, Lestari, Poedjanadi, & Kelly-Hanku, 2021) Each country has different policies in dealing with this case. One of the policies implemented in Indonesia to prevent the transmission of the virus is Social Distancing and Work From Home (WFH) which is regulated in the Regulation of the Minister of Health of the Republic of Indonesia No. 9 of 2019 concerning Guidelines for Large-Scale Social Restrictions in the Framework of Accelerating the Handling of Corona Virus Disease 2019 (COVID-19). In the Study (Bourassa, Sbarra, Caspi, & Moffitt, 2020) Social Distancing can be understood as creating distance between ourselves and others around us to prevent the transmission of certain diseases. Social and physical restrictions such as the Lockdown Work From Home (WFH) imposed by the Government of Indonesia (Sutarto, Wardaningsih, & Putri, 2021), which was then applied to all regions including Batam, became one of the challenges in achieving other policy goals, one of which was HIV-AIDS prevention (Arshed, Meo, & Farooq, 2020).

According to (Sarjan, Hayat, Rahmawati, 2024) Because The ability of the government to deliver quality services is one of the key determinants of public service success and public satisfaction. Additionally, this is consistent with what was said by (Hakim, at all, 2023) countries must establish mental health ntervention strategies. To prevent SARS-CoV-2 infection, it is also important to create individual prevention and control measures and take preventive measures. Several policies were implemented due to the Covid-19 pandemic affecting the policies and performance of the Government. However, the government reduced HIV-AIDS cases during the Covid-19 pandemic, namely in 2019 and 2020. This is interesting to study regarding the implementation of HIV policies. AIDS during the Covid-19 pandemic. Covid-19 causes interaction patterns in the community and governance to implement policies to change due to restrictions on interacting during the Covid pandemic.

There is a Social Distancing Policy in Large-Scale Social Restrictions (PSBB) during the Covid-19 Pandemic (Aminah et al., 2021), so this study aims to analyze the implementation of Batam HIV/AIDS handling/control policies during the Covid-19 pandemic, as well as being part of sustainable health development for HIV-AIDS and Corona Virus is one of the global diseases that have each target that must be achieved during the Covid 19 pandemic. As an HIV-AIDS Vulnerable area, the government needs to take preventive measures to minimize the possibility of the emergence of new HIV-AIDS sufferers and new clusters (Fauk, Ward, Hawke, & Mwanri, 2021). During the high number of COVID-19 pandemics, considering Batam as a tourist city, a city of Industrial, and a gathering place for young people of productive age (students/college students) from all over Indonesia, of

course, they experience a reasonably high vulnerability to the virus HIV AIDS and the spread of Covid-19 (Hamidi, Sabouri, & Ewing, 2020).

Research Method

This type of research uses a qualitative descriptive approach with a Case Study method. (Raco, 2018) defines qualitative descriptive research as an approach by exploring a symptom of a problem. Furthermore, this study aims to discuss and explore how to implement policies in handling HIV/AIDS cases, especially in the Batam during the current Covid Pandemic Period. All data and ideas used in this study were obtained from several sources relevant to the topic of discussion and the criteria for this study. This research was conducted in the Batam This location was also chosen based on the vision is a city of Industrial, tourism, and culture with dense mobility, making it easy and vulnerable to spread cases of HIV-AIDS and Covid-19 through the Ministry of Health). Health, the government's strategy in minimizing HIV and AIDS, HIV-AIDS control policy refers to the global approach of Getting to Zeros.

According to (Islam & Islam, 2020), primary data contains the preliminary data obtained directly from the field sourced from sources or informants. Primary data is sourced from interviews with resource persons, namely related agencies, who know the studied problems. This study uses secondary data in reference books and journals, other manuscripts related to research, and several online media and policies that the relevant agencies have designed. This study uses secondary data in reference books and journals, other manuscripts related to research, and several online media and policies that the relevant agencies have designed.

Data analysis techniques used in qualitative research include transcripts of interview results, identification of data originating from secondary data sources (research/related studies), which are then supported by capturing online media information using the Capture feature. Capture is Nvivo's default application (Jackson & Bazeley, 2019). The data entered comes from the Google Scholar database and captures several articles from online media, which will then be analyzed using the N-Vivo 12 Plus software. Furthermore, in data analysis using the Nvivo 12 Plus software, importing data from interviews and related articles or research, then reading it to obtain sentences to be analyzed (Niedbalski & Ślęzak, 2019). Next, the coding process will be grouped into categories according to the themes created (Edwards-Jones, 2014; Sidik & Mulya, 2010). The coding process is done by providing keywords with the Node feature (Islam & Islam, 2020).

Results & Discussion

HIV (Human Immunodeficiency Virus) is caused by HIV and attacks the human immune system (Adia et al., 2018). At the same time, AIDS (Acquired Immune Deficiency Syndrome) is a syndrome or a collection of symptoms that arise due to the significantly decreased immunity of people living with HIV and is the final stage of HIV (Ma, Chan, & Loke, 2019). During the Covid pandemic, HIV/AIDS Insiders became a group at risk for Covid-19; this affected the increase in the number of new cases of AIDS. Based on the interviews with several informants regarding the HIV/AIDS prevention policy, the implementation of this policy is still less than optimal. This can be seen from several aspects of the implementation provisions, which are still not optimal in their performance. The non-optimal implementation of HIV/AIDS control policies In Batam is undoubtedly influenced by factors that influence the implementation of these policies. (Laurens, Yusriadi, & Zulkifli, 2020) states that the handling of several effective policies can be seen from several aspects, namely the Bureaucratic Structure, Human Resources, Communication, Disposition.

1. Communication

The implementation of public policy is influenced by communication between implementing agents as actors in public policy (Howlett, 2019). Communication affects the performance of public policies, where lousy communication can have harmful impacts on policy implementation. Then the dimensions of communication that can affect the implementation of public policies include transmission of implementing procedures, consistency, and clarity in implementing policies (Laurens et al., 2020). Delivering (Transmission) communication can cause obstacles due to errors in conveying information or failure to transmit data. Submission of data carried out is marked by socialization regarding the programs being carried out, with meetings (meetings) during the pandemic period, which are more often carried out Via Zoom with one institution and another, both with implementing agents and also with program recipients. During the Covid-19 pandemic, the transmission/delivery of information to the public as a target of socialization was carried out through social media and did not meet in person.

Based on the results Research by Health Office that the steps taken in HIV-AIDS prevention are still the same, nothing has changed, it is just that for services when we carry out mentoring, we recommend that if it is usually done face-to-face, such as The program to schools from community Health centers has now changed through social media. However, efforts are still being made to socialize each service with methods adapted to the present. Covid-19 is indeed the main obstacle in implementing any policy. Several regulations require us to reduce interaction in any activity. Still, on the other hand, a procedure needs to achieve its goal so that it does not become a new problem that will require a longer time to solve. Besides covid-19, in conveying information, communication shared through social media often stops on one side so that it is no longer transmitted to others.

Another thing that makes the information received is unclear and complete is the resistance from the community due to the lack of information that is not comprehensive to program recipients. Because not all people can access social media, or if people access social media, it is not sure that the target community is not connected to health service accounts as a source of socialization. Based on the study results, in terms of policy, there was no difference in understanding between the implementing agency on the implementation of regulations in the form of a Circular on HIV/AIDS Service Protocols by the Directorate General of Disease Prevention and Control.

Based on the research results, from a policy perspective, the regulations used refer to Batam City Regional Regulation Number 4 of 2017 concerning Regional Health Services. However, for technical implementation, especially on interaction patterns for HIV/AIDS prevention during the Covid-19 pandemic, the Batam Health Office followed a Circular issued by the Directorate General of Disease Prevention and Control regarding the HIV/AIDS Service Protocol during the Covid-19 Pandemic so as not to contrary to the policies due to Covid-19 issued by the government. Services for providing ARV drugs to People with HIV/AIDS are carried out every 2-3 months, and People in HIV/AIDS and drug users need to be given education so that they understand that the symptoms of Covid-19 are similar to high fever, cough, sore throat, runny nose, tiredness, shortness of breath, diarrhea, and vomiting.

Thus, communication is still not optimum for variables influencing HIV/AIDS policy during the Covid-19 Pandemic. Apart from the Covid-19 restrictions, which prevent communication through the Zoom application and other Chat apps, information transfer (transmission) sometimes stalls on one side, rendering it inoperable. Attained and fell short of all policy objectives. However, from a policy standpoint, communication regarding the implementation of People in HIV/AIDS during the pandemic is handled via circulating regulations, specifically the Circular of the Directorate General of Disease Prevention and Control (P2P) regarding the HIV/AIDS Service Protocol during the Covid-19 Pandemic.

2. Resources

The availability of human resources is connected to resources; this is consistent with the assertion (Howlett, 2019) that a critical resource feature in this context is the capacity of policy implementers to implement policies successfully. According to (Hudson, Hunter, & Peckham, 2019), implementation agents already possess the necessary skills for their particular roles. Adjustments, however, are still required in specific areas of the ability. The Batam health office is a technical entity responsible for conducting the HIV/AIDS prevention/control program in Batam; the health office is the HIV/AIDS program's lead agency. The Batam AIDS Commission is in charge of coordination. Non-governmental organizations (NGOs) as special helpers for services and on-call in the field.

Lack of Human Resources in HIV/AIDS Cases Human Resources are very lacking in handling HIV/AIDS, especially in the field for assistance to People In HIV-AIDS in the regions because the number of our members is only a few in each sub-district. Each section has several people with HIV/AIDS. In that place, the role is played by NGOs that assist People In HIV-AIDS and in each Regency/City we only have 2-3 members in assistance, of course it is less effective in providing services to People In HIV-AIDS. In addition, there are also limitations in budget resources/fund allocation and human resources. Based on the results of the study, the distribution of funds for this policy is still limited. This can be seen from the many existing programs but the available funding sources are not yet fully sufficient. The lack of fund allocation as a basis causes limitations in the implementation of HIV-AIDS control programs.

3. Disposition or attitude of policy implementers.

According to (Laurens et al., 2020), disposition is related to the commitment or willingness of implementers to implement policies effectively. This is supported by (Helo & Hao, 2019) implementation will run effectively if the parties involved can understand the tasks to be carried out in their execution. In addition, the parties involved in public policy performance are parties who have competence in their fields. The success of policy implementation cannot be separated from the role and attitude of the implementer (Farahnak, Ehrhart, Torres, & Aarons, 2020). The tendency of the

implementer's perspective can be seen from the responsibility/commitment of the actor in carrying out the policy. This shows that the implementers are extraordinarily committed to carrying out their obligations. However, great attention is still needed to carry out their duties to follow their commitments.

Based on observations of People With HIV/AIDS, they only receive common ARV drugs. The appointment of the bureaucracy affects the attitude of the implementers/dispositions that can create obstacles to implementing HIV/AIDS policies. According to (Kartawidjaja 2018), if the attitude of personnel tends not to carry out procedures ordered by superiors, it will hinder the implementation of a policy. For this reason, the appointment and selection of police personnel must be dedicated to the established guidelines and especially prioritize the community's interests. In government, the handling of HIV/AIDS cases is the responsibility of the Health Office and KPA-Batam as the authorized institution. Meanwhile, NGOs, as Non-Government Organizations, have their agendas and programs for People With HIV/AIDS.

Based on the research results, child protection commission coordination in HIV/AIDS cases is only carried out according to orders. Scheduled programs, dedication, or support are given to People in HIV/AIDS in the form of programs aimed at educating the community, which seeks to minimize the number of new cases each year, providing space for People in HIV/AIDS to be more empowered and eliminate negative consequences stigma against People in HIV/AIDS. Based on the results of an interview with Staff of child protection commission Batam, In carrying out programs/policies on HIV/AIDS, we will act according to the directions and programs that have been scheduled. We will not carry out anything during an evaluation or other discussion. So, we as an institution under the Health Service will always act according to the established regulations.

Based on the results of the interview, it is clear that the Batam Child Protection Commission as an official institution in the HIV/AIDS policy only acts and tends to implement the established laws and regulations. Thus, it can be concluded that the Disposition shown in this example has not been able to meet the objectives of the HIV-AIDS policy. This can be seen in the detection of people infected with HIV/AIDS, where during the pandemic, what was consistently done was only providing ARVs to those infected with HIV/AIDS. This is because the HIV/AIDS policy during the Covid-19 pandemic was implemented based on the nature of the policy itself which was Top-Down so it did not accommodate the results of the formulation of the community that directly experienced problems during the Covid-19 period, the program during the Covid-19 Pandemic was not able to touch the needs, desires, and concerns of the community.

4. Bureaucratic Structure

Based on the interview results, it can be concluded that strict implementation in the prevention/control of AIDS during the Pandemic has not been optimal. The level of government understanding and readiness for HIV/AIDS policies during the COVID-19 pandemic can be seen based on the characteristics of the bureaucracy towards HIV/AIDS. The nature of the structure/structural characteristics that have standard operating procedures (SOP) in implementing HIV/AIDS policies during the Pandemic. The impact of COVID-19 is the basis for changes in Indonesian government policies, especially in the health sector, one of which is the HIV/AIDS prevention and control policy. Guidelines on Covid-19 through Presidential Decree Number 7 of 2020 dated March 13, 2020, the government's steps in handling Covid-19 should be balanced with efforts towards HIV/AIDS policies which are also a fairly large global problem.

The second characteristic of the bureaucratic structure is fragmentation. According to (Li & Liu, 2018), fragmentation is distributing a policy to different agencies requiring coordination. The greater the coordination required, the less likely the program or policy will fail. Based on research, the Batam health office has divided responsibilities or fragmentation so that the health office and KPA carry out greater coordination with the distribution of duties to NGOs. NGOs as Non-Governmental Institutions assist the government in technical matters by helping People with HIV/AIDS.

Based on the results of the study, although the bureaucratic structure is fragmented, the coordination carried out is limited to control/prevention programs for HIV/AIDS sufferers. The fragmentation that has been carried out has not reached information technology to carry out symptom screening and mapping of COVID-19 cases independently. The use of digital technology is also applied to assist HIV-AIDS prevention programs such as education and independent screening of HIV/AIDS symptoms. As well as mobile-based applications to map HIV cases for field officers or NGOs in carrying out ART assistance efforts during the COVID-19 pandemic. In 2013, the digital application AIDS www.aidsdigital.net was launched which was designed in collaboration with the Ministry of Health and the Indonesia AIDS Coalition (IAC) which contains information on services consisting of HIV testing, ARV therapy, support groups for HIV/AIDS sufferers, vertical prevention, sterile syringe

services, methadone services, and STI services. In addition, there is also a directory of institutions working for AIDS programs such as the Ministry of Health, Health Office, AIDS Control Commission, NGOs, and critical population networks.

The Covid-19 Pandemic policy, which limits interactions outside and does not meet face-to-face, certainly affects the implementation of policies on HIV-AIDS because of the changing patterns of handling interactions before and during the pandemic. Previously, the handling of HIV-AIDS was carried out intensely by interacting directly with HIV-AIDS Insiders People in HIV/AIDS Still, during the Covid-19 pandemic, the service pattern for HIV/AIDS followed the applicable Circular. Things that cause obstacles during the Pandemic Policy implementation on HIV-AIDS during the Covid-19 pandemic with several policies that affect how it is handled can be seen from several aspects, namely Bureaucratic Structure, Human Resources, Communication, Disposition. To see the Factors for HIV/AIDS Policies that affect the Covid-19 pandemic, see the graph below, obtained from the results of QrossTab.

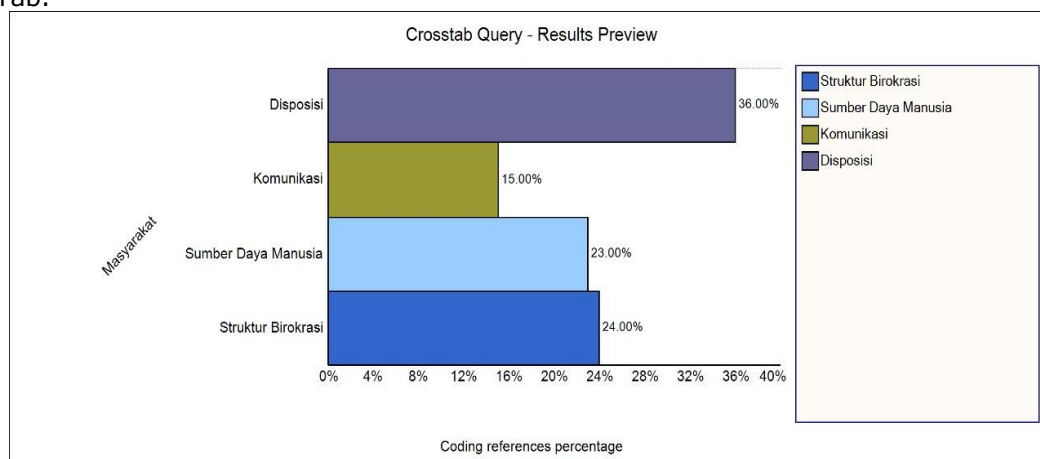


Figure 3 Factors Influencing HIV/AIDS Policy During the Covid-19 Pandemic

Based on the graph obtained from the Batam Official Media/Article on HIV/AIDS Policy during the Covid-19 Pandemic in terms of the Policy Target, namely the Community, based on the graph, the most significant influence can be ranked as Disposition with a percentage of 56%, Bureaucratic Structure 24%, Human Resources 23%, and Communication 15%. Based on this order, the factor that has a minor influence on the effectiveness of the HIV/AIDS policy in Batam is Communication, with a value of 15%. The communication factor with the face-to-face method before the pandemic period is undoubtedly tricky, given the Covid-19 regulations that must be followed to break the chain of spreading the Covid-19 Virus. The Human Resource factor during the Covid-19 Pandemic with a value of 23%, influenced by the limited number of personnel/staff and a limited budget, became a factor hindering the implementation of policies on HIV/AIDS, this was due to the diversion of attention and funding to the Covid-19.

Furthermore, the factors that influence the implementation of HIV/AIDS policies are the bureaucratic structure with a value of 24%. The existence of SOPs (Standard Operational Procedures) that follow health protocols during the Covid-19 period and fragmentation can certainly cause delays in the implementation of HIV/AIDS policies, even though they are by standard operational procedure (SOPs) in terms of services. Still, their utilization is not fully realized by policy targets. The last factor is the Disposition of 36%. This percentage shows the commitment and attitude of implementers during a pandemic influenced by policies such as Work From Home even though the responsibility of agents is guided by the Regulations About HIV/AIDS and Circular Letters About HIV/AIDS Services during the Pandemic hampering the agent in assistance. Intensiveness and restrictions imposed by keeping a distance from People With HIV/AIDS are obstacles in its implementation.

Conclusions

Based on the results of the study and analysis of the results and reviews, it was concluded that the implementation of the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) control policy during the COVID-19 pandemic can be seen based on the factors that influence the implementation of the policy. The implementation of the policy in achieving the objectives of the policy or resolving the HIV-AIDS problem during the pandemic has not been fully implemented. Based on the characteristics of the problem, it is not yet appropriate. From the perspective of the institutional policy maker, the HIV and AIDS control policy has been made by

competent institutions in their fields by the character of the policy. Implementation of the HIV-AIDS policy in the Regional Regulation on HIV-AIDS Control Its implementation is adjusted to the provisions during the Covid-19 pandemic, namely the Circular of the Directorate General of Disease Control concerning the HIV/AIDS Service Protocol during the pandemic.

So it can be concluded that the weakest factor in the implementation of HIV/AIDS prevention by the Batam government during the Covid-19 Pandemic is Communication with a value of 15%; this is driven by the difficulty of interacting directly during the pandemic, the existence of Large-Scale Social Restrictions. Policies and requires Work From Home so that the field tasked with HIV/AIDS prevention is experiencing difficulties. However, on the other hand, the PSBB policy should not influence problems in communicating and transmitting information to the public as targets, to other parties as collaborating bodies, because the Communication can be more active Virtually via Zoom or Whatsapp Group. Furthermore, the most influential factor during the pandemic is the disposition of 56%. The attitude of the actors determines a policy. Commitment in implementing the policy must be following the rules that have been made. The philosophy of implementing agents during the Covid-19 pandemic is not a weak factor; this shows that the attitude and commitment of the implementers have not changed in carrying out their duties during the Covid-19 pandemic. Factors influencing policy implementation are Communication with a value of 15%, Human Resources during the Covid-19 Pandemic with a discount of 23%, Disposition 36%, and Borocracy structure with a value of 24%.

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