

Cross-sector Collaboration With HIV NGOs At Kedunggoro Primary Health Care

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ABSTRACT

Background: Indonesia is the country with the 3rd highest number of new HIV cases in Asia Pacific after India and China. Surabaya is the city with the most HIV cases discovered with 1,260 cases. The indicator of the success of the HIV program is related to the number of people with new HIV who are found and given treatment, namely 43 out of 63 (68.25%) Primary Health Cares, the number of findings is less than the average for Primary Health Cares in Surabaya City, namely 8 PLHIV in 2023. Kedunggoro Health Center is a health center with the highest number of people with new HIV discovered and given treatment, namely 78 PLHIV in collaboration with various NGOs in HIV programs including Orbit, Mahameru, PKBI, JIP, Surabaya plus, Gaya Nusantara. This collaboration, which has existed for more than 10 years, can help increase the achievements of the HIV program, therefore the aim of this article is as a good practice that can be used as a reference by Primary Health Cares to improve the achievements of the HIV program from the aspect of cross-sector collaboration, especially NGOs, customers, PLHIV, prospective brides and grooms and the general public.

Methods: The research method used is a qualitative method. The data collection technique was carried out by collecting primary data and secondary data. Primary data was obtained through in-depth interviews. The triangulation used in this research uses triangulation of data sources in the form of the results of in-depth interviews and observations.

Results: Steps to build collaboration across NGO sectors in handling HIV AIDS include: 1. Ensure that the Primary Health Care has been appointed by the Health Service as a provider of PDP (Care, Support, Treatment Services). 2. Separate the VCT poly from the other poly. 3. Puskesmas must have a minimum of 1 trained counselor, 1 case manager, and 1 RR or HIV data processing admin. 4. Puskesmas prepares a decision letter from the HIV prevention and control team, terms of reference for activities, and implementation SOPs. 5. Primary Health Cares can apply to the Health Service to collaborate with NGOs or Primary Health Cares can contact relevant NGOs in an effort to establish collaboration. 6. Primary Health Cares make efforts to innovate HIV programs. 7. Puskesmas evaluates the HIV program.

Conclusion: The management of the HIV program at the Kedunggoro Health Center in collaboration with HIV NGOs has gone well so that the Kedunggoro Health Center's achievements will be the highest in the city of Surabaya in 2023 regarding indicators.

BACKGROUND

Indonesia is the country with the 3rd highest number of new HIV cases in Asia Pacific after India and China. In 2019, the total number of deaths due to AIDS in the world was 690,000 (six hundred and ninety thousand) people, of which around 600,000 (six hundred thousand) were adults and 95,000

(ninetly five thousand) were children under 15 years of age (Sutrasno et al., 2022). Data from the Indonesian Ministry of Health reports that according to HIV risk factors in 2016, MSM is the second highest risk factor (39%) after heterosexuals (53%) in the transmission of HIV/AIDS (Lova & Triana, 2022). Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2013 concerning the management of HIV and AIDS, HIV diagnostic tests can be carried out through voluntary HIV counseling and testing or *Voluntary Counseling and Testing* (VCT). VCT is one of the government programs to control the spread of HIV/AIDS (Hamdani, 2020).

Based on the 2023 East Java Province Health Profile report, the discovery of new HIV cases in East Java has increased since 2021 with a total of 5,875 new HIV cases discovered, increasing in 2022 by 9,208 people, then increasing again in 2023 by 10,671 people. Furthermore, Surabaya City is in first place out of 38 cities/districts that have reported the discovery of HIV cases with a total of 1260 cases, followed by Jember Regency with 862 cases (East Java Provincial Health Office, 2023)

The city of Surabaya has 2 indicators for evaluating the HIV program, the first is related to the number of new people with HIV who are found and given treatment with a percentage of 92.94% in 2023, with the number of new HIV cases discovered by health centers being 485, with an average case discovery per health center of 8 cases. Kedungdoro Primary Health Care is the Primary Health Care with the highest achievement in terms of the number of new HIV-infected people receiving treatment with a total of 78 PLHIV found. The second indicator is the number of people at risk of being infected with HIV who receive services according to standards. In 2024 semester 1 (January-July) the achievement of the City of Surabaya was 97.81%, with 39 out of 63 Primary Health Cares not achieving this. Kedungdoro Health Center is a health center with the number of people at risk of HIV infection who receive services according to the highest standards in the city of Surabaya with a total of 1292 PLHIV (Dinas Kesehatan Kota Surabaya, 2024).

Kedungdoro Surabaya Primary Health Care is one of the health service facilities that has implemented an HIV program including the availability of a VCT Clinic which is separate from general and special polyclinics. VCT services carried out by the Kedungdoro Primary Health Care include HIV testing both mobile and in the building, sexually transmitted infection testing and routine PDP visits with various target groups.

Based on reports of VCT patient visits at the Kedungdoro Health Center in January-July 2024 as follows:

Tabel 1. Data on VCT Poly Patient Visits at Kedungdoro Health Center in January-July 2024

Month	Visit		Total
	HIV patient	Non-HIV patient	
January	14	259	273
February	11	161	172
March	8	170	178
April	11	183	194
May	12	267	279
June	15	281	296
July	19	323	342
Total	90	1644	1734

(Puskesmas Kedungdoro, 2024)

There are several factors influencing the achievement of HIV programs from various indicators, one of which is cross-sector collaboration including NGOs. Collaboration between various sectors and related NGOs at all levels of bureaucracy is the key to the success of the program. Program success can be measured through program performance and effectiveness (Utomo & Nadjib, 2013). It is important to collaborate on HIV-AIDS programs because the needs of people living with HIV/AIDS are very diverse, such as the need for health services, psychosocial counseling, legal assistance and others (Khosla et al., 2016).

The indicator of the success of the HIV program is related to the number of people with new HIV who are found and given treatment, which is 43 out of 63 (68.25%) Primary Health Cares, the number of findings is less than the average for Primary Health Cares in Surabaya City, namely 8 PLHIV in 2023 (Dinas Kesehatan Kota Surabaya, 2024). Kedungdoro Health Center is a health center with the highest number of people with new HIV discovered and given treatment, namely 78 PLHIV in collaboration with various NGOs in HIV programs including Orbit, Mahameru, PKBI, JIP, Surabaya plus, Gaya Nusantara. This collaboration, which has existed for more than 10 years, can help increase HIV program achievements, therefore the aim of this article is as a good practice that can be used as a reference by

Primary Health Cares to improve HIV program achievements from the aspect of cross-sector collaboration, especially NGOs

METHODS

The research method used is a qualitative method. Methodology is the process, principles and procedures that we use to approach problems and find answers. Qualitative research methods are research used to examine natural objects where the researcher is the key instrument, data collection techniques are carried out in combination, data analysis is inductive, and the results of qualitative research emphasize meaning rather than generalization. This research was conducted at the Kedungdoro Health Center, Surabaya, the Kedungdoro Health Center was chosen as the research location because the Kedungdoro Health Center has the highest number of achievements of the 63 health centers in Surabaya with indicators the number of new people with HIV who are found and given treatment, and the highest number of achievements for the indicator is the number of people at risk of being infected with HIV who receive services according to standards from 63 Primary Health Cares in the City of Surabaya. The data collection technique was carried out by collecting primary data and secondary data. Primary data was obtained through in-depth interviews with the target person in charge of the Kedungdoro Health Center HIV program, namely Dr. Fauziah Rachmawati, Hafidz Anshori, Amd.Kep, field assistants from NGO Mahameru, and PKBI, and peer assistants from NGO Mahameru and PKBI as well as observations at the Kedungdoro Primary Health Care. Secondary data was obtained from the Kedungdoro Health Center report. (Norman K & Yvonna S, 2010) defines triangulation as a combination or combination of various methods used to study interrelated phenomena from different points of view and perspectives. Until now, Denkin's concept is used by qualitative researchers in various fields. According to him, triangulation includes four things, namely: (1) method triangulation, (2) inter-researcher triangulation (if research is conducted with groups), (3) data source triangulation, and (4) theory triangulation. The triangulation used in this research uses triangulation of data sources in the form of the results of in-depth interviews and observations. Data source triangulation is exploring the truth of certain information through various methods and sources of data acquisition (Norman K & Yvonna S, 2010).

RESULTS

A. Steps to build collaboration across NGO sectors in handling HIV AIDS

In an effort to increase the achievements of the HIV program by focusing on building cross-sector collaboration with NGOs, there are several important things to prepare. The following are the steps that the Primary Health Care needs to prepare before building cross-sector collaboration with NGOs regarding the HIV program:

1. Make sure the Puskesmas has been appointed by the Health Service as a PDP service provider (Care, Support, Treatment Services). Primary Health Cares with PDP service providers have the right and obligation to provide care, support and treatment services for HIV patients or HIV suspects.
2. In order to ensure the comfort of patients and health workers, and prevent transmission of disease to HIV patients, VCT polyclinics are managed separately from other polyclinics. This also aims to maintain the confidentiality of HIV patients or HIV suspects. According to (Rosdiana et al., 2017) the availability of adequate facilities and infrastructure of good quality is very necessary in implementing a program to achieve optimal results. Without sufficient facilities and infrastructure, an activity can experience obstacles or not run smoothly.
3. The Puskesmas prepares qualified human resources, including at least the Puskesmas must have at least 1 trained counselor, provided that the officer does not work shifts, the counselor is responsible for HIV counseling, both pre-test, HIV test and post-test. Trained counselors are also responsible for efforts to prevent HIV transmission, therefore it is hoped that trained counselors will also continue to update their skills and knowledge related to HIV. This is in line with research conducted by (Ledikwe et al., 2013) which states that adequate health resources can influence the implementation of HIV and AIDS VCT services. Case managers, in this case case managers, can be doctors responsible for disease prevention programs, case managers are responsible as consultants for HIV cases. And the third is RR or admin, RR is responsible for processing HIV data starting from inputting patient data in the SiHA application, transferring patients if a patient wants to move to a health service facility, to processing HIV data related to the number of Lost To Follow Ups and so on. With these various tasks, it is hoped that RR is someone who understands management and can operate Microsoft Office well. Administration

- must ensure that important information about organizational performance is conveyed to management or other related parties for appropriate decision making (Idris & Rahayu, 2018).
4. The Puskesmas prepares a decision letter regarding the HIV prevention and control team, its main duties and tasks. The Primary Health Care prepares a framework of reference for activities or TOR which is updated every year and includes key performance indicators for each activity. The Primary Health Care prepares standard operational procedures or standard SOPs as a reference for implementing HIV programs at the promotive, preventive and curative stages.
 5. Primary Health Cares can apply to the Health Service to collaborate with NGOs or Primary Health Cares can contact relevant NGOs in an effort to collaborate. This is done because, an MOU can only be made by the Health Service with an NGO. The Primary Health Care will receive a copy of the MOU from the Health Service if the Primary Health Care can collaborate with the relevant NGO.
 6. Kedunggoro Primary Health Care has made several additional efforts as an HIV program innovation, namely by running a mobile VCT service which directly targets at-risk groups. Apart from that, Kedunggoro Primary Health Care has also made additional efforts to anticipate PLWHA Lost To Follow Up, namely by recording and tracking PLWHA partners and PLWHA guardians.
 7. Kedunggoro Primary Health Care carries out program evaluations both at the community health effort department level through monthly committees, at the Primary Health Care level through monthly mini workshops, and at the cross-sectoral level through quarterly cross-sector workshops. The evaluation aims to find out the current HIV program achievements, projections and future follow-up plans. According to (Praditya, 2012) the evaluation results can be used to improve management implementation in the future. Apart from that, evaluation activities are also useful for improving quality and can be used to make decisions or carry out follow-up actions on programs that have been implemented.
- B. The Cross-Sectoral Role of NGOs in HIV Programs
- In planning the HIV Program at the Kedunggoro Primary Health Care, there were several main steps taken. One of them is the preparation of Terms of Reference (TOR), apart from that, NGO involvement is also an important part in program planning and implementation. The HIV program at the Kedunggoro Primary Health Care includes 10 main activities as follows:

Table 2. List of activities and involvement of cross-sectoral roles (NGOs) at the Kedunggoro Primary Health Care

No	Activity	Objective	Implementation Details	Cross-Sectoral Roles (NGOs)
1.	ABAT to school campaign	Increase students' knowledge about HIV/AIDS	Conduct ABAT outreach to schools	
2.	HIV and PIMS examination of key populations in the area (static/mobile services)	Increase HIV/AIDS screening	Carrying out HIV and PIMS examinations in key populations	Reaching key populations to carry out HIV and PIMS testing
3.	HIV, Syphilis and Hepatitis examination in pregnant women (triple elimination)	Increase HIV, syphilis and Hepatitis screening pregnant women in the Kedunggoro Health Center working area	Carrying out HIV, syphilis and hepatitis tests on pregnant women	Investigating pregnant women who are at risk of HIV
4.	HIV/AIDS education in the community	Increase public knowledge about HIV/AIDS	Conduct HIV/AIDS education	
5.	Home visits to follow up on management of HIV/AIDS cases	HIV/AIDS patients who pass follow-up return to the Primary Health Care treatment	Conduct home visits to follow up on management of HIV/AIDS cases	Bridge to Primary Health Cares in finding and contacting patients who have lost follow-up
6.	Assistance for HIV/AIDS patients Screening TBC pada ODHA	So that no HIV/AIDS patient fails follow-up So that PLWHA know their TB status	Assisting HIV/AIDS patients Carrying out screening for PLWHA	Assisting Primary Health Cares to screen HIV TB patients for TB testing

7.	Providing PMT to PLWHA and ADHA	Supporting the nutritional status of PLWHA and ADHA	Providing PMT to PLWHA and ADHA	Socialize the existence of PMT for PLWHA, and attract PLWHA who need PMT
8.	Development of WPA (AIDS Concerned Citizens) in the Village	Community mobilization and development in the context of handling HIV/AIDS	Carry out WPA coaching in sub-districts	Provide sharing about problems experienced by PLWHA
9.	KDS meeting	Carrying out outreach and sharing activities at posyandu meetings for PLWHA and OHIDA	Conduct KDS meetings	Invite PLWHA and ADHA to hold KDS meetings. Encourage discordant couples to undergo routine HIV testing every 6 months
10.	World AIDS Day	Carrying out World AIDS Day activities	Carrying out World AIDS Day activities	Involved in World AIDS Day committees and collaborating with various organizations and companies

(Puskesmas Kedungdoro, 2023)

HIV Program Management at the Kedungdoro Surabaya Primary Health Care involves several important stages, from planning to evaluation. At the planning stage, the Primary Health Care has prepared Terms of Reference (KAK), SP and SOP. In the organizing stage, the Primary Health Care collaborates with NGOs to reach key populations. The Puskesmas itself has set a target for finding HIV/AIDS cases at 100%, with achievements in the first semester of 2024 even exceeding the target, namely 134%. The role of NGOs in this program is quite significant, especially through Field Companions (PL) who invite key populations to carry out HIV testing and Peer Companions (PS) who accompany PLHIV in treatment and care. The program implementation stage includes various promotive, preventive, curative and rehabilitative efforts. Promotive activities involve HIV/AIDS education both inside and outside the Primary Health Care, including in commemoration of World AIDS Day. Meanwhile, preventive activities in the form of Voluntary Counseling and Testing (VCT) are carried out statically at the VCT Clinic and mobile at key population locations, the implementation of which is regulated by the Surabaya City Health Service. The curative program focuses on providing ARV therapy for PLHIV with a system of doctor consultations and medication scheduling. The rehabilitative program includes providing additional food (PMT) for PLHIV, home visits for case follow-up, and Peer Support Group (KDS) meetings.

In the control and evaluation stage, monitoring is carried out on various aspects, including promotive, preventive activities and achievement of program output. Promotive evaluation includes analysis of inputs (materials, implementing personnel, budget, and facilities and infrastructure), implementation processes (participation, methods, and timeliness), as well as program outputs, such as evaluation examples that measure increased understanding of program targets after receiving education. Preventive evaluation focuses more on resource readiness (implementing personnel, tools and budget). Output evaluation is carried out by monitoring the number of participants and program achievements, although some data is not always reported by activity implementers. Overall, the HIV Program at the Kedungdoro Primary Health Care has been running well, especially in terms of achieving case detection targets and partnerships with NGOs.

DISCUSSION

There are several key components of collaboration formation from public-sector collaboration according to (Mayer & Kenter, 2015) including:

Table 3. Key components of implementing HIV NGO cross-sector collaboration at the Kedungdoro Primary Health Care

Component	Description	Existing Conditions at Kedungdoro Primary Health Care
Communication	Frequent and open lines of communication help to promote healthy dialogue,	Field Facilitators and Peer Facilitators who are part of the HIV NGO coordinate with PJ HIV and RR Kedungdoro Primary

	information sharing, and increased social capital	Health Care regarding screening for HIV, STIs and PLWHA who are Lost To Follow Up. Several NGOs such as Orbit, Mahameru, and PKBI visit the Puskesmas every week to screen for HIV suspects and discuss with the HIV Program PJ and RR of Primary Health Care
Consensus Making	Decision-Requires well-defined and mutually agreed upon goals. Encourages cooperation, reduces risk, and promotes an inclusive collaborative process	Decision making between the Kedungdoro Primary Health Care and HIV NGOs refers to the extent of the MOU that has been agreed with the Surabaya City Health Service. Decision making in the field also needs to consider the conditions at that time.
Diverse Stakeholders	Must be actively sought and can be integral to effective decision-making. Diverse stakeholders bring a variety of intellectual and tangible resources to a collaborative	Due to the large number of stakeholders in HIV NGO cross-sector collaboration, what needs to be clarified before the collaboration begins is the aims and objectives of each party, in this case also including the targets imposed by both parties.
Goals	Must be clearly articulated and attainable to provide an effective evaluative criterion. Also must balance individual and group goals to ensure an effective working environment	The objectives of HIV NGO cross-sector collaboration are stated in the MOU that has been agreed with the Surabaya City Health Service.
Leadership	Often shared, within both formal and informal structures. Strong leadership adds legitimacy and credibility to a collaborative	Leadership in cross-sector HIV collaboration is held by the Health Service and the Primary Health Care as an extension of the health service focused on common goals.
Shared Resources	The pooling of resources is one of the primary reasons people agree to collaborate. Shared resources lead to the creation of something greater than any one individual could produce on their own	Combining resources in this case is human resources, where NGOs share the role of being able to capture HIV and STI cases, and contact PLWHA who are lost to follow up.
Shared Vision	Can be the initial bond that brings stakeholders together. Shared vision leads to greater buy-in, fit, and incentive for stakeholders to work together for the greater good.	The vision between stakeholders, including the government, in this case the Health Service and Primary Health Cares and HIV NGOs, is to increase the number of HIV patients found and treated, with the aim of preventing a more massive spread of the HIV virus, and giving PLWHA the opportunity to live a decent and healthy life.
Social Capital	Critical in advancing collaboration beyond the formative stages. Social capital eases the process and has the ability to grow networks to increase organizational problem-solving.	Social capital, in this case the ability of Primary Health Care staff, especially PJ HIV and RR Primary Health Cares, to collaborate with HIV NGOs

Trust	Based on mutual understanding and developed through significant dialogue, trust is critical to bringing in stakeholders willing to share resources	The trust that was built between the two parties, namely the Primary Health Care and the HIV NGO, was formed because of the long-term collaboration that has been carried out.
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WHO emphasizes that a cross-sector approach is needed in health programs. With a cross-sector approach, the programs implemented will be more effective, efficient and sustainable than the health sector acting alone to solve health problems (WHO, 1997). It is important for the health sector to implement cross-sector collaboration due to the complex problems faced by health problems. Health problems are not only biological problems but must be seen more comprehensively (Beaglehole, 2003). Social problems in health need to be considered to address issues of disparities in health.

One approach used to answer dynamic health problems is through intersectional collaboration (Danaher, 2011). What needs to be considered from the research results above are the obstacles faced in cross-sector collaboration, such as political problems that cause cooperation to not run well. Apart from that, several of the studies above also show that what needs to be considered in cross-sector collaboration is leadership, commitment, political will and communication. WHO states that in using a cross-sector approach, several challenges must be managed because cross-sector cooperation is complex and involves many organizations, far from linear. Dynamic cross-sector collaboration can be seen from the interrelated processes that influence each other. Due to the dynamics of this process, there is no "correct" script that must be created, but the challenges and obstacles faced in cross-sector collaboration in some cases need to be considered, so that the cross-sector approach can be successful (Danaher, 2011).

According to Rouse & Fawcett, obstacles and challenges in a cross-sector approach are crucial things to pay attention to so that this approach can be successful. Some of the challenges in a cross-sector approach include relationships between the sectors involved, shared vision, leadership, resources, structure and process (Roussos & Fawcett, 2000).

CONCLUSION

The management of the HIV program at the Kedungdoro Health Center in collaboration with HIV NGOs has gone well so that the Kedungdoro Health Center's achievements will be the highest in the city of Surabaya in 2023 regarding indicators. related to the number of people with new HIV who are discovered and given treatment and the number of people at risk of being infected with HIV who receive services according to standards

CONFLICTS OF INTEREST

No conflict of interest was found during the research

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