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System Context and Drivers Contributing to Collaborative Governance in Coping with HIV/AIDS in Surakarta Indonesia

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Abstract
Collaborative governance in coping with HIV/AIDS has been ineffective, thus HIV/AIDS case increases in number continuously. This research aimed to analyze system context and drivers contributing to collaborative governance in coping with HIV/AIDS in Surakarta Indonesia. The target groups of this explorative research were government, non-government, and community contributing to HIV/AIDS management in Surakarta. Observation, in-depth interview and documentation techniques were used to collect primary and secondary data, and then data validity and reliability were tested using source and method triangulations. Data analysis was conducted using an interactive model of analysis with Parsons' functional structural theory. The result of research showed ineffective collaborative governance between Surakarta AIDS Commission, Work Group, Health Office, NGO, and Citizens Caring about AIDS, because of stakeholders' less optimal commitment and participation in coping with HIV/AIDS, poor coordination between stakeholders, communication, information, and education of HIV/AIDS still limited to and not reaching entire community, and inadequate non-transparent budget still dependent on donor institution in conducting activities. These both inhibit and encourage dynamic collaboration. Collaborative governance of HIV/AIDS management can develop in optimal resource context, clear legal framework and deal with political dynamic and inter-actor conflict issues, community-government relation, conducive social-economic network and condition.

Keywords: AIDS Management, Collaborative Governance, System Context, Drivers

1. Introduction

In 2018, about 36.7 million people with HIV/AIDS (PWHAs) and 1,8 million people are newly infected with HIV (UNAIDS, Global HIV, and A. I. D. S. Statistics, 2019). It gets serious attention at international, national, regional, and local levels, including Surakarta Government. To suppress the transmission of HIV/AIDS and to improve PWHAs' quality of life, government needs to involve non-government, public, and other related sectors. HIV/AIDS management program requires cross-sectoral participation, including work groups in charge of helping develop HIV/AIDS management program and activity as needed, activate stakeholders in implementing

local policy, conduct mentoring, motivation, advocacy, facilitation, and supervision, and report the activity to Local AIDS Commission (KPAD) periodically.

HIV/AIDS management is conducted in integrative manner by a variety of community elements. KPAD involves Non-Governmental Organization (NGO) in reaching the key population as the most at risk populations (MRAPs) to be infected with HIV/AIDS. The presence of NGO involvement in coping with HIV/AIDS can be seen from its contribution to service providing, advocacy, and education within community, particularly in promotion and preventing activity in key population (Layzell and McCarthy, 1992; Asthana and Oostvogels, 1996; Pötsönen and Kontula, 1999; Campbell et al, 2009; Moszynski, 2011). The attempt of coping with HIV/AIDS is intended to touch social and societal factors. Referring to the National AIDS Commission's policy, the strategy of preventing and coping with HIV/AIDS within the community, Citizen Caring about AIDS (CCA) is established. CCA is a community group consisting of many components of community environment reaching kelurahan level. CCA serves as the activator of community to participate directly in the attempt of preventing HIV/AIDS within community environment (National AIDS Commission, 2010' Herawati, 2017). The financing of HIV/AIDS coping activity derives from grant budget coming from both homes, particularly Regional Income and Expense budget, and abroad.

Structural functional approach stated that the community is integrated based on the consensus among its members on certain society values. General agreement has an ability of dealing with dissenting opinions and different interests among members of society. Society, as a social system, is integrated functionally into equilibrium (Parsons, 2017). HIV/AIDS is identical with health problems, but it is also inseparable from social-economic and cultural condition, and other factors, thereby the institutional structure is interrelated to each other. In HIV/AIDS management scope, political dynamic can affect collaboration process (Emerson and Nabatachi, 2015). In addition, inter-actor conflict and confidence can encourage or affect the collaboration process. It is indicated with conflict or disagreement in organizing policy or program implementing program, thereby can inhibit or facilitate the collaborative governance (Newman et al, 2004; Gray and Purdy, 2014). The objective of research is to find out and to analyze system context and drivers contributing to collaborative governance in coping with HIV/AIDS in Surakarta Indonesia.

2. Collaborative Governance Principles

HIV/AIDS management needs stakeholders' participation, and thereby requires the collaboration between government, NGO, and community. Collaboration process represents in detail the component creating dynamic collaborative around all components and affecting each other. Collaborative governance is a process and structure of public policy decision making and management involving actors constructively in public institutions, government and community, private and civil border to implement the public interest that cannot be achieved if it is conducted by one party only. It can be defined as governance multipartner, the one that can involve partnership between state, private, and civil society and community, and join governance and is hybrid in nature, such as public-private and private-social partnership. It also includes some community-based collaborative action involved in joint resource management and intergovernmental collaborative structure. Collaborative governance framework has such dimensions as system context, Collaborative Governance Regime (CGR), and collaborative dynamic (Boerma and Weir, 2005; Emerson and Nabatchi, 2015).

In public policy making system, there is cross-sectoral collaboration representing the behavior and activity-related pattern. Framework of collaborative governance is multilevel in nature concerning public policy structure and process, decision making involving cross-border community, governmental institution, and/or public, private and public space constructively in the attempt of achieving the public objective. Collaborative governance starts with and develops in a system in which there are political, legal, social-economic, and environmental effects. This external context creates opportunity and threat, and affects the progress of CGR. However, the effect of collaborative action in CGR possibly affects the context. System context is not an original condition but a three-dimension space; it is because external conditions (economic crisis or new regulation) can affect dynamic and

collaborative work occurring not only in the beginning, but also any time during CGR process (Melkote et al, 2000).

Collaborative dynamic and collaborative action creates the overall quality of CGR, thereby can run effectively. The collaborative process consists of principal engagement, shared motivation, and capacity for joint action. These three components work together in interactively and repetitively to provide collaborative action or measures taken in the attempt of implementing the common objective. This action in CGR can exert internal and external effect on CGR. Principled engagement is something occurring with the time, likely through in-person dialog, general meeting, inter-organization relationship or other different settings. Actors with different backgrounds can cooperate to solve problem or to create some values. Principled engagement is an open inclusive communication occurring with the time through four basic processes: discovery, definition, deliberation, and determination. Through this process, the collaboration can run and encourage motivation and joint action to achieve the goal (Emerson and Nabatchi, 2015).

Collaboration aims to achieve the result wanted jointly and not solvable separately. Collaboration is engaged in common activity to improve the quality of capacity in achieving the common objective. Capacity to take joint action is the dynamic of collaboration as the result of principle engagement and joint motivation. The capacity to take joint action consists of such elements as procedural and institutional arrangements, leadership, knowledge, and resources (Bevir, 2008; Emerson and Nabatchi, 2015). This system context, in this case, is the presence of resource conditions needing improvement, legal frame, failure to solve problem, political dynamic, relationship between community and government, degree of relationship between networks, inter-actor conflict, and social-economic condition. The legal framework underlies the presence of coordinative, integrative, and collaborative management of HIV/AIDS (Pfeiffer et al, 2010; Borrini-Feyerabend et al, 2013; Emerson and Nabatchi, 2015). Dependency is a condition in which individual or organization cannot solve its own problem constituting a precondition encouraging collaborative action (Emerson et al, 2012, Gray and Purdy, 2014; Thomson and Miller, 2014). Consequential incentive refers to internal (problem, need for resource, and opportunity) and external issues (the condition needing collaboration, threat, or opportunity) as an incentive to collaborative action, but not all incentives are negative in nature, for example, the availability of grant fund leading to the development of collaborative incentive (Emerson and Nabatchi, 2015).

Leadership is a collaborative incentive factor referring to the presence of leader identified to be on the position initiating meeting and encouraging the collaborative governance regime through resource owned. The leader should be committed to solving collaborative problem, neutral, and impartial (Selin et al, 2000; Crosby and Bryson, 2010; Emerson et al, 2012). Leader should be ready to initiate collaborative attempt, for example, by providing human resource, technology, and other resources that can reinforce collaborative dynamic (Emerson et al, 2012; Schneider et al, 2015).

3. Methods

This study was a descriptive qualitative research. This research was conducted in Surakarta, because the number of HIV/AIDS case is the second highest one in Central Java. Data collection was carried out through observation and in-depth interview with some informants, stakeholders related to HIV/AIDS management. Informants consisted of government, NGO, and community elements, including Secretary of Surakarta AIDS Management Commission, Chairperson of Surakarta Health Office, NGO caring about AIDS including Program Manager of Spek HAM NGO, Director of Mitra Alam Foundation, Chairperson of Gaya Mahardhika Foundation, Manager of Lentera Haven (Rumah Singgah Lentera), Chairperson of Solo Transsexual association, and Chairperson and 2 members of CCA Jebres, Surakarta. In addition, it also interviewed the head of Health Promotion Team of Muhammadiyah General Health Center Hospital of Surakarta and Counselor of Voluntary Counseling Test (VCT) Puskesmas Banyuanyar, Surakarta. Informants were selected purposively with the following criteria: those considered as representative as there is a relevance of knowledge and information the informant has to system context and driver contributing to collaborative governance in HIV/AIDS management in Surakarta, Indonesia. Interview was conducted using recorder, note, and literature review or document related to the study

Gabrielian, 1999). Data validation technique was conducted using triangulation, by crosschecking the confidence interval, dependency, and data certainty obtained in the field (Creswell and Poth, 2016).

4. Results

The HIV/AIDS management program in Surakarta builds on Mayor of Surakarta's Decision Number: 443.24/48.4/1/2016 about the establishment of Acquired Immunodeficiency Syndrome Commission and Work Group of Surakarta City's AIDS Commission. This legal foundation clearly governs the participation of Regional AIDS Commission and all stakeholders related to HIV/aids management including promotion, prevention, medication, and treatment, and support. It underlies the collaborative governance involving government, NGO, and community elements.

Surakarta AIDS Commission is a non-structural institution under and responsible to the Mayor. HIV/AIDS coping attempt is taken intensively, comprehensively, in coordinated and integrated manner to protect people and to prevent transmission. Surakarta AIDS Commission serves to develop Local Strategy and Action Plan, policy and program for Coping with HIV/AIDS, to implement cooperation with related sector in the attempt of coping with HIV/AIDS, to coordinate, to monitor, to control, and to facilitate HIV/AIDS coping activity. Surakarta AIDS Commission serves as coordinator, facilitator, and advocate in relation to HIV/AIDS management through preventive and grant fund conferral program to workgroups in order to implement the preventive program corresponding to its main duty and function. Local AIDS Commission conducts coordinating meeting routinely along with workgroups, NGO, and people (community).

Before the establishment of Surakarta AIDS Commission, HIV/AIDS coping activity is conducted by Surakarta Health Office as the leading sector. In addition, such NGOs as Spek HAM, Mitra Alam Foundation, Gaya Mahardika Foundation, Lentera Haven, and Solo Transsexual Association have conducted the related activity. People also become an important partner in this collaboration, because to intervene with the key population, peer support group is required through making CCA the facilitator to surrounding people. For instance, Local AIDS Commission cooperates with NGO to distribute condom for free as the attempt of preventing HIV transmission to key population such as Female Sexual Workers (FSWs), transsexuals, Men Sex with Men (MSM), and other key populations.

Government, NGO, and people play their own role synergizing with each other in the attempt of coping with HIV/AIDS in Surakarta. Health Office, as the leading sector in health and HIV/AIDS prevention area, has some programs corresponding to its main duty and function: VCT service, Harm Reduction program through Sterile Injection Service, and Mobile Physician program. Socialization and Communication, Information, and Education usually are conducted along with the programs. VCT program, in addition to involving Puskesmas (Public Health Center) as healthcare service provider, also involves NGO and people to reach the target. NGO and people need Regional AIDS Commission's contribution as they do not have power to run the program independently, and they need collaboration within it. The presence of institution integrating collaboration process, in this case Regional AIDS Commission, contributes to the collaboration process to run, reaching, and intervention of preventive program in peer support group.

HIV/AIDS coping activity conducted by NGO is still limited to the program with foreign donations such as Global Fund, thereby affecting collaboration dynamic when the grant ceases. NGO reaches, assists, and socializes HIV prevention to key population, as the important target of HIV/AIDS prevention. NGO facilitates Health Office, Regional AIDS Commission and related institutions in the attempt of intervening with the program in key population, e.g. in VCT facilitation and Sterile Injection service, and gives social support to the facilitated groups. Members of Community can educate others to behave healthily, encourage all people at high risk of being infected with HIV to follow VCT, and prevent stigma and discrimination against PWHAs. People's participation in CCA still has some limitations, because its role is still limited to be the cadre in its environment rather than being involved in policy making program. CCA's main duty is to activate the people to participate directly in the attempt of preventing and coping with HIV/AIDS and cooperating with government and NGO.

In annual routine meeting, called Regional Work Meeting, the Surakarta AIDS Commission invites such sectors as NGO Caring about AIDS, representative of religious leader and community leader, workgroup, and other institutions. This meeting is intended to be a means of formal meeting, Focus Group Discussion (FGD), to receive input from participants concerning HIV/AIDS preventing program, and to yield an agreement, by entering into a collective agreement. Principled engagement is defined as obedience, communication, and inclusiveness. The meetings held are a means of delivering information, critique, and suggestion to HIV/AIDS coping programs in the future. Routine meeting can be held not only in-person, but also using such technology as email or chatting application like WhatsApp.

Shared motivation is demonstrated by Spek HAM Foundation, Mitra Alam NGO, Gaya Mahardika Foundation, and HIWASO in Surakarta AIDS Commission through involving foundation and people. For example, key population mapping program conducted by Surakarta AIDS Commission through involving NGOs is intended to map and to analyze the area within which the key populations live. The output is Key Population Mapping Report annually in Surakarta. Trust can result from the join meeting held by Surakarta AIDS commission, in addition to program implementation and activity evaluation, and decision making. Trust emerges in one actor and another through collective meeting, because the trust can benefit the collaboration between actors, for example, government needs NGO and people to reach the key population and public (general society); NGO also needs legitimacy to get government's aid. The feeling of trust between actors will result in shared understanding feeling. From the information acquired, it can be found out that joint motivation has been created concerning HIV/AIDS prevention. Join motivation will be achieved through mutual trust, shared understanding, internal legitimacy and commitment. However, the elements of shared understanding and commitment have not been distributed evenly in all actors; some workgroups conduct HIV preventing activities if only budget is provided through grant funds of Surakarta Regional AIDS Commission, and workgroups do not allocate budget to such activity in their own institution. Meanwhile, NGOs caring about AIDS and CCA remain to hold the HIV/AIDS preventing activity with target populations like key populations and public. It will affect the next stage of collaborative dynamics, the capacity to take joint action.

Currently, Surakarta AIDS Commission has conduct leadership succession. It indicates that political dynamics affects the sustainability of non-structural institutions. In relation to the history of cooperation in HIV/AIDS prevention, it can be found that NGOs have cooperated with governmental institutions several times, i.e. Health Office and Social Office; in addition there has bee no inter-actor conflict affecting the collaborative process until today. Many policies and strategies have been taken as the part of HIV/AIDS coping attempt in Surakarta: Harm Reduction program to reduce HIV transmission through injection; Prevention Sexually Transmission; Reinforcing Mother-to-Child Transmission; Developing Sustainable Comprehensive Service at Puskesmas level; and Strategic use of ARV (SUFA). Those strategies involve people (community) as non-medical personnel like NGOs, Facilitating Group, and community in the attempt of coping with HIV/AIDS. It means there is actor interdependence in the term of HIV/AIDS management.

In conducting HIV/AIDS coping activity, budget is required to implement the program. In previous years, Surakarta AIDS Commission has some budget for prevention activities such as socialization and communication, information and education programmed by the Regional AIDS Commission's Prevention Division; additionally, each of workgroups obtains budget through grant fund to hold the activities corresponding to main duty and function of respective institutions. Meanwhile, NGOs obtain a budget to hold the HIV preventing activity through donor fund.

5. Discussion

HIV/AIDS is a dynamical complex problem needing inter-actor collaboration to solve it based on their main duty and function. HIV/AIDS is a disease not only needing healthcare service role but also involving educational, social, cultural, religious, and other aspects. HIV/AIDS is identical with not only one aspect, health. Through collaborative governance of HIV/AIDS management coordinated with Regional AIDS Commission,

HIV problem constituting an uncertainty becomes shared problem requiring cross-sectoral contribution to address and to encourage the actor interdependence, thereby affecting collaborative dynamic (Mayer and Hank, 2009; Emerson and Nabatchi, 2015).

Regional AIDS Commission's Procedure and agreement are established in the presence of networking structure and self-managed system (Emerson and Nabatchi, 2015). HIV/AIDS management needs stakeholders' participation. It indicates that the presence of social-cultural, economic, and health issues in the system context affect the collaborative process of coping with HIV/AIDS in Surakarta. Referring to the context of collaborative governance to cope with HIV/AIDS, there is inter-actor relation pattern, particularly the relationship between government and non-government (NGOs and public). Inter-actor network connection can both encourage and inhibit collaborative processes (Parsons, 2017).

This network connection is indicated with the inter-actor cooperation and the actors with shared vision. Inter-actor cooperation is established most strongly within community, including public or NGOs in Health Office, in this case Puskesmas. Meanwhile, the weak inter-actor cooperation can be seen in between-workgroups relation. Thus, the collaboration has run between Health Office, and NGOs caring about AIDS and CCA. It is confirmed with MoU between Puskesmas and NGOs to cooperate in coping with HIV among keys populations. The characteristic elements of network refer to the history of cooperation or the institutional structure with organizational interdependence. The strong relation pattern is found in the relationship between Regional AIDS Commission, and NGO and community (public), thereby encouraging collaborative initiative. Specifically, each of elements in the collaborative scope of HIV/AIDS in Surakarta management are interdependent, for instance, government is dependent on community element and vice versa. However, the weak relation pattern is found in that between workgroups, and Regional AIDS Commission and community element.

When a collaborative institution has been established, a collaborative leadership concept is required. Leadership is a capability of encouraging the direction of shared vision, in which a leader is an individual helping another to achieve its objective (Kreitner and Kinicki, 2014). Regional AIDS Commission is a collaborative leader functioning to be coordinator. But, each of members is a leader in conducting HIV/AIDS management program. The leadership can encourage the collaboration, the main element in the collaboration itself, and the significant growth of collaboration. Included into it is the role of leader as sponsor, facilitator, mediator, representative of organization, advocacy, and other roles. In collaboration process, knowledge is distributed widely through joint meetings. The meeting contains the delivery of gain outcomes conducted by actors, to be the material of discussion later. This process can construct knowledge of each actor (Ansell and Gash, 2007; Fauzi and Rahayu, 2018).

In collaborative governance of HIV/AIDS management, the role of leadership is played by the Secretary of Surakarta AIDS Commission to coordinate the actors of HIV/AIDS management to collaborate in the attempt of achieving the objective specified. The secretary of Surakarta AIDS Commission serves to advocate the stakeholders beyond the collaboration running to participate in coping with HIV/AIDS. In collaborative governance of HIV/AIDS management, the problem occurring is the poor participation of actors in coping with HIV/AIDS, despite the establishment of workgroup. To be a leader who can encourage the collaborative governance, an ability of analyzing problem is needed to master the substance of problem, and to solve the problem. The unavailability of budget for Workgroup also affects the HIV preventing program in Surakarta, and it becomes the Secretary of AIDS Commission's responsibility for reporting it to the mayor as the Chairperson of AIDS Commission.

Each of actors has different characteristics of knowledge, for example, Health Office through PWHA reporting system from each of Puskesmas and healthcare service providers, NGOs with key population mapping reports, and workgroups reporting the program and its scope in their own institutions. However, this knowledge distribution is inhibited, among others, by the changing representatives of actors, particularly in workgroups or institutions due to mutation or other factors, so that the actors attending the collaborative meeting are not always the same (Zadek and Radovich, 2006; Agbodzakey, 2012; Parsons, 2017).

The capacity of taking joint action has been implemented through the collective activity with common procedure and agreement, but there are some problems occurring particularly related to funding resource affecting the preventing activity in workgroups but not affecting NGOs and people (community) because they have independent fund source, unlike workgroups whose activities are funded by Regional AIDS Commission's grant fund. The joint action capacity is highly affected by principled engagement and shared motivation, in which there is a weakness in the shared understanding element in the workgroups not allocating budget to the activity through their institutions and relying on only Regional AIDS Commission's grant fund. The running of dynamic is determined by the activation of shared principles, shared motivation, and capacity to take joint action. Collaborative dynamics is a cycle containing components affecting the process of collaboration (Hanefeld, 2014; Richter et al, 2014; Bridge et al, 2016).

6. Conclusion

Collaborative governance of HIV/AIDS in Surakarta involves government, NGOs, and people, and complies with Collaborative Governance Regime procedure. However, some constraints are still found in shared motivation element, the weak shared commitment among workgroups. It is indicated with no HIV/AIDS coping activity inherent to the budget of workgroup institution. The weak shared motivation affects the capacity to take joint action. Surakarta AIDS Commission as a coordinator institution has conducted its duty corresponding to its main duty and function, despite less maximal use of authority to ensure that each collaborative actor has implemented the mission as the procedure specifies. Incentive consequential factor affects collaborative dynamic is indicated with the inhibited HIV/AIDS preventing activity in workgroup because there is no budget allocated to the activities, deriving from both Regional AIDS Commission's fund grant and budget inherent to the main duty and function of workgroup institutions. Surakarta AIDS Commission needs to assist and to advocate each of institutions/workgroups, so that the same commitment will be established to cope with HIV/AIDS corresponding to respective main duty and function. The community's commitment to participate in policy making should be improved, particularly through Regional AIDS Commission, because the people serves only as the cadre in their neighborhood so far, and the government should help NGOs access the funding resource for HIV/AIDS prevention through grant fund from Local Government, so that the HIV/AIDS preventing program can be conducted sustainably.

7. Recomendation

Collaborative governance of HIV/AIDS that involves government, NGOs, and people, and complies with Collaborative Governance Regime procedure, can develop in optimal resource context, clear legal framework and deal with political dynamic and inter-actor conflict issues, community-government relation, conducive social-economic network and condition in coping with HIV/AIDS.

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