

Agronursing-Based Care Model as an Approach to Reduce Loss to Follow-Up among People with HIV AIDS in Indonesia: A Perspective

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ABSTRACT

Antiretroviral (ARV) treatment has become the standard of minimal care for people living with HIV. The length of treatment impacts the compliance of PLWHA in accessing and getting treatment. The Indonesian government's strategy in the HIV/AIDS control system is to expand services to the public health center (*Puskesmas*) level, from counseling and testing to ARV care/treatment. The problem is that the number of health personnel in charge of the program is limited. The limited number of health workers will impact their ability to follow up with PLWHA to obtain services, especially maintaining ARV consumption. This article aimed to provide a perspective on the agronursing-based care model to reduce loss-to-follow-up among PLWHA. This article used a perspective method, conducted, and synthesized from previous studies, acts, health policy, nursing practice standards, and others. Agronursing provides agricultural-based nursing services in agriculture, plantations, waters, or industrial agriculture. The concept of the agronursing-based care model is by optimizing nurses' duties in agricultural or rural areas as an extension of the government's program in controlling HIV/AIDS, which is currently still at the *Puskesmas* level. The agronursing-based care model is an opportunity to reduce loss to follow-up in PLWHA. Implementing the agronursing-based care model includes providing comprehensive nursing care, providing ARV therapy, providing support and counseling, managing the service system for PLWHA, and facilitating outreach and referrals to health centers, hospitals, or NGOs. Further studies are needed to ensure that the agronursing-based care model effectively reduces loss to follow-up in PLWHA and achieves HIV/AIDS control programs.

Keywords: PLWHA; ARV; loss to follow-up; Agronursing; nurse



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INTRODUCTION

Since the idea of HIV as a chronic disease in the last three decades, because of the development of antiretrovirals (ARVs) (Deeks et al., 2013), people with HIV/AIDS or PLWHA require long-term or lifelong care (Handayani et al., 2017). ARV consumption has positive impacts, such as prolonging life, improving health, and reducing the risk of virus transmission (Deeks et al., 2013). Until now, ARV treatment has become the standard of minimal care for people living with HIV.

The length of treatment impacts the compliance of PLWHA in accessing and getting treatment. The problem is that providing adequate care for PLWHA is still far from ideal (Deeks et al., 2013). According to the number of people living with HIV, in 2019, WHO estimates that 38 million people are infected with HIV. The Indonesian Ministry of Health estimates more than 600,000 people in 2020. The Indonesian Ministry of Health also estimates that only around 133,000 people living with HIV are taking ARVs (about 20%), and only about 2,600 people have their viral load suppressed until July 2020. These data show problems with PLWHA, both in terms of access or continuous care, while PLWHA is vulnerable to loss-to-follow-up or discontinuation of treatment or ARV consumption (Handayani et al., 2017).

The Indonesian government's strategy in the HIV/AIDS control system is to expand services to the *Puskesmas* level, from counseling and testing to ARV care/treatment. This strategy is an effort to achieve national acceleration in AIDS response; at least 90% of PLWHA have access to ARVs, and 90% can be maintained. Adherence to ARV treatment in PLWHA or no loss to follow-up can use this strategic approach. The problem is that the number of health

personnel in charge of the program is limited. The limited number of health workers will impact their ability to follow up with PLWHA to obtain services, especially maintaining ARV consumption.

Indonesia, an agricultural country, has the largest number of nurses as health workers. Nurses have the potential to be at the forefront of preventing loss to follow-up in PLWHA. Nurses need an approach to preventing or reducing loss to follow-up that can be maximized with the role of nurses who are widely spread in various rural or rural areas. This approach is in line with Indonesian National Nurses Association's (INNA) expectation that there is one village, one nurse program. Some of the problems and phenomena have become the basis for developing an agronursing-based care model to reduce loss to follow-up among PLWHA. This article aimed to provide a perspective on the agronursing-based care model to reduce loss-to-follow-up among PLWHA.

METHOD

This article used a perspective method, conducted, and synthesized from previous studies, health policy, nursing practice standards, and others. The perspective synthesized from the duties of nurses that INNA has set, Law no. 38 of 2014, PERMENKES No. 26 of 2019, and KEPMENKES No. HK.01.07/MENKES/425/2020.

RESULT

The agronursing-based care model as an approach to reduce loss to follow-up in PLWHA can be developed from the duties of nurses that INNA has set, Law no. 38 of 2014, PERMENKES No. 26 of 2019, and KEPMENKES No. HK.01.07/MENKES/425/2020, including care provider, educator, nursing care and case manager, nursing researcher, and implementation of the medical delegation.

DISCUSSION

Agronursing is the provision of agricultural-based nursing services in areas of agriculture, plantations, waters, or industrial agriculture (Kurniyawan, 2018). The concept of the agronursing-based care model is by optimizing the duties of nurses in agricultural or rural areas as an extension of the government's program in controlling HIV/AIDS, which is currently still at the *Puskesmas* or Public Health Center level. With the extension of the PLWHA service system, the coverage and ease of PLWHA in accessing health facilities is increasing, especially ARV treatment for PLWHA. Increased range and ease of access to health facilities can potentially reduce loss to follow-up in PLWHA.

The potential or opportunities of nurses in the agronursing-based care model as an approach to reduce loss to follow-up in PLWHA can be developed from the duties of nurses that INNA has set, Law no. 38 of 2014, PERMENKES No. 26 of 2019, and KEPMENKES No. HK.01.07/MENKES/425/2020, including:

1. Care Provider

The nurse's role as a care provider cannot be separated from the nursing process from assessment to evaluation. Comprehensive care is provided to PLWHA according to nursing diagnoses that appear in PLWHA, both actual diagnoses, risks, and promotions. Efforts to provide comprehensive care can help clients to achieve optimal health degrees. Optimal healthcare outcomes can also increase the resilience or resistance of PLWHA to continue to survive on ARV treatment.

2. Educator

The efforts of nurses as extension workers have the potential to have a positive impact on PLWHA to maintain their health and consume ARVs. The counseling provided can be in the form of education, support, or counseling. The support provided can help PLWHA overcome psychosocial problems so that it impacts the motivation of PLWHA to continue taking ARVs and decrease loss to follow-up. In addition, the education provided by agricultural-based nurses has the potential to become an HIV/AIDS control strategy, such as the government's strategy, namely "Suluh" (educate) in the S-T-O-P (*Suluh-Temukan-Obati-Pertahankan*) concept.

3. Nursing care and case manager

In addition to providing care, nurses also act as nursing or health services managers. Strengthening the service and referral system for PLWHA is an opportunity to reduce loss to follow-up. Service systems ranging from home visits or home care to referrals to health facilities at the *Puskesmas* level will improve services/interventions from the individual level to higher facilities. The concept of this system starts from outreach and care, provision of ARV, to referrals (to health facilities, non-governmental organizations (Gustyawan et al., 2022), and social support groups). Continuous and multilevel services can contribute to achieving the government's strategy, of which 90% can reach HIV testing, 90% of PLWHA get access to ARVs, and 90% of them can be maintained.

4. Nursing researcher

Nurses, as researchers play a role in mapping data, health demographic surveys, to continuous intervention testing to reduce loss to follow-up and improve the health status of PLWHA.

5. Implementation of the medical delegation

This task is an opportunity for the government to control HIV AIDS. Efforts to decentralize ARV therapy, limited initially to *Puskesmas*, can be expanded to village nurses. The decentralization strategy can potentially increase the access of PLWHA to ARV treatment services and be an opportunity to reduce the loss to follow-up rate. Through the decentralization strategy, village nurses can be delegated tasks and authority to administer ARV drugs to PLWHA in their working areas.

Giving assignments to village nurses; as members of the one village one nurse program; providing agronursing-based care to PLWHA has great potential in implementing government programs, especially achieving the target of at least 90% of PLWHA getting access to ARVs and surviving on ARV consumption, as well as a decrease in the cases of loss to follow-up. The implementation of the agronursing-based care model has several challenges, such as government support for the one village one nurse program, support from relevant agencies, availability of financial resources, availability of ARV, a sustainable health care system for PLWHA, referral system for PLWHA, and community support. Therefore, the implementation of the agronursing-based care model in PLWHA requires commitment and support from all parties.

CONCLUSION

The Agronursing-based care model is an opportunity to reduce loss to follow-up in PLWHA. Implementing the agronursing-based care model includes providing comprehensive nursing care, providing ARV therapy, providing support and counseling, managing the service system for PLWHA, and facilitating outreach and referrals to health centers, hospitals, or NGOs. Further studies are needed to ensure that the agronursing-based care model effectively reduces loss to follow-up in PLWHA and achieves HIV/AIDS control programs.

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