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Legal Liability for the Integration of HIV and STI Patient Medical Record Data through SIHA

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ABSTRACT

This study discusses the legal liability for the integration of medical records of HIV and STI patients through the HIV/AIDS Information System (SIHA). The main problem discussed in this study is the legal obligation to integrate medical record data of HIV and STI patients through SIHA. This study aims to analyze the regulations governing the commitment to integrate medical data through SIHA. This study uses normative legal research methods. The results showed that positive law in Indonesia requires the integration of medical record data of HIV and STI patients through SIHA, intending to improve the effectiveness of health services. Sanctions imposed on parties who do not comply with this obligation are administrative sanctions. This study concludes that the commitment to integrate medical records of HIV and STI patients through SIHA is an important part of the national health information system. Noncompliance with this obligation will be subject to administrative sanctions that can affect the smooth running of health services.

KEYWORDS

Legal
Liability;
Integration;
SIHA; HIV;
STIs



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INTRODUCTION

Health is a human right, everyone has the right to live properly, both personal and family health. One of the diseases that can threaten a person's health and become a government concern is Human Immunodeficiency Virus (HIV) and sexually transmitted infections (STIs). HIV is a virus that attacks white blood cells (lymphocytes) in the human body. HIV attacks the immune system and causes Acquired Immune Deficiency Syndrome (AIDS). Sexually transmitted infections (STIs) are infectious diseases that are transmitted through sexual intercourse.¹ HIV/AIDS sufferers will have reduced immunity and are susceptible to opportunistic infections. HIV/AIDS is spread through casual sex, blood transfusions, contaminated needles, and other contact with body fluids.²

STIs and HIV are closely related, where sexually transmitted infections (STIs) can facilitate the entry of HIV into a person's body. When a person has an STI, especially one that involves cuts or abrasions in the genital area, the body tissues become more susceptible to infection. These wounds provide an easier pathway for HIV to enter the body during unprotected sexual intercourse. With any wound or inflammation caused by an STI, the chances of contracting HIV increase, as the virus can more easily enter the bloodstream through the damage.³

The number of HIV/AIDS cases in Indonesia reported in the fourth quarter from October to December 2017 by the Directorate General of PP and PL of the Ministry of Health was 32,711 HIV cases and 7,864 AIDS cases. Based on the report, the cumulative percentage of AIDS cases was highest in the age group of 20-29 years (31.5%), followed by the age group of 30-39 years (29.6%), and 40-49 years (12%). The percentage of AIDS in men was 55% and women 31%. The number continues to increase until now. The number of people at risk of HIV infection in the January-December 2023 period reached 6,142,136 people out of a testing target of 7,388,219 people (83%).⁴ This situation is a severe challenge to achieve the Sustainable Development Goals (SDGs) by 2030.⁵

One of the steps taken to tackle HIV and STIs is by recording and reporting through the HIV, AIDS, and STI Information System (SIHA). Policies and interventions will be more effective if supported by accurate and reliable data. All information related to HIV/AIDS and STIs needs to be recorded and reported appropriately. The HIV/AIDS Information System (SIHA) can help reduce data inaccuracies, so that the problem of data fragmentation at various levels of health services, from primary to tertiary, can be resolved. The SIHA application allows Indonesia to implement an integrated HIV/AIDS recording and reporting system. All data recorded and reported by health workers or facilities, whether government,

¹ Desak Nyoman Widyantini, Ni Made Dian Kurniasari & Desak Made Widyantari, "Kejadian Infeksi Menular Seksual di Kota Denpasar Tahun 2016" (2019) 47:4 Bul Penelit Kesehat.

² Nelly Arisandi, *Analisis Kurang Efektifnya Implementasi Program Penanggulangan Penyakit Hiv/Aids di Kabupaten Simeulue Tahun 2019* (Medan, 2019).

³ National Institute of Health, "HIV and Sexually Transmitted Diseases (STDs)", (2021), online: <<https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-sexually-transmitted-diseases-stds>>.

⁴ Kementerian Kesehatan Republik Indonesia, "Laporan Eksekutif Perkembangan Hiv Aids Dan Penyakit Infeksi Menular Seksual (Pims) Tahun 2023", (2023), online: <<https://hivaids-pimsindonesia.or.id/#>>.

⁵ Arisandi, *supra* note 2.



private, or NGO, will be stored in the SIHA National Data Bank. Data entered into SIHA will be directly linked to the “Generic SIKDA”. The designed Health Information System has the advantage of using Health Information Technology that is individualized (disaggregated), comprehensive, national, and reliable.⁶

Since 2012, SIHA has been used by the Provincial Health Office. The HIV AIDS Information System (SIHA) is designed to improve the health service process, but in its implementation, it still often faces various obstacles. Some of the problems that often occur include errors in inputting patient data and sending reports. In addition, SIHA also has access limitations, as it can only be accessed through Mozilla Firefox and is not compatible with other browsers. Another problem found was that some users' laptop devices could not support SIHA, especially if they had multiple applications. Since its launch in 2023, SIHA has never been evaluated, resulting in confusion among users when encountering errors in the application's operation.⁷

Given that HIV-AIDS prevention is one of the goals of the Millennium Development Goals (MDGs) and a major focus on health issues, the integration of HIV-AIDS information systems into the national health information system is very important. The incorporation of various information system applications, including SIHA and other information systems, is a real inter-program coordination step as a form of implementation of the mandate of the Law of the Republic of Indonesia Number 17 of 2023 concerning Health in handling health problems across sectors.

METHOD

This research is normative legal research or library legal, namely legal research conducted by examining library materials or secondary data.⁸ The approach method used is a statute approach because what will be studied are various rules of law that are the focus and central theme of the research.⁹ In addition to the statutory approach, the approach used is conceptual, namely an approach that departs from the views and doctrines that have developed in law, especially those relating to the issues discussed in this study.

The sources of legal materials in this research are primary legal materials in the form of legislation products, secondary legal materials in the form of legal literature books, legal scientific magazines, legal journals, and various papers and other forms of legal scientific writing, tertiary legal materials in the form of legal dictionaries, encyclopedias and others that can explain primary and secondary legal materials.¹⁰ The technique of collecting legal materials is carried out by inventorying various laws and regulations, and various literatures by conducting intensive discussions. The collection of research materials is also carried out through the

⁶ Kebijakan AIDS Indonesia, “Kenapa Kebijakan SIHA penting dalam Penanggulangan HIV dan AIDS?”, online: <<https://www.kebijakanaidssindonesia.net/id/artikel/artikel-tematik/445-kenapa-kebijakan-siha-penting-dalam-penanggulangan-hiv-dan-aids>>.

⁷ Sri Devriani Hundao, Abd Aziz Bouty & Nikmasari Pakaya, “Evaluasi Penerimaan Sistem Informasi HIV AIDS (SIHA) Menggunakan Metode Technology Acceptance Model (TAM)” (2023) 3:2 Diffus J Syst Inf Technol 122–131.

⁸ Soerjono Soekanto & Sri Mamudji, *Penelitian Hukum Normatif: Suatu Tinjauan Singkat* (Jakarta: Raja Grafindo Persada, 2010).

⁹ Johnny Ibrahim, *Teori dan Metodologi Penelitian Hukum Normatif* (Malang: Bayumedia Publishing, 2006).

¹⁰ *Ibid.*



internet to obtain various research materials to complement the materials that have been obtained from laws regulations and literature.

Processing and analysis of legal materials are carried out by classifying legal materials that have been collected, looking for their relationship with each other by using deductive and inductive reasoning to produce propositions, and legal concepts regarding supervision. The analysis used is descriptive-analytic which is carried out by describing, analyzing, systematizing, interpreting, and evaluating positive law.¹¹ In addition, analysis of the legal materials obtained is also carried out using qualitative analysis. Qualitative analysis means describing quality data in the form of sentences that are organized, sequential, logical, non-overlapping, and effective, to facilitate data interpretation and understanding of the results of the analysis.¹²

RESULT & DISCUSSION

I. Setting the Obligation to Integrate HIV and STI Patient Medical Record Data in SIHA

Data integration of HIV, AIDS, and STI information systems is a mandate as stipulated in the law, namely in the Law of the Republic of Indonesia Number 17 of 2023 concerning Health (Health Law). Article 1 of the Health Law explains that the Health Information System is a system that combines various stages of processing, reporting, and utilization of information that is very important to improve the effectiveness and efficiency of health program implementation. This system is designed to provide support in making the right decisions, which in turn will support the overall development of the health sector. With the integrated information system, it is expected that health-related data management, including HIV, AIDS, and STI data, can be more accurate, accessible, and efficient.

Furthermore, health information systems do not only focus on data collection but also play a role in directing various actions needed to improve the quality of health services. This includes processing data that can be used to formulate better policies, as well as responding to the needs of the community regarding health issues. In this context, it is important to have a system that not only records and reports but also integrates all health-related information. This system makes it easier for the government and relevant agencies to make policies that have a direct impact on improving health services and efforts to prevent and treat diseases, including HIV and STIs.

Furthermore, the Health Law also emphasizes the existence of the National Health Information System, which is a system managed by the ministry responsible for government affairs in the health sector. SIKN serves to integrate and standardize all existing health information systems across Indonesia. It aims to create a comprehensive information system, which not only meets administrative needs but also supports long-term health development goals. With the integration and standardization of centrally managed data, it is expected that this information system will strengthen national efforts in addressing health issues, including in terms of HIV, AIDS, and STI response.

¹¹ Sudikno Mertokusumo, *Penemuan Hukum Sebuah Pengantar* (Yogyakarta: Liberty, 2006).

¹² Abdulkadir Muhamad, *Hukum dan Penelitian Hukum* (Bandung: Citra Aditya Bakti, 2004).



Article 345 of the Health Law also states that to conduct effective and efficient Health Efforts, a Health Information System is organized. The Health Information System is organized by: a. Central Government; b. Local Government; c. Health Service Facilities; and d. the community, both individuals and groups. On the other hand, the organizers are required to integrate the Health Information System with the National Health Information System. In the context of the integration of medical record data on HIV, AIDS, and STI patients, this integration becomes mandatory. This also corresponds to the obligation of Health Service Facilities to organize medical records as Article 173 paragraph (1). Medical records in this case are documents containing data on the patient's identity, examination, treatment, actions, and other services that have been provided to the patient using an electronic system intended for the implementation of medical records. Not only that, Article 296 paragraph (1) also states that every medical and health worker who provides individual health services is obliged to make medical records.

Furthermore, Article 298 paragraph (1) of the Health Law states that the Ministry that organizes government affairs in the health sector is responsible for organizing medical record data management in the context of national health data management. Medical record data management includes policy formulation, collection, processing, storage, security, data transfer, and supervision. On the other hand, the importance of data integration of HIV, AIDS, and STI patients is marked as Article 300 paragraph (1) of the Health Law which states that in organizing public health efforts, medical and health workers are obliged to make health service records. The health service records can be integrated into the patient data system that is integrated with the National Health Information System. It should also be noted in Article 347 paragraph (1) of the Health Law that the Health Information System Operator must ensure the reliability of the Health Information System which includes: a. availability; b. security; c. maintenance; and d. integration. This regulation indicates the importance of data integration, including HIV, AIDS, and STI patient data in SIHA.

II. Legal Liability for the Integration of HIV and STI Patient Medical Record Data through SIHA

High-quality and well-integrated healthcare information is usually derived from clinical data that is neatly documented in medical records. With the development of electronic medical records, every data entry directly becomes part of the health information system/management input, which helps in the process of documenting clinical data derived from medical records. Regulation of the Minister of Health of the Republic of Indonesia Number 269/Menkes/Per/III/2008 concerning Medical Records has explained that medical records have a very important and complex role. The function of medical records covers various fields, such as health maintenance and patient treatment, evidence in law enforcement, discipline and enforcement of medical/dental ethics, education, and research purposes, the basis for financing health services, as well as a source of statistical data and health reporting. For the



function of medical records to be carried out optimally, data filling in the health information system must be carried out completely and accurately.¹³

Government Regulation of the Republic of Indonesia Number 28 of 2024 concerning Regulations for the Implementation of Law Number 17 of 2023 Concerning Health (PP Health) as Article 781 (1) further regulates that electronic medical records are part of the Health Information System of Health Service Facilities and must be integrated with the National Health Information System. Furthermore, Article 946 (1) states that the Health Information System is organized by: a. Central government; b. Local government; c. Health Service Facilities; and d. the community, both individuals and groups.

Furthermore, Article 947 (1) of the Health Government Regulation states that the Health Information System organizer must integrate the Health Information System with the National Health Information System. The integration referred to is an effort to ensure that each Health Information System is connected to the National Health Information System by the provisions of laws and regulations. The emergence of Regulation of the Minister of Health of the Republic of Indonesia Number 18 of 2022 concerning the Implementation of One Data in the Health Sector through the Health Information System also makes the integration of medical record data necessary and mandatory.

In the context of HIV, AIDS, and STIs, the information system used is the HIV/AIDS Information System (SIHA). SIHA is a system used to record, process data, and report information related to STIs (Sexually Transmitted Infections), VCT (Voluntary Counseling Test), PITC (Provider Initiated Testing and Counseling), methadone, and HIV/AIDS-related data. The main users of SIHA are the STI/PITC/VCT clinic team, especially the RR (Recording and Reporting) officers. The officer is responsible for entering HIV/AIDS-related patient examination and treatment data into SIHA. The data to be entered includes the patient's social and medical data. Social data consists of medical record number, full name, date and place of birth, gender, address, personal identification number (KTP), and telephone number. Meanwhile, medical data includes the date of registration, history taking, physical examination, diagnosis, diagnosis code, laboratory tests, and medication administered.¹⁴

This is as regulated in more detail in the Regulation of the Minister of Health of the Republic of Indonesia Number 23 of 2022 concerning Management of Human Immunodeficiency Virus, Acquired Immunodeficiency Syndrome, and Sexually Transmitted Infections (Permenkes 23/2022) precisely in Article 29 paragraph (1) which stipulates that Surveillance activities are carried out by program managers or health information system managers at health service facilities, district/city health offices, provincial health offices, the Ministry of Health, and cross-sectors. Furthermore, the results of HIV, AIDS, and STI surveillance activities must be inputted or recorded in the HIV, AIDS, and STI information system that is integrated with the information system of the Ministry of Health.

In more detail, Article 37 paragraph (1) (Permenkes 23/2022) states that program managers at health offices and health service facilities conducting HIV,

¹³ Angga Eko Pramono, Nur Rokhman & Nuryati, "Telaah input data sistem informasi kesehatan di Puskesmas Gondokusuman II Kota Yogyakarta" (2018) 3:1 J Kesehat Vokasional 44–52.

¹⁴ *Ibid.*



AIDS, and STI response activities including health service facilities owned by the Indonesian National Army, the Indonesian National Police, other agencies and privately owned are required to record. Then in paragraph (2) The results of the recording are processed for reporting in stages to the district/city health office, provincial health office, and the Ministry of Health, where recording and reporting are carried out through the HIV, AIDS, and STI information system. To serve as analytical material for policy-making and follow-up.

The mandatory integration of medical record data through SIHA means that parties who are obliged to implement data integration must be involved and carry out their obligations. If their obligations are not fulfilled, the party must be legally responsible. Legal liability is closely related to the concept of rights and obligations. The concept of rights refers to the understanding that rights are always related to obligations. In general, the rights a person has are always related to the obligations of others. One concept that relates to legal obligations is legal responsibility. This means that a person can be held legally accountable for his actions, and he will face sanctions if his actions violate applicable regulations.¹⁵

Every health institution involved in managing such data must comply with applicable legal provisions. One of the obligations that must be fulfilled is the filling of complete and accurate data into SIHA, including patient medical and social data. This obligation is not only related to the quality of health services but also to the protection of patient rights and transparency in the management of medical information. Therefore, any errors or omissions in entering data can lead to legal consequences, which are regulated in the applicable regulations.

In this case, the law requires the integration of such medical record data as part of systematic efforts to combat HIV, AIDS, and STIs in Indonesia. By Health Law No. 17 of 2023, health information systems, including SIHA, must be well-managed to support health sector development. This data integration obligation is not only limited to recording and reporting but also to standards and procedures that must be adhered to by medical officers and health facilities. If this obligation is not properly implemented, administrative sanctions may be imposed to encourage compliance with the regulations.

Administrative sanctions applied to those who do not fulfill the obligation to integrate medical record data are preventive and corrective. The sanctions can be in the form of verbal warnings, written warnings, or dismissals aimed at ensuring that health facilities comply with existing regulations. In hospitals, this is regulated as Article 189 paragraph (2) of the Health Law. The application of these sanctions aims to maintain the quality of medical data management and ensure that existing data can be used to support evidence-based health policies. Thus, every health service provider is obliged to understand and implement data integration obligations carefully, so as not only to fulfill legal provisions but also to provide maximum benefits for HIV and STI prevention efforts in Indonesia.

CONCLUSION

The integration of medical records of HIV and STI patients through the HIV/AIDS Information System (SIHA) is an important step in improving the effectiveness and

¹⁵ Ridwan HR, *Hukum Administrasi Negara* (Jakarta: Raja Grafindo Persada, 2011).



efficiency of the health information system in Indonesia. The requirement to integrate these data not only aims to improve the quality of health services but also to ensure accurate and comprehensive medical information management to support data-driven health policies. Based on the prevailing regulations, each health facility is required to enter complete and accurate data into SIHA, taking into account compliance with the standards and procedures outlined in the SIHA.

Integration of medical record data on HIV and STI patients through SIHA is mandatory. On the other hand, the management of medical record data must be done carefully and by existing regulations, to ensure the protection of patient rights and the quality of health services. Administrative sanctions are imposed on those who do not comply with this obligation, to improve data management and encourage compliance with applicable regulations.

DECLARATION OF CONFLICTING INTERESTS

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