

Regional Health System Policy Formulation Model in Majalengka District

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Abstract

This research was motivated by the fact that the Majalengka Regency Government does not yet have references and guidelines for regional health development that are appropriate to the specific conditions, needs and health problems in each region. This prompted the Majalengka Regency Government to prepare a Regional Health System (SKD) policy which was carried out together with the Regional People's Representative Council (DPRD) of Majalengka Regency, but in its implementation there were several obstacles and problems that made the preparation process not in accordance with the stages of preparing public policy formulation. The aim of this research is to study and carry out in-depth analysis and data analysis related to the Regional Health System policy formulation model in Majalengka Regency. This research uses a qualitative method with a case study approach. The research instrument is the researcher himself through interviews, questionnaires, documentation and observation. Data analysis uses triangulation. The research results explain that the Majalengka Regency Regional Health System policy formulation process has not been effective as assessed from seven stages, namely: 1) Problem Assessment; 2) Determination of goals; 3) Alternative Formulation; 4) Model Preparation; 5) Determination of criteria; 6) Alternative Assessment; 7) Formulation of Recommendations. Factors causing the ineffectiveness of the Regional Health System policy formulation process in Majalengka Regency: 1) Problem Assessment: only paying attention to the important aspects of national policy and provincial policy; 2) Determining objectives: specific regional and community conditions and needs have not been accommodated firmly and clearly; 3) Alternative Formulation: only refers to Presidential Decree 72/2012; 4) Model preparation: regional policy collaboration is not yet visible and causal relationships have not been clearly revealed; 5) Determining criteria: using commitments that have been determined by WHO and nationally; 6) Alternative Assessment: refers to the priority scale of study results from academic texts); 7) Formulation of recommendations: based on the national health system which is handed down to the regions.

Keywords: *Model, Policy Formulation, Regional Health System.*

INTRODUCTION

Health has a big role in improving people's standard of living, therefore all countries strive to provide the best possible health services. Health is one of the components determining the success of increasing

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the Human Development Index (HDI). Today, the health sector in Indonesia faces various increasingly complex challenges. These challenges include the existence of disparities in public health status, especially those that occur in several regions in Indonesia. Regulations related to health development must be able to adapt to overcome dynamic problems in the era of decentralization.

The success of developed countries such as America and Germany in health development is by using a decentralized approach. Therefore, to ensure the success of regional health development, it is necessary to develop a Regional Health System (SKD). In this regard, the position of SKN is a suprasystem of SKD which describes specifically the elements of health efforts, health financing, health human resources, drug resources and health supplies, community empowerment and health management in accordance with regional potential and conditions. SKD is a reference for various parties in the implementation of health development in the region which is carried out by all components in the region in an integrated and mutually supportive manner to ensure the highest level of public health is achieved.

Law no. 23 of 2014 concerning Regional Government states that one of the concurrent affairs that is the responsibility of the region in basic services is health. This is especially emphasized on the management of health human resources, pharmaceutical preparations of health equipment and food and drink, health empowerment, and health efforts. Regions increasingly play an important role in providing health services with the existence of 12 Minimum Health Service Standards regulated in PP No. 2 of 2018. However, the health development goals in Majalengka Regency still need to be optimized further, because the 2021 HDI figure is 67.81 points from the target of ≥ 80 and the Life Expectancy Rate (AHH) is at 70.46 years. Health development challenges are also increasingly complex. Availability and distribution of health workers is still a problem, open access and quality of health services, especially in remote areas, the double burden of epidemiology of communicable and non-communicable diseases, the double burden of community nutritional status, as well as the development of epidemiology of new diseases are also challenges for health development in Majalengka Regency.

Some of the problems that have arisen make it something that needs to be underlined that the policy analysis process is a series of intellectual activities carried out in the process of activities that are basically political in nature. This political activity is explained as a policy-making process and is visualized as a series of interdependent stages arranged in time sequence: agenda setting, policy formulation, policy adoption, policy implementation, and policy assessment. Policy analysis can produce policy-relevant information at one, several, or all stages of the policy-making process, depending on the type of problems faced by the clients it helps. In the public policy formulation phase, the political realities surrounding the public policy making process must

not be separated from the focus of the study. Because if we remove political reality from the process of making public policy, it is clear that the resulting public policy will have poor field aspects. A public policy product that is poor in its field aspects will clearly encounter many problems at the next implementation stage and what must not be forgotten is that its implementation in the field where public policy lives is never sterile from political elements.

The stages in the Regional Health System policy-making process have the characteristics of policy formulation where officials formulate policy alternatives to overcome problems. Policy alternatives see the need for executive orders, judicial decisions and legislative actions. The illustration here states that the Majalengka Regency Government, in establishing a Regional Health System, taking into account regional government, hospitals, communities and the private sector, has a reference and method for implementing regional health development that is synergistic, effective and efficient, so that a level of public health is achieved as high as possible and a prosperous Indonesia. In the policy process, policy formulation is the core of the policy itself, because here the boundaries of the policy that will be produced are formulated and in a policy formulation process input, ideas, opinions from the community and other policy-making actors will be known so that the policy that will be made after implementation does not conflict with the wishes of the community.

In general, there are no empirical studies that show the effect of SKD implementation on improving the level of public health in the region. Publications about SKD focus more on the impact felt in the health sector after the existence of SKD, namely regarding regulation of the health sector in the regions, financing of health efforts, the existence of regional health insurance, improving hospital services through the formation of hospital autonomy in the form of the Public Service Agency (BLU); implementation of a contract system related to health resources, development of organizational structure and surveillance (Kharisma, 2018). There has not yet been a study on the Regional Health System Policy formulation model in Majalengka Regency in the Majalengka Regency Government.

Initial observation results in Majalengka Regency do not yet have references and guidelines for regional health development that are appropriate to the specific conditions, needs and health problems in each region. On the basis of these conditions, the Majalengka Regency government, through the Health Service, prepared a Regional Health System (SKD) policy which was carried out together with the legislative institution, namely the Regional People's Representative Council (DPRD) of Majalengka Regency, but in its implementation there were several obstacles and problems that made the preparation process not yet complete. in accordance with the stages of preparing public policy formulation.

This phenomenon is what the author makes into a more comprehensive and in-depth study by using The Rational

Comprehensive Theory, Dye (2008) which explains public policy as "maximum social gain", meaning that the government as a policy regulator must be able to choose policies that provide benefits. optimal for society, and in policy formulation it must be based on decisions whose rationality has been taken into account, namely the ratio between sacrifice and the results to be achieved, through a theoretical approach. The stages of the public policy formulation process are: problem assessment, determining goals, alternative formulation, model preparation, determination of criteria, alternative assessment, and formulation of recommendations.

METHOD

The research method used is a qualitative case study method with the nature of a Prospective Case Study. The research instrument is the researcher himself through interviews and observations. The aspects studied in the operational parameters of this research use The Rational Comprehensive Theory for a case study of the Regional Health System Policy Formulation Model in Majalengka Regency. The criteria for sources who can be selected and considered to represent the information in this research are the Chair of the Majalengka Regency DPRD, the Head of the Majalengka Regency Bapelitbangda, the Head of the Majalengka Regency Health Service, the Head of the Majalengka Regency Communication and Information Service, the Head of the Majalengka Regency Ministry of Religion Office, the Director of Cideres Regional Hospital, the Service Secretary Majalengka Regency Health, Head of the Basic Services and Welfare Division of the Majalengka Regency Bapelitbangda, Head of the Planning, Evaluation and Reporting Subdivision of the Majalengka Regency Health Service, Head of the Community Health Center and the researcher himself as key informants. The stakeholder in this case is the Chair of the Non-Governmental Organization. This research uses several instruments for data collection, namely through interviews, questionnaires, documentation and observation. The data analysis model used is the Miles and Huberman (1984) model, namely data reduction, data display, and conclusion drawing/verification.

RESULT AND DISCUSSION

Majalengka Regency Regional Health System Policy Formulation Process

The Regional Health System policy formulation process in Majalengka Regency, as has been explained, has not been actually carried out and is not systematic as in the 7 (seven) stages of Policy Formulation according to Mustopdjaja (2002). This is illustrated by:

First stage: Planning which includes examining the problem through a literature review related to the health system, problem analysis and empirical experience of implementing the health system in Indonesia, and understanding the basic theory of the system and its application in health development in Majalengka Regency. The objective

determination stage refers to Law Number 36 of 2009, while the formulation of alternative Regional Health System policies refers to Presidential Decree 72/2012.

Second stage: Preparation which includes the preparation of the model depicted in the stages: (1) Assessment and preparation of operational objectives by taking into account aspects of national policy interests, provincial policies which are then collaborated with regional policies; (2) The Majalengka Regency Government in its efforts to determine alternative regional health policies through several methods including rapid surveys, literature reviews and analysis with experimentation; (3) The Majalengka Regency Government in its efforts to determine alternative regional health policies through several methods including rapid surveys, literature reviews and analysis with experimentation; (4) Cost preparation is intended for investment costs and operational costs; (5) The implications of this policy are the improvement of public health, equitable development of public health and community involvement in government programs; (6) The impact/consequences of each alternative Regional Health System policy will have an impact on increasing the number of health services.

The third stage of discussion includes determining criteria and evaluating alternatives. Determining policy criteria for the Regional Health System of Majalengka Regency takes into account WHO commitments contained in the guidelines for strengthening the health system and national commitments contained in the National Health System.

The determination/ratification and promulgation which includes the formulation of policy recommendations for the Majalengka Regency Regional Health System begins with the preparation of an Academic Paper by the Health Policy consultant from the University of Indonesia which has been discussed together through FGD with stakeholders in Majalengka Regency to produce a Draft Regional Regulation on the Regional Health System Majalengka Regency.

Factors Causing the Ineffectiveness of the Regional Health System Policy Formulation Process in Majalengka Regency

The factors causing the ineffectiveness of the 7 (seven) stages of the Regional Health System policy formulation process in Majalengka Regency are as follows:

1. Problem Assessment

The aim of problem assessment is to discover and understand the nature of the problem of a problem and then formulate it in a cause, and effect relationship. However, in reality, the study of the problems prepared has not been effective because it only pays attention to aspects of national policy interests, provincial policies which are then collaborated with regional policies, while the formulation of the cause, and effect relationship of the problem is not studied in depth.

2. Goal setting

Goal setting is the stage for determining the goals to be achieved through public policies that will soon be formulated. In determining SKD's goals, it still prioritizes the national goal of equal distribution of service benefits, whereas specific regional and community conditions and needs have not been accommodated firmly and clearly.

3. Alternative Formulation

Alternatives are a number of problem-solving solutions that may be applied to achieve a predetermined goal. The formulation of alternative Regional Health System policies only refers to Presidential Decree 72/2012.

4. Model preparation

A model is a simplification and reality of the problems faced which are realized in causal relationships. In compiling the model, we only pay attention to aspects of the interests of national policy and provincial policy, while regional policy collaboration is not yet visible. In determining regional health policy alternatives, several methods are used, including rapid surveys, literature reviews and analysis using experimentation, but the causal relationship has not been clearly revealed.

5. Determining criteria

Policy analysis requires clear and consistent criteria for assessing the policy alternatives offered. Criteria that can be used include economic, legal, political, technical, administrative, community participation, and others. In its implementation, determining the criteria used in formulating the Majalengka Regency Regional Health System policy uses commitments that have been established by the world (WHO) and nationally.

6. Alternative Assessment

Alternative assessment is carried out using criteria with the aim of getting a further picture of the level of effectiveness and feasibility of each alternative in achieving goals. In its implementation, the alternative assessment carried out refers to the priority scale of the results of studies from academic texts carried out by third parties (academics) using a priority scale as per the commitments that have been determined, both by the world (WHO), national, provincial and local (regency).

7. Formulation of Recommendations

Recommendations are prepared based on the results of an assessment of policy alternatives that are expected to achieve the objectives optimally and with the smallest possible impact. In reality, the formulation of recommendations is carried out based on the national health system which is handed down to the regions.

Typical Policy Formulation Model in the Majalengka Regency Regional Health System Formulation Process

The formulation process that occurred in the Majalengka Regency Regional Health System, researchers analyzed the formulation process based on the policy formulation model that was determined to be a reference. Based on the explanation of the policy formulation analysis process for the Regional Health System of Majalengka Regency, it was found that the formulation model that is typical of the policy formulation process for the Regional Health System of Majalengka Regency is the Comprehensive Rational Model. This is illustrated by the stages of preparing the Majalengka Regency Regional Health System policy formulation model which has been carried out in the following stages:

1. **Assessment and preparation of operational objectives**
To obtain a comprehensive health policy formulation model, it is necessary to assess and formulate operational objectives by taking into account aspects of national policy interests, provincial policies which are then collaborated with regional policies. Apart from that, the information aspect is very important in preparing operational goals, especially to improve the weaknesses of the existing model to obtain improvements so as to produce a good model.
2. **Prepare various policy alternatives**
The Majalengka Regency Government has and has prepared various policy alternatives through several methods including rapid surveys, literature reviews and analysis with experimentation. Policy alternatives are based on statutory regulations as derivatives in policy formulation.
3. **Compile a Value Inventory**
The basis for preparing an inventory of the value of formulating regional health policies in Majalengka Regency is the laws and presidential regulations and specifically contained in regulations UU-36/2009 and Presidential Decree-72/2012.
4. **Prepare a series of possible costs and profits**
The research findings found that there were several indications of the implementation of this policy, starting from the financing aspect to management and management of the beneficiaries.
5. **Calculate the consequences/consequences**
Research findings show that the results or consequences in formulating policy models to produce rational and comprehensive models have been carried out well by stakeholders and policy implementers. The factor that needs to be taken into account is that the impact of the health policy must be able to improve aspects of community empowerment and fair and equitable development of public health.
6. **Compare the effects/consequences of each alternative**
Based on the findings in this research, policy makers and policy implementers have made maximum efforts in selecting and

comparing the consequences of each existing alternative. There must be synergy between the regional government and the provincial and central governments, there is development and development of Majalengka into an aero city, so that this will have an impact on increasing the number of health services.

Researchers can explain that The Rational Comprehensive Theory Dye, Thomas R. (2008) can be developed even though there are still weaknesses at the field level. This means that there are still factors inhibiting the Majalengka Regency SKD policy formulation process. Therefore, this theory is combined with research findings that there are relationships (interconnections) between various institutions, groups, society including individuals so that the resulting SKD policy formulation provides spaces for roles and relationships that are truly clear and productive.

CONCLUSION

The Majalengka Regency Regional Health System policy formulation process has not been effective as assessed from seven stages, namely: problem assessment, determination of goals, alternative formulation, model preparation, determination of criteria, alternative assessment, formulation of recommendations. Factors causing the ineffectiveness of the Regional Health System policy formulation process in Majalengka Regency: 1) Problem Assessment: only paying attention to the important aspects of national policy and provincial policy; 2) Determining objectives: specific regional and community conditions and needs have not been accommodated firmly and clearly; 3) Alternative Formulation: only refers to Presidential Decree 72/2012; 4) Model preparation: regional policy collaboration is not yet visible and causal relationships have not been clearly revealed; 5) Determining criteria: using commitments that have been determined by WHO and nationally; 6) Alternative Assessment: refers to the priority scale of study results from academic texts); 7) Formulation of recommendations: based on the national health system which is handed down to the regions.

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