

Collaborative governance in prevention of the spread of pulmonary tuberculosis in Serdang Bedagai district in 2024

Welong S. Surya¹, Balqis Nurmauli Damanik^{2*}

¹Health Administration Study Program, Sekolah Tinggi Ilmu Kesehatan Bethesda Tomohon, Indonesia

²Public Health Study Program, Sekolah Tinggi Ilmu Kesehatan Columbia Asia, Medan, Indonesia

ARTICLE INFO

Article history:

Received Dec 3, 2024

Revised Dec 10, 2024

Accepted Dec 17, 2024

Keywords:

Collaborative Governance
Tuberculosis
Prevention
Public Health
Serdang Bedagai

ABSTRACT

Preventing the spread of pulmonary tuberculosis (TB) in Serdang Bedagai Regency in 2024 requires a collaborative governance approach involving various stakeholders. Based on the Global TB Report 2023, Indonesia ranks second in the world in the number of TB cases, with an estimated 1,060,000 new cases and 134,000 deaths per year (Kork et al., 2021). TB prevention efforts must involve the health and non-health sectors simultaneously, with the aim of finding and treating all TB cases until cured. This study uses a qualitative descriptive method with data collection techniques through interviews and literature studies, involving informants from various government agencies and community organizations. The results of the study show that there are three main elements in collaborative governance: principled engagement, shared motivation, and capacity for joint action. Principled engagement includes open and inclusive communication between stakeholders, while shared motivation is characterized by mutual trust and understanding between actors. The capacity for joint action involves procedures, leadership, knowledge, and resources coordinated by the local government. This study emphasizes the importance of cross-sector collaboration to achieve TB elimination in Indonesia by 2030.

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Corresponding Author:

Balqis Nurmauli Damanik,
Public Health,
Sekolah Tinggi Ilmu Kesehatan Columbia Asia,
Jl. Sei Batang Hari No.58, Babura Sunggal, Kec. Medan Sunggal, Kota Medan, Sumatera Utara 20112,
Medan, Indonesia
Email: damanikbalqis85@gmail.com

INTRODUCTION

Based on the Global TB Report 2023, Indonesia currently ranks second in the world after India with an estimated 1,060,000 new TB cases with 134,000 deaths per year, this figure is higher than in previous years. TB is a chronic, contagious and deadly disease, around 17 people per hour die from TB. One strategy is to find all TB cases and treat them until cured, so that TB transmission can be stopped. These TB control efforts are homework for all parties not only the health sector but also the non-health sector must be involved. Multi-party collaboration and cooperation are needed to

achieve Indonesian End TB. In 2024 Indonesia will hold various movements to achieve TB Elimination by 2030 (Zhang et al., 2023)(Sitepu et al., 2020).

The graph shown illustration the percentage of TB (Tuberculosis) cases in various districts/cities in North Sumatra Province (Herawati, 2021)(Handayani, 2021)(Maziyya, 2023). This graph sorts the estimated percentage of TB cases in each region, represented by colored bars with different heights, according to the percentage. North Sumatra Province as a whole has 27% of TB cases, with an estimated 74,434 cases. In this graph, it can be seen that TB cases are unevenly distributed in North Sumatra, with some areas having very high prevalence, especially in urban areas such as Medan and Binjai, while some other areas have a much lower percentage, such as Serdang Bedagai Regency (below 20%) (Putra et al., 2023).

In accordance Presidential Regulation No. 67 of 2021, which states that expand the use of quality TB prevention and treatment services, collaborative efforts and health promotion to the community can be carried out through the massive dissemination of accurate information about TB to the community in through public communication channels and changes in community behavior in the prevention and treatment of TB (Oga-Omenka et al., 2023). This series of policies demonstrates the strong commitment of the Indonesian government to deal with TB, with regular policy updates to ensure optimal and standardized health services at all levels, from central to regional. The main focus is to improve minimum service standards and ensure access and effectiveness of TB programs throughout Indonesia (Nadjib & Setiawan, 2020)(Fitri & Sulidah, 2024)(Vanchapo et al., 2024). It is important to eliminate TB because (1) TB is a chronic disease that can be easily transmitted through the air, potentially spreading in the family environment, workplace, school, and other public places; (2) TB treatment is not easy, with the possibility of drug side effects, and requires a long treatment period (at least 6 months); and (3) TB that is not treated completely can cause drug resistance (drug resistance)(Sherman et al., 2023).

TB not only affects physical health aspects, but also the social, psychological, and economic aspects of society (Mahendra, 2020)(Papeo et al., 2021)(Ansyori et al., 2023)(Alfiyani, 2023). Reaching everyone with TB and ensuring that every patient is treated until cured requires an approach that extends beyond the health sector. As an effort to realize Universal Health Coverage, the success of TB elimination is determined by the contribution and collaboration across sectors by multiple parties and all levels of society on an ongoing basis. Each sector plays an important role in achieving the TB elimination target before 2030.

In 2020, based on the target of 6,090, 4,326 TB suspects (SPM) were achieved (71%); in 2021, based on the target of 7,454, 3,081 TB suspects (SPM) were achieved (41%); in 2022, based on the target of 8,511, 6,159 TB suspects (SPM) were achieved (61%); and in 2023, based on the target of 11,837, 6,503 TB suspects (SPM) were achieved (55%) on September 30, 2024, based on the target of 13,998, 6,335 TB suspects (SPM) were achieved (45%).

RESEARCH METHOD

This study used a descriptive method with a qualitative approach and data collection techniques through interviews and literature studies. The selection of informants was carried out purposively, namely, parties who are considered representative with consideration of the relevance between the knowledge and information possessed by the informant with the topic being studied. The informants in this study were divided into two categories: main informants and triangulation informants. The main sources of information in this study are as follows: a) The Regent of Serdang Bedagai, b) Head of the Health Service of Serdang Bedagai Regency, c) Head of Community and Village Empowerment Service, d) RSSH Project Coordinator (Resilient and Sustainable System for Health), e) ADINKES (Association of Health Services), f) Private Companies in Serdang Bedagai Regency

The secondary data sources of this study consisted of relevant literature, books, or data related to the research topic. Primary and secondary data were then processed and described in

narrative form according to the data needs of the discussion. The data validity checking technique used is triangulation, namely by checking the degree of trust, transferability, dependence, and certainty.

RESULTS AND DISCUSSIONS

Collaborative Governance emphasizes collaborative interactions between stakeholders and public institutions in consensus-oriented decision making. Ansell and Gash (2007) defined collaborative governance as a form of government structure in which one or more public agencies directly engage with non-state stakeholders in a formal, consensus-oriented, deliberative decision-making process that leads to the formulation or implementation of public policy, or can also be in the form of a public program or asset management: a) Forums are initiated by public bodies or institutions, b) Participants in the forum included non-governmental actors, c) Participants are directly involved in decision making, d) The forum is formally organized and meets collectively, e) The forum aims to make decisions by consensus, f) Collaboration focus on public policy or public asset management

(Emerson, 2015) stated that collaborative governance is a process and structure of public policy decision-making and management that constructively involves actors at the boundaries of public institutions, government and society, and private and civil organizations to implement public interests that cannot be achieved if only done by one party (Amin et al., 2021).

This can be interpreted as "Governance multipartner" which is governance that is able to include partnerships between the state, the private sector, and civil society and communities, and join government arrangements and are hybrid, such as public-private partnerships and private and social partnerships. This includes several community-based collaborative actions involved in the management of shared resources and collaborative structures between governments. Emerson and Nabatchi (2015) provide a broader definition of Collaborative Governance, which is a process and structure of public policy formulation, decision-making, and public management involving the community and public agencies, levels of government, the private sector, and the public sphere to achieve unresolved public goals (welfare). The collaborative governance framework has various dimensions, namely system context, Collaborative Governance Regime (CGR), and collaboration dynamics, as depicted in the following figure:

Emerson focused on the three interaction components of dynamic collaboration. These components are principled engagement, shared motivation, and the capacity for joint action.

Sub Theme 1. Principled engagement

Based on the interview results obtained from informants, it can be seen that the principled engagement in table 1 is as follows:

Table 1. Principled engagement

Informant	Principled Engagement
1	In preventing the transmission of tuberculosis in Serdang Bedagai Regency, it must be oriented towards public interest. Procedural decisions and substantive provisions are a combination of two processes in every policy-making for preventing the transmission of tuberculosis
2	actors with different backgrounds can work together to solve problems or create value.
3	Through the involvement of stakeholders in the process, collaboration can take place and can encourage motivation and joint action to achieve goals.
4	Routine communication is used to identify opportunities for mutual benefit between actors and the quality of deliberation needs to pay attention to the effectiveness of communication.
5	Can produce a joint agreement by forming a joint agreement
6	The meetings held became a means to share information, criticism and suggestions for future tuberculosis transmission prevention programs.

Based on the explanation in the table above, principled engagement focuses on identifying values, and all problems become common interests among stakeholders. An ongoing process to clarify objectives and classify the rights and obligations of stakeholders. To prevent the transmission of tuberculosis in Serdang Bedagai Regency, it must be oriented towards public interest. Procedural decisions and substantive provisions are a combination of two processes in every policy-making process to prevent the transmission of tuberculosis in the Serdang Bedagai Regency. Through this principled engagement, actors from different backgrounds can work together to solve problems or create value. Emerson and Nabatchi (2015) define principled engagement as open and inclusive communication that occurs over time through four basic processes: discovery, definition, deliberation, and determination.

Through this process, collaboration can encourage motivation and joint actions to achieve goals. Principled involvement is interpreted in terms of obedience, communication, and inclusiveness. The meetings held were a means to convey information, criticism, and suggestions for future tuberculosis prevention programs. Routine meetings are conducted not only face-to-face but also through technology such as email or chat applications such as WhatsApp.

According to Ansell and Gash (2007), direct discussion focuses on whether the implementation of routine communication has been carried out, where routine communication is used to identify opportunities for mutual benefit between actors, and the quality of deliberation needs to pay attention to the effectiveness of communication. From the information obtained through informants, it can be seen that a joint principle movement was created through a meeting forum, although it is not yet optimal, as can be seen from the lack of involvement of NGOs or Tuberculosis Care Communities in Serdang Bedagai Regency, North Sumatra, which were formed and strengthened through an interactive process of discovery, definition, deliberation, and determination in preventing the transmission of Tuberculosis in Serdang Bedagai Regency.

Sub Theme 2. Shared motivation

Based on the interview results obtained from informants, it can be seen that the Shared Motivation referred to in table 2 is as follows:

Table 2. Shared motivation

Informant	Shared motivation
1	There must be a sense of mutual trust and understanding between stakeholders as well as mutual respect and sympathy for each other. With mutual respect and understanding, this will result in a sense of trust as co-workers and a commitment to sharing in the handling and prevention of tuberculosis transmission.
2	The existence of a sense of trust can provide benefits from collaboration between actors, for example the government needs NGOs and communities to reach key populations and the general public, NGOs also need legitimacy to get assistance from the government.
3	Through joint meetings, a sense of trust is established between one actor and another. Building trust is important, because with trust, it can provide benefits of collaboration between actors.
4	Involving NGOs or Tuberculosis Care Communities to take joint action in combating TB
5	The existence of mutual trust between actors will result in a sense of mutual understanding (shared understanding).
6	Shared motivation will be achieved through shared trust, mutual understanding, internal legitimacy, and commitment.

Based on the explanation in the table above, there must be a sense of mutual trust and understanding between stakeholders, as well as mutual respect and sympathy for each other. With mutual respect and understanding, it will produce a sense of trust as co-workers and a commitment to share in the handling and prevention of tuberculosis transmission in the Serdang Bedagai Regency.

Emerson and Nabatchi's concept of shared motivation is slightly different from Ansell and Gash's concept of shared understanding, which Ansell and Gash defined as an effort to identify common values through an agreement on the definition of the problem (Gabrielian,

1999)(Moleong, 2013). Through joint meetings, a sense of trust is established between actors. Building trust is important, because it can provide benefits of collaboration between actors; for example, the government needs NGOs and communities to reach key populations and the general public; NGOs also need legitimacy to get help from the government (Dewi & Qodarsasi, 2024).

After mutual trust exists between the actors, it produces a sense of mutual understanding (shared understanding). From the information obtained, it can be seen that shared motivation was created regarding the prevention of Tuberculosis transmission. Shared motivation is achieved through trust, mutual understanding, internal legitimacy, and commitment. However, the elements of mutual understanding and commitment are not evenly distributed among all actors, and there is no involvement of NGOs or communities concerned with tuberculosis. This affects the next stage of collaboration dynamics, namely, the capacity to take joint action.

Sub theme 3. Capacity for Joint Action

Based on the interview results obtained from informants, it can be seen that the Capacity for Joint Action referred to in table 3 is as follows:

Table 3. Capacity for joint action

Informant	Capacity For Joint Action
1	The capacity to undertake joint action consists of elements such as procedural and institutional arrangements, leadership, knowledge, and resources. In collaboration to prevent the transmission of tuberculosis
2	It is very important to involve working groups, non-governmental organizations, and communities concerned about tuberculosis which are coordinated by the regional government, which is strengthened through regional regulations or district head regulations.
3	The capacity for collective action is the third aspect of collaborative dynamics which is the result of principled engagement and shared motivation.
4	Leadership is a capability to encourage a shared vision, where a leader is an individual who helps other individuals to achieve their goals.
5	Guidelines for organizational processes and structures, strengthening the role of leadership, so as to strengthen policies and agreements, social capital and work ethic that are integrated with the values of all parties involved.
6	Collaboration in preventing the transmission of Tuberculosis is very important to involve working groups, Non-Governmental Organizations, and communities concerned about Tuberculosis which are coordinated by the Regional Government, which is strengthened through Regional Regulations or Regent Regulations.

Based on the explanation in table above, the capacity to take joint action in collaboration to prevent tuberculosis transmission consists of several important elements that support and strengthen each other. These elements include institutional procedures and agreements, leadership, knowledge and resources. In the context of tuberculosis prevention, the involvement of various parties such as working groups, Non-Governmental Organizations (NGOs), and communities concerned with tuberculosis is very important. All of these parties must be coordinated by the local government and strengthened through clear regulations, such as the Regional Regulations or Regent Regulations. Leadership plays a very important role in directing this collaboration by helping achieve common goals and ensuring a shared vision. Leaders are expected to strengthen the processes, organizational structures, roles, and social capital that can integrate the values of all parties involved (Tiemersma & Hafidz, 2014)(Mawarti et al., 2017). Thus, solid collaboration between related parties driven by strong leadership can produce effective policies and agreements to prevent tuberculosis transmission.

The establishment of procedures and institutional agreements must be formed in accordance with what was proposed by Emerson and Nabatchi (2015)(Gill & Meier, 2000), namely the existence of a network structure and self-managed system, because when a collaborative institution has been formed, the concept of collaborative leadership is needed. Leadership is the capability to encourage a common vision in which leaders help other individuals achieve their

goals (Kreitner & Kinicki, 2014)(Osborne, 2006). However, each member is a leader in the implementation of the Tuberculosis prevention program. (Ansell & Gash, 2008) clearly described the importance of leadership in collaborative governance. Leadership can be a driver of collaboration, a key element in collaboration itself, and significant growth from collaboration. This includes the role of leaders as supporters (sponsors), facilitators, mediators, representatives of organizations, advocates, and other roles. In the collaborative process, knowledge is widely distributed through joint meetings. The meeting contains the delivery of the results of the achievements of the actors, which then become discussion materials. This process builds the knowledge of each actor.

Each actor has different knowledge characteristics, such as the Health Office through the reporting system from each health center and health service, NGOs with key population mapping reports, and working groups that submit reports related to programs and their coverage in their respective agencies. However, the distribution of this knowledge is hampered by, among others, changing actor representatives, especially in working groups or agencies, due to transfers or other things, so that the actors who attend the collaboration meetings are not always the same. From the information obtained, it can be seen that the capacity to carry out joint actions has been running through activities carried out together through procedures and joint agreements, such as the implementation of a series of activities to commemorate Tuberculosis Day. However, there are several problems that occur, especially related to funding resources that affect activities to control and prevent the transmission of Tuberculosis, as well as the lack of direct involvement of NGOs or communities concerned with Tuberculosis in collaboration.

From the explanation above, it is clear that conducting a study on collaborative governance means conducting a study on the process of how collaborative governance takes place, and not on collaborative governance as a formal institution. In relation to this research, collaborative governance is seen as a process of how collaboration takes place to prevent the transmission of Tuberculosis in North Sumatra. The conclusion of the dynamics of this collaboration is that whether the dynamics are running is determined by three elements: the movement of shared principles, shared motivation, and the capacity to take joint action. The dynamics of collaboration are in the form of a cycle that consists of components that mutually influence the course of collaboration.

CONCLUSION

Based on the description of the research results and discussion, it can be concluded that the collaborative governance process for preventing the spread of Tuberculosis in Serdang Bedagai Regency in general has not run optimally in the sense that it has not met the concept of collaboration dynamics of Emerson and Nabatchi (2015), as can be seen from the lack of synergistic collaboration with NGOs or Communities concerned with Tuberculosis. However, research findings show that the collaborative governance process for preventing the spread of tuberculosis between governments is routinely implemented. Likewise, the elements of determination or the results of joint agreements facilitated in formal meetings are still limited, and meetings discuss more about the technical aspects of the Tuberculosis prevention program. Referring to the Collaborative Governance theory of Emerson and Nabatchi (2015), determination is one of the elements that also encourages shared motivation, and the commitment to prevent the spread of tuberculosis is stronger in the Health Office, Hospitals, and Community Health Centers only, while the involvement of the private sector and the community is still lacking or not involved at all, indicating a lack of attention from the local government in collaborating or involving the private sector and the community in preventing the spread of Tuberculosis in Serdang Bedagai Regency. According to Emerson and Nabatchi's (2015) collaborative governance theory, shared commitment drives the capacity to take joint actions. Overall, all dimensions of collaborative governance can influence other dimensions, so that if one dimension does not work, the other dimensions will also

experience obstacles, which are obstacles in preventing the spread of Tuberculosis in Serdang Bedagai Regency.

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