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RESEARCH ARTICLE

COLLABORATIVE GOVERNANCE IN IMPLEMENTATION NATIONAL HEALTH INSURANCE PROGRAM IN BANDUNG CITY

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Abstract

Bandung is one of 4 (four) districts in West Java that have received Universal Health Coverage (UHC) with more than 95% participation as of January 1, 2018. In the implementation of the JKN program in Bandung, there are still some obstacles, namely collaboration between the main actors of the program has not been implemented and the lack of information socialization to the community. The purpose of this article is to analyze collaborative governance in the implementation of the JKN program in Bandung. The research method used is a descriptive method with a qualitative approach. Data collection techniques using observation, in-depth interviews, and documentation study. The results of research on collaborative governance in the implementation of the JKN program in Bandung on the dimensions of the context system that houses the JKN Program in Bandung. The implementation of the JKN program in Bandung requires improving accountability function and role sharing between various sectors involved. The dimensions of the collaborative governance regime consist of the dynamics of collaboration and collaboration action between the relevant stakeholders. Collaboration between stakeholders has not been optimal, there is still a lot of obscurity in the data request process. Collaboration between stakeholders is difficult due to the fragmentation of national, regional, and health systems. The third dimension of collaboration dynamics consisting of 3 (three) components namely principle engagement, shared motivation, and capacity for joint action needs to improve information socialization so that the equalization of health services through the JKN program can be implemented to the maximum.

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Introduction:-

The implementation of National Health Insurance (JKN) in Indonesia has been implemented since January 1, 2014. JKN is part of the National Social Security System (SJSN) which uses mandatory social health insurance mechanisms. "BPJS Kesehatan organizes a health insurance program, with the establishment of the BPJS program,

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the reach of social security program participation will be expanded gradually" (Qomaruddin, 2012). The benefits of the JKN program are comprehensive individual health services, including health improvement services, disease prevention, treatment, recovery, and also including medicine and medical materials. The provision of these benefits by using quality and cost-controlled service techniques (managed care). (SJSN Law Article 22 paragraph 1,2, Article 23, Article 24, Article 25, Article 26). "Being a participant of JKN-BPJS is profitable because in some ways when compared to private health insurance, JKN-BPJS is cheaper. Besides, JKN-BPJS guarantee also includes hospitalization, outpatient, pregnancy, and childbirth including if having to give birth by Caesarean, fully guaranteed by JKN-BPJS" (Utami&Mutiarin, 2017).

Collaborative Governance is a process in which stakeholders are engaged and bound to place the interests of each agency to achieve common goals (Cordery, 2004; Hartman et al, 2002). The implementation of JKN implementation is carried out by 4 (four) main actors, namely Participants, Social Security Organizing Agency (BPJS) Health, Health Facilities, and Government. Ansell & Gash (2007) emphasized six important criteria in collaborative governance (1) forums initiated or implemented by public institutions as well as actors in public institutions (2) participants in the forum including non-public actors (3) participants directly involved in the making and decision-making and should not refer to public actors (4) formally organized forums and collectively held meetings. (5) the forum aims to decide on the agreement together in other words this forum is consensus-oriented (6) collaboration focused on public policy or public management.

Bandung is one of the areas that run the program for the community and cooperates with all related parties. Bandung residents who will be registered as Registered Residents by the Local Government (PYDOPD) as of February 1, 2019, as many as 126,531 people consist of the poor and non-poor. The table below shows the number of residents enrolled in the JKN program whose dues are paid by the Bandung City Government.

Tabell.1:- Number of residents of Bandung registered in the JKN program and the dues are paid by the Bandung City Government.

No	Year	Amount	Percentage
1.	2018	2.275.587 Inhabitants	93%
2.	2019	2.402.118 Inhabitants	97,96%.

Sumber: <https://www.jamkesnews.com>, 2019

The table above shows that in 2018, the population of Bandung that has been registered as a participant of JKN as many as 2,275,587 people or about 93%. Based on Bandung population data from the Office of Population and Civil Registry as of the second half of 2018 a total of 2,452,179 people. The increase in the number of participants through PYDOPD 2019 was 126,531 people, so the total participation of JKN BPJS Health Bandung Branch in 2019 was 2,402,118 people or 97.96%.

Bandung is one of 4 districts/cities in West Java that have received Universal Health Coverage (UHC) with more than 95% participation as of January 1, 2018. It is the full commitment of the Bandung City Government to make the National Health Insurance Program-Kartu Indonesia Sehat (JKN-KIS) and improve the welfare of the community (<https://www.jamkesnews.com>).

Bandung's health facilities consist of 21 public hospitals and 13 specialized hospitals. Also, there are 70 health centers and 1,983 POSYANDU units spread throughout the sub-districts in Bandung. The table below shows the number of villages or villages in Bandung that have health facilities.

Tabell.2:- Number of Villages / Villages Bandung Has Health Facilities.

No.	Year	Hospital	Hospital Maternity
1.	2011	23	62
2.	2014	23	54
3.	2018	29	30

Sumber: BPS Kota Bandung, 2019

Member of Commission D of the Bandung City Council said "we want the people of Bandung to always be served their health, one of which is through the program that has helped a lot. However, we still encourage, all updates related to the implementation of the JKN program can be well informed to the community" <https://www.jamkesnews.com>. The President's Special Staff on Economics stated that sectoral egos are still a major development challenge <https://mediaindonesia.com>.

The problems faced in the implementation of BPJS require governance collaboration between the Central Government, BPJS, Local Government, and the community using a collaborative governance approach. Collaborative governance is an umbrella that directs the process to knit various activities in public administration, including intergovernmental and interagency collaboration, intersection partnerships, regional, public service networks, efforts to reach consensus, and public engagement. (Anjaya & Prasetyo, 2020).

The results of JKN policy evaluation research in 13 Provinces of Indonesia in 2020 show that several limitations in terms of accountability and lack of clarity of the role of each stakeholder involved. In the implementation of the JKN program in Bandung, there are still some obstacles, namely collaboration between the main actors of the program has not been implemented properly and the lack of information socialization to the community. The purpose of this article is to analyze collaborative governance in the implementation of the JKN program in Bandung.

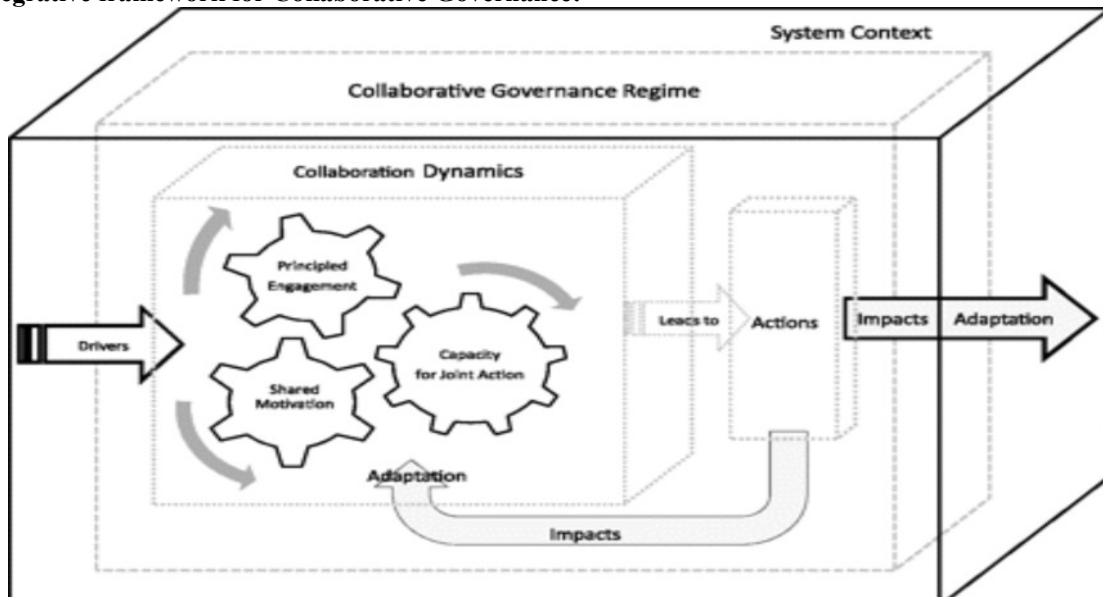
Literature Review:-

Emerson, Nabatchi, & Balogh (2012) define collaborative governance as "the process and structures of public policy decision making and management that engage people constructively across the boundaries of public agencies, levels of government, and/or the public, private and civic spheres to carry out a public purpose that could not otherwise be accomplished". Collaborative governance developed by Emerson et al., (2012) know as "An integrative framework" integrative framework. Where the framework sets out a set of dimensions that include the context of a larger system, such as collaborative governance regimes and internal collaborative dynamics and actions that result in impact and adaptation throughout the system.

The integrative framework is described as a 3 (three) dimensional box in which it enrolls system control, collaborative governance regimes, and collaboration dynamics. The three outermost dimensions are system control and then inside are collaborative governance regimes, and the deepest is collaboration dynamics. In the deepest box, there are 3 (three) elements that work together interactively ranging from principled engagement, shared motivation, and the capacity to perform actions together. More is explained in the image below.

Gambar 1.1

An integrative framework for Collaborative Governance:



Sumber: Emerson et.al (2012)

The first dimension is depicted with the outermost box which is the scope or system context that houses it. The second dimension is part of the collaborative governance regime concept consisting of collaboration dynamics and collaborative action. The third dimension of collaboration dynamics consists of 3 (three) components namely principle engagement, shared motivation, and capacity for joint action. Elements contained in the system context that can distinguish or affect collaborative governance are (a) resource condition (b) policy and legal framework (c) level of conflict/trust, (d) socio-economic (e) prior failure to address issues (f) political dynamics/power relations (g) network connectedness (h) drivers. Meanwhile, collaboration dynamics have 3 (three) interconnected components in collaborative dynamics, namely:

1. Principled engagement is a thing that arises over time among different stakeholders and in different settings. With principled engagement, parties incorporated with different content, relationships, and objectives can work together to solve problems, mitigate conflicts, and create value
2. Shared motivation, emphasizing on elements that are not visible in any personal, or often called social capital consisting of four elements
3. Capacity for joint action, with collaboration in implementing a policy or agenda, can increase the capacity of both parties to achieve common goals

Research Method:-

The research method used is a descriptive method with a qualitative approach. According to Sugiyono (2007), the qualitative descriptive method is a research method used to examine the condition of natural objects, (as opposed to experiments) where researchers are as key instruments, sampling data sources is done purposively and snowball, triangulation (combined) collection techniques. Primary data collection techniques and secondary data using (1) observation, direct observation is a method that can support the assessment of policy results (2) in-depth Interview (in-depth interview) can gather data and information more freely and in-depth (3) study documentation is the most principled procedure for collecting data and information. Documentation studies should be conducted periodically, both short, medium, and long. Then, and ends with data triangulation (Zamili 2015).

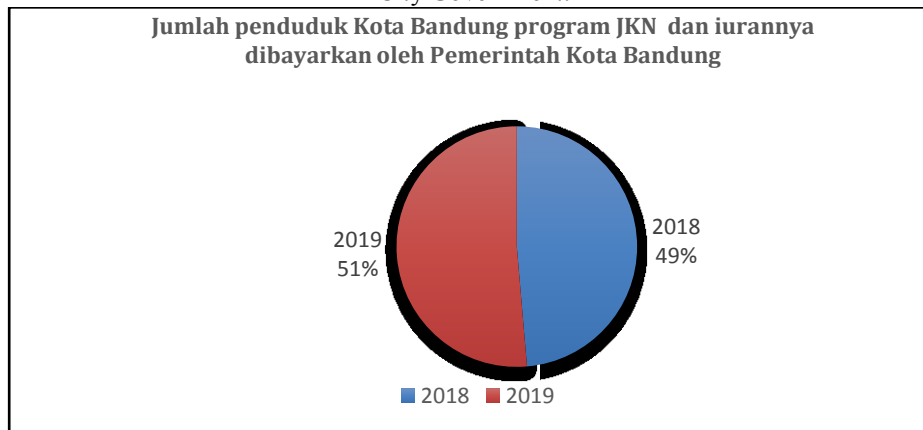
Discussion:-

The implementation of the JKN program in Bandung requires improving accountability function and role sharing between various sectors involved. The role of related stakeholders in the supervision of BPJS Kesehatan to achieve the JKN program. In the study still found problems in terms of limited accountability of data access, fragmentation of government systems. Besides, there is also a lack of clarity on the role of each stakeholder involved. This is not in line with the collaborative governance principles expressed by Emerson, Nabatchi, and Balogh (2012) the process and structures of public policy decision making and management that engage people constructively across the boundaries of public agencies, levels of government, and/or the public, private and civic spheres to carry out a public purpose that could otherwise be accomplished."

JKN program integrates the service financing function and the function of organizing individual health services. Financing of individual health services in the JKN program is carried out by Participants, BPJS Kesehatan, and the Government. The involvement of all related elements in the implementation of the JKN program in Bandung is in line with the principle of collaborative governance according to Innes & Booher, 2004; Huxam, 2008) "collaborative governance as a new form of governance process involving all different stakeholders in each other's working relationships through regular dialogue and interaction in pursuit of common goals".

BPJS Kesehatan actively collects dues from JKN participants and then combines all participants' dues and manages them. BPJS Kesehatan is obliged to accept resident registration without exception. BPJS Kesehatan must also accept the registration of the poor and incapable. Especially for the poor and incapable, the Government takes over the obligation to register, pay JKN dues that are a burden on the poor and incapable of BPJS Kesehatan. The total number of people registered in the JKN Program whose dues are paid by the Bandung City Government is 579,906 people. The diagram below shows the number of Bandung residents enrolled in the JKN program and the dues paid by the Bandung City Government in 2019.

Diagram 1.1:-Number of residents of Bandung registered in the JKN program and the dues are paid by the Bandung City Government.



Source: <https://www.jamkesnews.com>, 2019

Utilization of JKN health services in the last 5 (five) years at all service levels as much as 817.1 million or an average of about 640,822 people per day. There are also additional residents of Bandung who will be registered as Registered Residents by the Local Government (PYDOPD). In early 2019, plywood registration consisted of 256,690 people and non-poor people as many as 196,685 people, and additional PYDOPD which will soon be implemented as many as 126,531 people. Elements contained in the system context that can distinguish or affect collaborative governance are (a) resource condition (b) policy and legal framework (c) level of conflict/trust, (d) socio-economic (e) prior failure to address issues (f) political dynamics/power relations (g) network connectedness (h) drivers.

Collaboration between stakeholders has not been optimal, there is still a lot of obscurity in the data request process. These findings also occur in other developing countries, such as tuberculosis programs in South Africa that are fragmented due to different health systems between levels (Hartel, Yazbeck, & Osewe, 2018). Collaboration between stakeholders is difficult due to the fragmentation of national, regional, and health systems. Emerson et al., (2012) developed collaborative governance with the concept of "An integrative framework". Where the framework sets out a set of dimensions that include the context of a larger system, such as collaborative governance regimes and internal collaborative dynamics and actions that result in impact and adaptation throughout the system. The integrative framework is described as a 3 (three) dimensional box in which it enrolls system control, collaborative governance regimes, and collaboration dynamics. The three outermost dimensions are system control and then inside are collaborative governance regimes, and the deepest is collaboration dynamics.

The first dimension is depicted with the outermost box which is the scope or context system that houses the JKN Program in Bandung. The second dimension is part of the collaborative governance regime concept consisting of the dynamics of collaboration and collaboration action between the relevant stakeholders in the JKN program. The third dimension of collaboration dynamics consists of 3 (three) components namely principle engagement, shared motivation, and capacity for joint action.

Meanwhile, collaboration dynamics have 3 (three) interconnected components collaborative dynamics, namely (a) Principled engagement is what arises over time between different stakeholders and in different settings. With principled engagement, parties incorporated with different content, relationships, and objectives can work together to solve problems, mitigate conflicts, and create value (b) Shared motivation, emphasize elements that exist in aspects not seen in each person, or often called social capital consisting of four elements (c) Capacity for joint action, with collaboration in implementing a policy or agenda that can increase the capacity of both parties to achieve a common goal.

JKN program in Bandung needs to improve information socialization so that the equalization of health services through the JKN program can be implemented to the maximum. But there has been an increase in the equalization of access to health care, previously many low-income, and vulnerable people were unable to have adequate access to Health care. So it is necessary to socialize information intensely and continuously so that the public knows the JKN

program. The need for improved service quality and efficiency in the JKN program indicates that the program is undergoing partial reform (McIntyre, Ranson, Aulakh, & Honda, 2013).

Conclusion:-

The implementation of the JKN program in Bandung requires improving accountability function and role sharing between various sectors involved. Collaboration between stakeholders has not been optimal, there is still a lot of obscurity in the data request process. Collaboration between stakeholders is difficult due to the fragmentation of national, regional, and health systems. Besides, it is also necessary to improve the socialization of information so that the equalization of health services through the JKN program can be carried out to the maximum.

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