

The Success of Collaborative Governance to Protect Communities from Infectious Diseases in Wonosobo Regency

Tobirin¹

¹*Public Administration Department, Faculty of Social and Political Sciences, Universitas Jenderal Soedirman, Indonesia
tobirin@unsoed.ac.id*

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Abstract: This study analysed collaborative governance in the prevention of infectious diseases: TB-HIV/AIDS. Vulnerable communities were those highly at risk of being infected by these diseases. With no cure to be found yet, HIV/AIDS constantly became a major problem to our public health. This condition, by no means, could be solved by government alone. The increasing of TB and HIV/AIDS cases in Wonosobo Regency throughout the years called for better solution to stop their transmission even further. Long bureaucratic, procedural, and closed governance was no longer effective in dealing with such crisis. Thus, a change in our governance strategy was of essential. This research used qualitative descriptive methodology to explain collaborative governance effort in preventing the widespread of infectious diseases. Data was gathered through in-depth interview and secondary sources. The subjects of this study were NGOs, religious organizations, foreign institutions, and local governments, legislative institutions and educational institutions. The result of this study indicated that the involvement of public sector in dealing with infectious diseases had improved. Local government adopted a communicative, transparent, accountable, and service-oriented approach towards vulnerable communities, increasing community awareness and participation in taking care of infected individuals.

1 INTRODUCTION

Studies on health policies in the prevention of infectious and dangerous diseases are often faced with classic problems. The problem is, first, the lack of commitment from key stakeholders in managing and preventing infectious diseases such as HIV/AIDS. Strong commitment from policy makers at national and regional levels in any sector is needed to solve public health issues. Second problem is unsupportive political condition. Normally, socio-political condition is determined by the executive and legislative members' understanding of current public health issues. Public officials must then, at least, have a relevant political stance and vision to fix those issues; including the efforts needed to put infectious and dangerous diseases under control (Mitsel, et al, 2015: 63).

The same study on prevention of infectious diseases points out that institutions such as the Regional AIDS Commission (KPAD) plays a vital role in combating HIV/AIDS through a series of

dissemination and counselling, forming "Citizens Care for AIDS" group or movement, and cooperating with Public Health Department in providing ARV. This study also emphasizes on both institutional and technical constraint when implementing prevention effort of infectious diseases. Technical constraints and lack of coordination were common problems experienced by stakeholders involved in effort to prevent infectious diseases widespread. As a result, such efforts were held on the table and did not received enough attention from the public (Puadi & M. Bagus Qomaruddin, 2016; 117-128).

In line with previous research, this article discussed various conditions in dealing with dangerous infectious diseases. The role and participation of stakeholder over infectious diseases control is intensive and shows a good success rate. This can be seen from the commitment and concern of the government and non-government institutions, policies that support the performance of stakeholders are up high in priorities and more relevant to their needs.

TB-HIV AIDS is an issue of major concern in Wonosobo Regency. People with HIV/AIDS are more likely to get infected by TB and becoming the main cause of death. Thus, an effort to control over TB transmission wouldn't be effective without any effort to stop HIV/AIDS first.

Statistics showed that TB-HIV cases in Wonosobo Regency demonstrates similar trend with that of national condition. In other words, they tend to increase throughout the years. For instance, there was only one reported case of people with TB-HIV case in 2013 but in 2014, there were 14 new cases of TB-HIV/AIDS with 3 death among them. TB patients are 5.29% more likely to have TB-HIV, while people with HIV are 22.9% more likely to develop TB-HIV. This shows that HIV sufferers are at greater risk than TB patients for becoming TB-HIV. Patients with TB, HIV and TB-HIV in Wonosobo Regency in 2014 were mostly at the age of 15-50 or productive age. HIV and TB-HIV were more common in those who had married, had secondary school education, became housewives. Groups with the highest HIV risk factors are heterosexuals, had a history of contact with TB patients at home, does not have a history of local work contacts with TB patients, located in urban areas. (Hardiko & M. Sakundarno, 2015: 30:34).

Based on these reports, it is necessary then, to examine the approach taken by stakeholders, especially the frontline, in identifying and discovering people with TB-HIV/AIDS in Wonosobo Regency. In addition, government actions that are responsive to the problem of dealing with infectious and dangerous diseases, are the starting point for government to overcome this issue. Such as a new policy which incorporate more stakeholders to tackle down the issues of common concern.

In accordance with the subject matter, the problem to be examined is how the success of collaborative governance in overcoming the problem of dangerous infectious diseases in Wonosobo Regency..

2 THEORETICAL

Collaborative governance is very essential in current practice of government. There are various reasons behind the collaboration of each institution. Junaidi (2015: 8) states that collaborative governance does not appear suddenly because it is caused by initiatives from various parties that encourage cooperation and coordination in solving problems

currently faced by the community. Collaborative Governance or collaboration in government administration arises in response to implementation of failures, high costs, and politicization of regulations (Ansell and Gash, 2007: 54).

3 METHOD

This study used qualitative research method which often known as the postpositivist flow of the phenomenology paradigm (Moleong, 2015: 51). Qualitative methods are intended to understand the phenomena experienced by the research subject. In this case, the subjects are the stakeholders involved in the management of infectious and dangerous diseases, while the form of experiences being observed including behaviour, perceptions, motivations, actions, etc. holistically and through descriptions in the form of words and languages, in certain natural contexts and by utilizing various natural methods.

Qualitative methods can also be considered as research methods to solve problems by describing them systematically, about the subject or object of current research based on facts and the relationship between phenomena as they are. The researcher used qualitative research methods to describe what happened in the field, because what was learned was the success of collaborative governance in the prevention of infectious and dangerous diseases of HIV AIDS TB. In-depth studies are needed in describing, and analyzing objects and research studies by collecting data in the field. The information obtained is then collected and analyzed, the results of the analysis in the form of descriptions are then interpreted and the results are formulated in the form of in-depth study reports.

4 RESULT AND DISCUSSION

4.1 Identification of Problems and Policies for the Prevention of Infectious Diseases

Citizens has the right to prosper. A prosperous life is reflected in the body and a healthy environment. Health is thus a human right that must be fulfilled by the central and regional governments. Infectious diseases that threaten humans will certainly cause anxiety for those with it and those around them. People who are sick need and are entitled to get the best care to cure the disease. Healthy people need protection to stay healthy and safe from these dangerous diseases.

TB-HIV/AIDS is a contagious and troubling disease and is the largest contributor to the number of deaths in Indonesia. In particular, HIV-AIDS is a type of disease known as an incurable disease, so it becomes a creature that is hated by sufferers and people who are afraid of contracting it. The empirical conditions in Wonosobo Regency show an increase in the spread of TB and HIV AIDS. Data in 2014 continues to grow with the number of people with HIV AIDS. At the end of 2015 there were 288 people, in August 2016 it increased to 342 people, out of 342 people, only about 90 were undergoing routine treatment with antiretroviral therapy (ARV). At the end of 2016 there were 350 people with HIVAIDS, this number continued to increase until September 2017, which amounted to 418 people. Likewise, in the case of Bacillus Tubercle (TB) infected patients in 2016 reached 1,018 cases. In the first quarter of 2017, 497 cases were found in January to March. An increase in the number of TB-HIV/AIDS has become a problem with relevant DPOs and other stakeholders to deal with the problem of deadly diseases in Wonosobo Regency.

In addition to the problems already mentioned, Wonosobo District experienced a significant increase in the number of TB-HIV cases. Therefore OPD with stakeholders who are concerned with TB-HIV needs to take strategic steps in taking appropriate policies for prevention, treatment, assistance and protection for TB-HIV sufferers in particular and vulnerable people in Wonosobo district. Local governments must design policies that can be a solution to the problem of preventing TB-HIV. In accordance with the thoughts and views of the AISIYAH TB-HIV Care community in Wonosobo Regency in dealing with TB-HIV there are several obstacles as follow:

1. Paradigm of people who regard TB as a curse disease, so there are still many who do not want to check PKM or Hospital.

2. Many people have positive TB but have not completed treatment for 6 months, so many people have MDR (multi-resistance drugs) or are immune to normal TB drugs and must use special drugs with higher doses and also a very high risk of transmission.

3. The location/topography of the Wonosobo region which is mostly mountainous, forested and also rains throughout the year so that cadres sometimes have difficulty reaching very far from the cadre's house.

4.2. Trust and Commitment in The Collaborative Governance Process

The concept of collaborative governance from Ansell and Gash (2007: 544) is an arrangement that regulates one or more public institutions that are directly involved with non-public stakeholders in a formal collective decision-making process, oriented to consensus and deliberation aimed at making or implement public policies or process public programs or assets. The collaborative governance model developed includes; initial conditions, referring to the resources they have in achieving the goals of the collaboration process. Institutional design, a form of collaboration that involves various parties effectively requires a functional institutional structure, facilitative leadership becomes a strategic dimension for managing existing resources can achieve goals, collaborative processes by building trust, commitment and communication which is the intention to achieve the goals of the organization

According to concept of collaborative governance, one of the most important dimensions in collaborative processes of public issue management is to build mutual trust and commitment to play an active role in achieving the collaboration's goals. One of the main problems to be addressed by Wonosobo Regency Health Department is to put infectious and dangerous diseases under control.

Prevention of TB-HIV AIDS is very important considering that people with HIV/AIDS are highly vulnerable to tuberculosis. So far, the management of TB-HIV diseases in Wonosobo Regency is integrally carried out by Aisiyah Foundation utilizing foreign funding. However, as this type of funding expires, government's role and commitment to manage TB-HIV/AIDS diseases are necessary. With more hands join in collaboration, healthy life for people with the diseases can be expected.

In order to gain more insight into this matter, focus group discussion (FGD) was conducted with various stakeholders in HIV/AIDS prevention and management. The stakeholders include: Wonosobo Health Department, Wonosobo Education Department, Quran Science University and its board member, Satpol PP, Aisiyah Foundation, Muslimat NU, hospitals and Doctors dealing with HIV/AIDS and TB issues. Based on the explanation in the FGD, systematic stakeholders in integrated steps need to be built. In the process, non-government institutions such as Aisiyah have encouraged the prevention of TB-HIV/AIDS by pioneering activities in the prevention of TB-HIV/AIDS transmission. The activities include: a) Forms operative personnel on

TB management in Wonosobo Regency called SSR TB Care 'Aisiyah Wonosobo located at Gedung Bersama Muhammadiyah, Jl. RSUD Gg Cemara No. 1 Wonosobo, b) There are 48 active personnel of Aisiyah TB Care Wonosobo in 2017 in 9 sub-districts, c) Intervention program run in 2017 focused at 9 sub-districts in Wonosobo Regency, namely Wonosobo Regency, Kertek District, Kalikajar District, Kepil District, Slomerto District, Leksono District, Garung District, Garung District, Mojotengah District and Kejar District. It is possible that there will be additional sub-district interventions in 2018 in accordance with the operational and technical guidelines of the Main Recipient 'Aisiyah.

In addition to afore mentioned activities, KPA also work on various programs such as follow:

- a. Coordinating the formulation of policy formulation, strategies and steps needed.
- b. Coordinating, managing, monitoring and evaluating the implementation of HIV / AIDS prevention.
- c. Collect, mobilize, provide and utilize resources originating from anywhere effectively and efficiently.
- d. Coordinate the implementation of the duties and functions of each member of the work group.

The dynamics of tackling TB-HIV/AIDS in Wonosobo Regency in the future will face quite complex problems with the lack of budget and the end of foreign assistance to deal with TB-HIV/AIDS. The other side of the challenge in preventing and controlling TB-HIV / AIDS in Wonosobo Regency is certainly different from other regions. These differences include vulnerable tourist attractions, the dynamics of migrant workers, deviant behaviour in the presence of sex workers, and other social illness.

Health policy issues in dealing with infectious diseases in the view of collaborative governance according to Agranoff and McGuire (2003: 76-77) which states that collaborative governance has emphasized a lot on voluntary horizontal cooperation and horizontal relations between multi-sectoral participants, due to demands from clients often exceeds the capacity and role of a single public organization, and requires interaction between various organizations involved and involved in public activities. collaboration is needed to enable structured governance so that it effectively meets the increasing demand arising from management across governments, organizations, and sectoral boundaries.

In accordance with the perspective of the concept of collaborative governance in the prevention of infectious diseases. The emphasis is on voluntary horizontal collaboration involving various parties. In this case a strong commitment as a sense of humanity to care about social problems is the key to success in the collaborative governance process. The high level of participation in the community that treats HIV AIDS TB in overcoming this disease is also supported by available resources. Aisiyah as a community institution that has great potential. In addition, this is one of the organizations appointed by the government to manage TB-HIV AIDS prevention funds. This is in accordance with the vision and mission 'Aisiyah is engaged in various fields, one of which is the health sector. Aisiyah cares about mother and child health, immunization, reproductive health, environmental health, HIV and AIDS, dealing with malaria and tuberculosis. Based on the potential and movement 'Aisiyah began to take part in TB control with the help of the Global Fund by becoming SR (Sub-Recipient) or recipient of secondary funds from Principal Recipient / PR.

In addition to voluntary hyrosantal collaboration, the importance of strategies in controlling infectious diseases such as; a) Strengthening networks with the Wonosobo Regency government, b) Strengthening institutions in internal organizations (Aisiyah, Muhammadiyah), c) Strengthening networks with al TOGA, TOMA, NGOs and networking organizations Aisiyah (Muslimat, Fatayat, PKK, GOW etc.), d) Extending the network with health facilities including 8 focused Puskesmas and 3 hospitals (MOU) (plus 7 Puskesmas 2 and PKM Mojotengah), e) Dissemination of information through counseling, talk shows, media, f) The formation of volunteer activists as the spearhead of activities (Genre, Wbb Sharing, WYC, Family Social, Tagana, g) discovery of suspicion, assistance and supervision in the context of recovery. h) Strengthening families to cure TB patients.

Description of commitment, voluntary horizontal collaboration in collaborative governance processes for the prevention of infectious diseases provides a perspective on handling public problems. A network that involves various parties is needed. The design of organizations with efficient movements becomes the driving force for achieving common goals. Prevention of infectious diseases is not only the government's responsibility but the role of the community is the key to the success of various programs..

5. CONCLUSION

Growing population, accompanied by low awareness, creates a community which is vulnerable towards infectious diseases. With no cure to be found yet, HIV/AIDS becomes major public health issue. TB often follows HIV/AIDS positive individuals and becomes major cause of death. Growing TB-HIV/AIDS cases in Wonosobo Regency throughout the years requires more attention, not only from government, but also from public in general to be solved.

Some institution like Aisiyah Foundation takes this problem as their priority. As an NGO in Wonosobo Regency, they work alongside local government to stop TB-HIV/AIDS transmission. Preventive action, assistance program, and policy advocacy has been done utilizing foreign funding. As this fund will expires soon, other sources of funding, especially from local communities and government becomes very important.

The process of collaborative governance is determined not only by the commitment of the leadership of an institution, but also a sense of community, caring, empathy and social responsibility to care about the problem of this infectious disease. In addition, the process of approaches and methods is appropriate in identifying HIV AIDS TB patients with assistance, other religious and social activities.

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