



# Implementation of the Health Bailout Assistance Policy at the North Gorontalo District Health Service

Stenly Manuel Rambulangi \*, Lisda Van Gobel, Yosef P. Koton

Department of Administrative Science, Postgraduate, Universitas Bina Taruna Gorontalo, Indonesia

\*Email (corresponding author): [srambulangi@gmail.com](mailto:srambulangi@gmail.com)

**Abstract.** The objectives of this research are: (i) To understand and analyze the implementation of the health bailout policy at the North Gorontalo District Health Service in terms of the degree of change desired, (who) implements the program, and the resources produced, (ii) To know and analyze the inhibiting factors implementation of the health bailout policy at the North Gorontalo District Health Service. This research uses a qualitative approach with a descriptive research type. The data consists of primary data from interviews with informants and observations and secondary data from document studies. The results of the research show that the implementation of the health bailout policy from the aspect of the degree of change desired, namely being a solution for the community and also beneficial for recipients of aid so that they get health insurance and provide the changes they want to achieve, the aspect of implementing the program, namely implementing the health bailout policy, is The Health Service manages the Regional Government of North Gorontalo Regency. In contrast, the resource aspect used is the facilities and infrastructure or health facilities available for health services at RSUD, but these health facilities are still inadequate. Furthermore, factors inhibiting policy implementation are limited human resources, which are insufficient and less competent, lack of government outreach to the community, and unclear population identification numbers, integrated data on social welfare for underprivileged communities, which causes the data to be invalid.

**Keywords:** Policy implementation, health bailout funds, inhibiting factors, qualitative descriptive research

## 1. Introduction

As the world's population increases, health is a human right and is very important for development. Good health will increase education, Human Resources (HR) productivity, and income. The health sector is important in meeting basic human needs. The basic human need for health includes improved nutrition and health services, which are the rights of every citizen protected by the Constitution.

Health is an example of basic public policy. Health is fundamental to every society, a human right and an element of prosperity that must be realized in accordance with the nation's ideals (Felany, 2021). According to Law Number 36 Article 1 paragraph 11 of 2009 concerning health, health efforts are a series of activities carried out in an integrated, integrated and sustainable manner to maintain and improve the level of public health in the form of disease prevention, health improvement, disease treatment and health promotion by government and/or society.

Health problems are a very important need for efforts to achieve the ability to live a healthy life for everyone. In the framework of this effort, several efforts must be made as well

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as possible by the government, including improvement, prevention, healing, and recovery efforts that are comprehensive, integrated, and sustainable. This is reasonable because program policies in the health sector are quite broad and require serious attention. Therefore, this task is not only the government's responsibility but also of all levels of society. Strengthening health systems requires a coordinated approach (Alahmari et al., 2024; Damerow et al., 2024; Frontera et al., 2023), which involves repairs:

1. Health governance and financing to support health workers.
2. Providing access to medicines and other health technologies.
3. Distribution of quality services at the community and individual level.

Health is a human right and one element of prosperity that must be realized in accordance with the ideals of the Indonesian nation as intended in Pancasila and the 1945 Constitution of the Republic of Indonesia.(Hidayat, E., & Partama, 2021). Every activity in an effort to maintain and improve the highest level of public health is carried out based on non-discriminatory, participatory, and sustainable principles in the context of forming Indonesia's human resources, as well as increasing the nation's resilience and competitiveness for national development.

Development efforts must be based on health insight, in the sense that national development must pay attention to public health and is the responsibility of all parties, both the Government and society. Therefore, every individual, family and community has the right to obtain protection for their health, and the State is responsible for ensuring that the right to a healthy life is fulfilled for its population. In other words, all interests that concern the livelihoods of many people must or require a service.

The state is obliged to serve every citizen and resident to fulfill their basic needs in order to improve the welfare of society. All public interests must be implemented by the government as state administrator, namely in various service sectors, especially those involving the fulfillment of civil rights and basic community needs (Rochim, 2022). In other words, all interests concerning the livelihood of many people must or need to have a service. The government is an institution or organization that exercises government power, while governance is the process of government activities or actions in regulating the power of a country. The ruler in this case the government that organizes the government, carries out the implementation of public interests, which are carried out by the state administrative ruler who must have authority. The government is very aware that if the community has received what is their right, namely good service, then the community will also carry out their obligations with full awareness. Health services are one of the basic rights of the community whose provision must be carried out by the government as mandated in the 1945 Constitution, Article 28 H paragraph (1). "Everyone has the right to live in prosperity physically and mentally, to have a place to live, and to have a good and healthy living environment and has the right to obtain health services" and Article 34 paragraph (3) "The state is responsible for the provision of adequate health service facilities and public service facilities" (Wulandari, P. D., Enri, U., & Primajaya, 2020).

Hospitals and health centers, both government and private, are always committed to providing the best service for patients and their families. This is reflected in the provision of complete medical equipment, professional medical personnel, and supporting facilities such as canteens, waiting rooms, and pharmacies. All of these efforts aim to ensure that the community receives fast, precise, and efficient health services. The North Gorontalo Health

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Office plays an important role in optimizing health insurance for the entire community. This office actively records residents who are eligible to receive health insurance through BPJS, to ensure that all residents are registered and have no difficulty accessing the health services they are entitled to. The North Gorontalo Regency Government has also prepared a budget for this program and appealed to the public to maintain their population administration so that it remains recorded in the system. The Health Office actively validates data, ensuring that every citizen who is entitled to receive health insurance is registered correctly. Quality health services are an indicator of a country's success in building the welfare of its people. With increasing public awareness of the importance of health, the government continues to strive through comprehensive health programs, such as the National Health Insurance (JKN) managed by BPJS. This program aims to improve access and quality of health services for the entire community, increasing their welfare. The North Gorontalo Regency Government is very concerned about the health of its citizens. Various efforts have been made to overcome barriers to accessing health services, including freeing up fees for people in need. This health service program is organized by the provincial government and the local government, with the Health Office as the technical agency responsible for its implementation.

However, there are still challenges related to limited funds for health care costs, especially for low-income people. Health care costs are often a heavy burden for them, considering that many of them have spent their belongings but have not yet recovered. This shows the importance of government attention in ensuring that all people, especially the less fortunate, can access adequate health services without worrying about being burdened with large costs. Based on initial observations made by researchers, the facts in the field show several problems regarding the health insurance program, so the government must be able to take a policy to overcome this problem.

The problem that is currently occurring in the field is that most of the people in North Gorontalo Regency who are less fortunate are no longer included in the list of BPJS Contribution Assistance Participants (PBI). So that many less fortunate people do not have health insurance. This is caused by the Population Identification Number (NIK), which is unclear and invalid and is not found in the Integrated Social Welfare Data (DTKS); some people have dual populations. Most of the people not included in the database are less fortunate. It is recorded that for North Gorontalo Regency, 2,454 people are inactive in PBI participants. Another problem is that the Regional Government has budgeted IDR 6,000,000,000 per year for the BPJS Health program, but in fact many people are not included in the program. So, the government issued a progressive policy in the form of a Bailout Fund program prepared by the regional government, which the Health Office manages to be a solution for people who are not included in the PBI participant list. It is recorded that in 2022, the Bailout Fund prepared by the regional government was IDR 600,000,000, but this figure is not enough.

In 2023, the DPRD Budget Agency agreed to allocate additional funds to increase the Health Advance Fund, but what happens every year is that the prepared Health Advance Fund is always used up. So, the Health Advance Fund scheme must be supported by a larger budget allocation. The goal is to make it easier for the public to utilize the Advance Fund assistance. Because many people are not included in BPJS Kesehatan. This is also due to the lack of socialization regarding the Advance Fund and the limited number of human resources in managing the Advance Fund. The North Gorontalo Regency Government continues to

make efforts through the Health Office to provide Advance Fund coverage for people whose BPJS contributions are no longer active. Where this health insurance is in the form of hospital care that has collaborated with the North Gorontalo Regency Health Office. Patients who are entitled to receive Health Advance Fund assistance must meet the criteria or have met the requirements of the Health Office. The number of patients who have received health insurance according to the requirements issued by the Health Office from 2021-2023 is as follows:

**Table 1.** Number of patients receiving health advance fund assistance from the North Gorontalo District Health Office in 2021-2023

No	Hospital	Number of Patients		
		2021	2022	2023
1	RSUD dr. Hasri Ainun Habibie	50	4	8
2	RSUD DR. MM Dunda Limboto	44	9	26
3	Prof. Dr. H. Aloei Saboe	47	14	26
4	dr. Hi. Zainal Umar Sidiki	27	20	224
<b>Total</b>		<b>168</b>	<b>47</b>	<b>284</b>

Data source: North Gorontalo District Health Office, 2023

The table above illustrates the number of patients hospitalized at the Regional General Hospital (RSUD) that collaborated with the North Gorontalo Regency Health Office from 2021 to 2023. In 2021, there were 168 patients recorded, namely 50 patients at RSUD dr. Hasri Ainun Habibie, 44 patients at RSUD DR. MM Dunda Limboto, 47 patients at RSUD Prof. Dr. H. Aloei Saboe and 27 patients at RSUD dr. Hi. Zainal Umar Sidiki. While in 2022 there were only 168 patients who received treatment as inpatients, namely 4 patients at RSUD dr. Hasri Ainun Habibie, 9 patients at RSUD DR. MM Dunda Limboto, 14 patients at RSUD Prof. Dr. H. Aloei Saboe and 20 patients at RSUD dr. Hi. Zainal Umar Sidiki. This number is much lower than the previous year. Meanwhile, in 2023, the number of patients recorded was 284 who received treatment, which has increased compared to previous years. This shows that hospitals that have collaborated with the North Gorontalo Regency Health Office have served patients who need treatment based on the Advance Fund assistance allocated by the government for people who are eligible to receive it.

The Advance Fund assistance prepared by the North Gorontalo Regency Health Office for people who are not included in the BPJS program for recipients of contribution assistance (PBI) who are treated in government hospitals, such as in 2023, the advance fund allocated for patients amounted to IDR 1,100,4670,967. -. It was recorded that 284 patients were covered using the Advance Fund. Of the 284 patients spread across several government-owned hospitals, 8 patients at Ainun Habibie Hospital, 26 at Aloei Saboe Hospital, 26 at MM Dunda Hospital, and 224 at Zainal Umar Sidiki Hospital. The following is a summary of claims for Advance Funds at each government-owned hospital that collaborates with the North Gorontalo District Health Office:

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**Table 2.** Summary of claims for 2023 advance funds

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No	Hospital Name	Patients	Claims
1	RSUD dr. Hasri Ainun Habibie	8	33,758,900
2	RSUD DR. MM Dunda Limboto	26	89,588,741
3	Prof. Dr. H. Aloei Saboe	26	153,981,995
4	dr. Hi. Zainal Umar Sidiki	224	823,138,331
<b>Total</b>		<b>284</b>	<b>1,100,467,967</b>

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Source: North Gorontalo District Health Office, 2023

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Based on the data shows that the government must continue to allocate Bailout Funds according to the amount needed to provide health insurance for people who are not included in the PBI participant list. Through this policy, it is hoped that there will be no more people in North Gorontalo who cannot overcome their health problems due to economic reasons or do not have the funds. So, this is a challenge for the Bailout Fund policy for the government. In this case, the Health Office must really pay attention to its people to get health insurance.

## 2. Methods

This study uses a qualitative method with a case study approach. This approach was chosen because the study focuses on an in-depth analysis of implementing the health bridging fund policy at the North Gorontalo District Health Office. Case studies allow researchers to explore the policy in detail, including how it is implemented in relation to the regulations stipulated in the Regent's Decree Number 20.1 of 2023 concerning the financing of services outside the scope of BPJS Kesehatan. Through qualitative methods, researchers can understand this policy's social context and challenges, using interviews, observations, and document analysis as data collection techniques. The location of this research was conducted at the North Gorontalo District Health Office, which is an important institution in the implementation of health bridging fund assistance. The selection of this location is based on the important role of the Health Office in managing policies related to health services for the underprivileged. The research was conducted for six months, from May to October 2024. During this period, researchers could collect and analyze data in depth. The social situation that is the focus of this research includes the place, actors, and activities related to implementing the policy.

The research location is centered at the North Gorontalo District Health Office, where various interactions occur between service employees and patients who need financial assistance. The main actors in this study are service employees who are tasked with managing health funds and patients who are recipients of assistance. These patients come from diverse social and demographic backgrounds, and this study focuses on the activities that occur in the process of assisting, including handling patients who are no longer registered as active BPJS Kesehatan participants. The data sources in this study consist of primary and secondary data. Primary data were collected through in-depth interviews with key informants, such as the

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Head of the North Gorontalo District Health Office, staff directly involved in managing health financial assistance, and patients who receive assistance.

These interviews aim to obtain direct views and information from those involved in implementing the policy. On the other hand, secondary data were obtained from various written sources, including literature, official documents, and archives that are relevant to the health financial assistance policy. In data collection, researchers used several complementary techniques. Observations were conducted to directly observe how the health financial assistance policy was implemented in the field. In addition, in-depth interviews were conducted to obtain information from sources who have important roles in implementing this policy. Documentation is also a data collection technique used to complement and strengthen data obtained through interviews and observations. Documentation includes various documents and reports related to the policy and its implementation.

The validity of the data in this study was ensured through several steps. Data triangulation was used to compare data obtained from various sources, such as interviews, observations, and documentation, to ensure the consistency of the findings. Probing techniques were also applied in interviews to ensure that the information obtained was accurate and in-depth. In addition, the researcher conducted reflections and discussions with colleagues to avoid subjective bias in data analysis. Feedback from research participants was also used to verify initial findings and ensure that the researcher's interpretation was in accordance with their experiences. This study was also conducted with strict ethical principles in mind. The researcher maintained the confidentiality and privacy of participants by using codes or aliases to protect their identities. Before starting the study, the researcher obtained permission from the authorities at the Health Office and enforced informed consent for each participant, ensuring that they understood the purpose of the study and their right to participate or refuse. The researcher also ensured that this study was conducted without discrimination or exploitation, and the findings produced were used to increase understanding and improve policies. Then, to find out the extent of the implementation of this health bailout policy, an in-depth study needs to be conducted. For this reason, the researcher decided to use the policy implementation theory with the Merilee S. Grindle model. The model states that the success of policy implementation is determined by the degree of implementation of the policy. The contents of the policy in question are: a) The degree of desired change, b) (Who) implements the program, c) Resources used. From the evaluation of policy implementation through these indicators, it can be seen how the implementation of the Health Assistance Fund Policy is and what are the inhibiting factors in implementing the Health Assistance Fund Policy at the North Gorontalo District Health Office. Inhibiting factors include a) Limited Human Resources, b) Lack of Socialization, and c) Unclear Population Identification Number (NIK) and Integrated Social Welfare Data (DTKS).

### **3. Results and Discussion**

#### **3.1. Implementation of the Health Assistance Fund Policy at the North Gorontalo District Health Office**

As previously explained, the process of analyzing the implementation of the health bailout policy at the North Gorontalo District Health Office, the researcher will use Merilee S. Grindle's theory, which includes: a) The degree of change desired, b) (Who) implements the

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program, and c) Resources used. The following are the research results that the researcher obtained:

### **3.1.1. Degree of Desired Change**

Based on the study's results on the degree of desired change in implementing the health bailout fund policy, it was found that the degree of change desired by the North Gorontalo Regency Health Office is able to provide a solution in the form of health bailout funds and is beneficial for the community so that they can live healthily and work optimally to meet their living needs. The health degree is very much needed by the community to maintain life.

The North Gorontalo Regency Health Office wants change, namely improving health among the community, especially the underprivileged, to be able to obtain free health services. Health services are expected to be able to increase awareness of healthy living for everyone so that they can realize welfare in the realization of health insurance for the entire community of North Gorontalo Regency.

The degree of desired change explains how much change is intended or desired to be achieved through a policy implementation that must have a clear scale. A policy is expected to provide good benefits in a sustainable manner. (Arbatli Saxegaard et al., 2022; Cain et al., 2022).

The health bailout policy wants change, namely improving health among the community, especially the poor, to be able to obtain free health services. The existence of health insurance will be able to increase awareness of healthy living for everyone so that it can realize welfare for the community so that it can meet needs and maintain life. (Anessi-Pessina & Steccolini, 2024; Karimu, 2024; Li et al., 2015).

This is in line with the results of research by Putra (2012) that low health levels have an impact on low work productivity which ultimately becomes a burden on society and the government. So that by creating a healthy life, it will provide enthusiasm to work to meet family needs and hopefully can change the family status. (Aziz, M. I. A., Semil, N., & Martina, 2019).

According to Lane et al., (2020) and Burke et al., (2016) which states the degree of change in the implementation of program policies for low-income communities has changed the pattern of community life to obtain a degree according to good health and environmental standards. each policy has a target to be achieved.

A policy can provide good benefits sustainably if a good implementation will provide good output for both short and long periods continuously and regularly (Husein et al., 2021).

### **3.1.2. (Who) Program Implementer**

Based on the results of the study of the program implementation aspect in the implementation of the health bridging fund policy, it was found that the implementer of the health bridging fund policy for recipients of contribution assistance is the North Gorontalo Regency Government which is prioritized for the community managed by the Health Office. The implementation of the program that is being run means that it is assessed that the implementation of the policy has run according to the goals and expectations to be achieved. The implementation of the policy will run well and smoothly if it is carried out by sufficient human resources. Of course, achieving this requires human resources that are in accordance

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with the abilities that have been and are sufficient to carry out a policy that has been set, including the ability as a manager. Also, knowledge as an implementer of the enforcement of applicable regulations needs to increase.

In its implementation, the government provides health bridging fund assistance managed by the North Gorontalo Health Office. The policy was issued because many underprivileged people are no longer registered as BPJS contribution assistance recipients. It is hoped that all levels of society can enjoy easy access to health. The goal is that recipients of health bridging fund assistance no longer face discrimination in health care.

Policy implementation is the policy-making stage between policy formation and the consequences of the policy for the people affected by the policy. If the policy is not right and cannot reduce the problem, it will fail even though it has been implemented well. If a good policy is implemented poorly, it will fail to achieve its goals. For a policy to achieve its stated goals, it must be implemented to have the desired impact or goal. Thus, program implementation is a vital thing in a policy because program implementers are the drivers or tools to achieve success that has been determined at the beginning of policymaking. It can be said that these implementers are providers and service providers for the community in a policy.

This is in line with the results of the research Khusufmawati, E., Nurasa, H., & Alexandri (2021), which shows that a policy's implementation certainly involves many interests and to what extent they influence it. For a policy or program to succeed, it must be supported by capable policy implementers (Freijser et al., 2023).

### **3.1.3. Resources Used**

Based on the results of the study on the aspect of resources used in the implementation of the health bailout policy, it was found that the resources at the North Gorontalo District Hospital are inadequate, namely that the facilities and infrastructure are still lacking and need to be added to improve health services. The facilities and infrastructure at the North Gorontalo District Hospital must be added so that no more people are referred to other hospitals. The facilities and infrastructure in the hospital must be completed or added for the patients' comfort. The facilities in the hospital must also be considered for the safety and comfort of the patients.

The implementation of a policy must also be supported by supporting resources so that its implementation runs smoothly. In the implementation or implementation of a policy, it is necessary to be supported by resources that can provide a positive and useful influence to implement a policy or program a success. Adequate resources are certainly very helpful in implementing a policy so that it can run well, optimally, effectively, and efficiently.

This is in line with the results of research by Aziz, M. I. A., Semil, N., & Martina (2019). In the implementation or implementation of a policy, it is necessary to be supported by the existence of resources that can provide a positive and useful influence to make the implementation successful. In the implementation of public policy, resources include adequate staff, information, funding, authority, and other supporting facilities. Adequate resources are certainly very helpful in the implementation of a policy so that it can run optimally. (Abdussamad, J., Tui, F. P., Mohamad, F., & Dunggio, 2022).

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### **3.2. Inhibiting Factors in the Implementation of Health Advance Fund Assistance Policy at the North Gorontalo District Health Office**

To explain what are the inhibiting factors in the implementation of the health advance fund assistance policy at the North Gorontalo District Health Office, the researcher used the criteria as previously indicated based on the results of initial observations, namely:

#### **3.2.1. Human Resources**

Based on the research results obtained regarding the inhibiting factors in the implementation of the health bailout policy in terms of limited human resources, it was found that limited human resources will affect the work, especially the management and services for people who need health bailout assistance. People need a little time if the employees who handle this are not present. The health office wants to add competent human resources in the field of management and services in order to facilitate work optimally.

Limited human resources are the cause of slightly hampered services to people who need health insurance. Human resources responsible for management and services are still not enough. Although the work is good. However, it is still necessary to add human resources to provide services when other employees do not have the opportunity to attend. No matter how good the programs and activities are implemented, if they are not supported by qualified human resources, an activity that is carried out will not be achieved optimally. In the implementation of the health bailout policy at the North Gorontalo Regency Health Office, it is still lacking so that competent human resources are still needed for the implementation of an optimal policy.

#### **3.2.2. Socialization**

Based on the research results obtained regarding the inhibiting factors in the implementation of the health bridging fund policy in terms of socialization, it was found that the less than optimal or still lacking socialization will affect the lack of information to the public regarding health bridging fund assistance. So, not all people know about this. Therefore, some still do not receive health bridging fund assistance. In addition, the public does not know what to prepare to get health bridging fund assistance. The lack of information regarding health bridging fund assistance is caused by the lack of socialization from the government.

This lack of socialization can cause public ignorance regarding the policies issued by the government, especially regarding health bridging fund assistance. Therefore, there are still poor people who need health insurance. Thus, the health office continues to strive so that this information reaches all people who are eligible for health bridging fund assistance. Kejelasan Nomor Induk Kependudukan Peserta dan Data Terpadu Kesejahteraan Sosial

Based on the research results obtained regarding the inhibiting factors in the implementation of the health bridging fund assistance policy in terms of NIK and DTKS, it was found that the unclear population registration number and integrated social welfare data will affect the community not getting health insurance and can cause people whose data is invalid to not be entitled to receive health insurance assistance programmed by the government. Most of the people who are not included in the database are poor people.

The problem that occurs in the field is that most of the people in North Gorontalo Regency who are less fortunate are no longer included in the list of BPJS Contribution

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Assistance Participants. So that many poor people do not have health insurance. Thus, the government issued a progressive policy in the form of a health bridging fund assistance program prepared by the regional government which is managed by the Health Office to be a solution for people who are not included in the list of PBI participants.

The North Gorontalo Regency Government continues to make efforts through the Health Office to provide bridging funds for people whose BPJS contributions are no longer active. Where this health insurance is in the form of hospital care that has collaborated with the North Gorontalo Regency Health Office. Those who are entitled to receive health advance funds must meet the criteria or have fulfilled the requirements of the Health Service.

## Conclusions

Based on the results of the study on the implementation of the health bridging fund assistance policy at the North Gorontalo District Health Office, it can be concluded that this policy has had a significant impact on the underprivileged community, especially regarding access to health insurance. This bridging fund assistance policy has succeeded in becoming an important solution for people who do not have the financial ability to pay for health costs, as well as those who are no longer active as BPJS Kesehatan participants. Thus, this policy plays a role in improving public health through free health services so that the goal of implementing the policy is achieved, namely helping the underprivileged community get decent health services.

In terms of implementation, this policy is managed by the North Gorontalo District Government through the Health Office. Handling of this assistance is prioritized for truly underprivileged people. However, despite implementing this policy, several challenges have been faced. One of the main inhibiting factors is limited human resources. The number of health workers involved in managing and implementing this program is still insufficient, so it is necessary to add competent professional personnel in their fields.

In addition, the lack of socialization in the community is also an obstacle to achieving maximum program success. Many people have not fully received adequate information regarding the procedures and requirements for receiving this health advance fund assistance. Unclear population data is also a challenge in itself, as many people do not yet have a valid population registration number (NIK), causing them not to be registered in the system, so they cannot benefit from this program. Regarding physical resources, the available health facilities and infrastructure are still inadequate. The existing health facilities are insufficient to meet the increasing needs of patients, so many patients have to be referred to more complete regional hospitals. This shows that improving and adding health facilities is a priority that the government must consider.

This study provides several recommendations to improve the implementation of health bridging fund policies in the future. The government needs to conduct a comprehensive re-registration of people who are eligible to receive assistance, especially at the village level, to ensure that the beneficiaries are those who really need it. More intensive socialization must be carried out so that the entire community understands their rights and obligations related to this program. Adding competent human resources through recruitment and special training is also a step that needs to be taken to improve the quality of services. In addition, improving health facilities, especially in regional hospitals and community health centers, is necessary to improve patient services. This study also shows that policy

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implementation is a key factor in achieving the success of government programs. According to the policy implementation theory, this process involves formulating clear rules, providing sufficient resources, and effective policy communication to the community. By considering these aspects, this health bridging fund policy can have a wider impact and help more people in North Gorontalo Regency.

### Conflict of Interest

All authors declare that this article has no conflict of interest.

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