

Original Research Article

The Policy to Prevention Services Tuberculosis Using Standardized and Directed Services

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Abstract: The Probolinggo Government's efforts to support the accelerated program to eradicate tuberculosis in 2030, followed by Permenkes Number 64 of 2016 concerning Tuberculosis Control, experienced obstacles in Probolinggo Regency. The number of tuberculosis case findings in Probolinggo Regency in 2021 is only 1,193 or 46.41% compared to the target of 2,572. However, tuberculosis patients are worried they will be diagnosed with the Covid-19 virus because of similar symptoms, so they are reluctant to go to the Puskesmas. This study aimed to describe and analyze the implementation of health centre service policies for tuberculosis patients based on Permenkes Number 67 of 2016, along with the supporting and inhibiting factors at the Kraksaan Health Center, Probolinggo Regency. The location of research was carried out at the Kraksaan Health Center in Probolinggo Regency with the consideration that it has a conducive situation and condition because it is located near the Probolinggo Regency government centre and is a reference for tuberculosis services that the East Java Provincial Health Office has appointed. The research method used is qualitative descriptive research using a case study technique. The research analysis results show that the implementation of tuberculosis patient service policies at the Kraksaan Probolinggo Health Center has complied with Permenkes Number 67 of 2016. This is driven by several factors, such as standardized and targeted services supported by certified health workers and integration and collaboration between health policy stakeholders in Probolinggo Regency. On the other hand, several obstacles become inhibiting factors, including the lack of socialization of the provision of health service facilities for tuberculosis patients, inadequate facilities and infrastructure, and the reluctance of the public to check themselves.

Keywords: Policy, Service, Tuberculosis, Standardized.

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1. INTRODUCTION

The Covid-19 pandemic has forced many countries to divert health services to deal with the high number of Covid-19 cases; this impacts the increasing burden on the health system. In several literatures in the past year, it has been widely reported that the Covid-19 pandemic has disrupted other routine health services. Many factors have contributed to the decrease in patient visits, one of which is that patients fear contracting the Covid-19 virus when they come to a hospital or health centre for treatment. Tesfahuneygn *et al.*, (2015) described an illustration that if the Health Office reacted positively to tuberculosis treatment in the community, the efficacy of TB treatment and a reduction in the rate of recurrent tuberculosis could be achieved. Part of the

Ministry of Health's policy approach to counteract pulmonary tuberculosis is to expand Short Courses of Directly Observed Treatment (DOTS) facilities. DOTS is part of a plan to increase public understanding of tuberculosis by guiding tuberculosis to underprivileged communities, consolidating the community and tuberculosis patients, and providing all TB sufferers access and uniformity of services. Indonesian officials aim to launch an agenda to accelerate TB elimination efforts by 2030. This program is carried out by providing all TB patients with access to diagnosis, prevention, treatment, and health services and increasing funding for autonomous and sustainable tuberculosis initiatives. The effectiveness of the TB disease control agenda depends on agenda management

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and the readiness of assets to meet efficient and effective targets (Ministry of Health, 2014). Statistical data states that Indonesia is ranked third with the most tuberculosis patients globally (Manafe, 2019) (accessed April 13, 2021). The government pays serious attention to TB disease by appointing Puskesmas as a place for health services for handling TB.

A person infected with Covid-19 can show the same symptoms as tuberculosis, namely coughing, fever and difficulty breathing. However, with the rampant Covid-19 outbreak, TB patients are reluctant to go to government health services, such as the Kraksaan Health Center and Probolinggo Regency (dr. Heny, interview, April 2021). Such a perception then creates a stigma in the community that is afraid to seek treatment at the Puskesmas, especially those with a history of TB. Meanwhile, when referring to PERBUP Number 06 of 2017 concerning Minimum Service Standards for Community Health Centers in the Probolinggo Regency Government, medical personnel provide health services according to the Puskesmas Minimum Service Standards (SPM) in order to contribute to achieving and succeeding good government. Mushtaq, MU, and S. Ubeera (2011) showed that their services for TB patients were ineffective and limited. Health workers need to be adequately trained in identifying and treating TB, and they need more communication skills to inspire tuberculosis patients, which is beneficial in increasing adherence to efforts to cure tuberculosis.

In 2021, the number of TB cases in Probolinggo Regency was 1,193 out of a total target of 2,572 (46.41%), with a treatment success rate of 91%. In addition, 33 TB-HIV and 14 cases of MDR-TB were reported in 2021. The number of probable TB cases detected was only 3,027 of the total target of 12,060 (25.09%). Moreover, the Kraksaan Health Center released data on tuberculosis patients for 2022 that the majority of tuberculosis patients recorded in the Kraksaan District area were adults, namely in the age range of 15-35 years, and the rest were tuberculosis patients at the age of children, namely under 15 years of age. The TB patients are spread across the Kraksaan District area, with most patients suspected to be in Kalibuntu Village. Research shows that Probolinggo Regency is still far from meeting the achievement target predicted to eliminate TB by 2030. Probolinggo Regency data still shows government hospitals and health centres contribute to the management and recording/reporting of Tuberculosis cases, while only one out of three houses private hospitals that have managed and reported tuberculosis, without any Independent Practicing Doctors (DPM)/clinics contributing.

2. LITERATURE REVIEW

2.1 Theory of Public Policy Implementation

According to Tangkilisan (2003), public policy is "a variety of government activities to break down

social problems, either through or through various institutions that impact people's lives." Many experts define public policy as a series of activities used or not used by the government to solve problems or advance the public interest. Rules, laws, and regulations passed by governments often involve advocating for things to be done so they can be implemented and enforced. According to Hogewerf (1983), the broad policy goals are to uphold public order (the state's function as a stabilizer), launch community development initiatives in various disciplines (the state's role as coordinator), and allocate and distribute materials (also known as apportioning apportioners). Policy implementation is an action that occurs after a formal policy briefing is given and consists of efforts to manage inputs to achieve outputs or results for society.

2.2 Tuberculosis Health Services

In examining the quality of health services, the patient's perspective is seen as essential in measuring the quality of health services. Patient involvement in healthcare is critical to optimizing future healthcare consumption habits and effective patient outcomes. When continuity of treatment or utilization of health services is not optimal, various possible outcomes are possible, including increased cases, higher mortality rates, and increased patients with multidrug resistance. Conversely, using better health care will reduce the possibility of problems caused by TB that are not treated adequately (Farsida, Mahendradhata, & Probandari, 2012). Tuberculosis and Covid-19 are both highly contagious infections that primarily affect the lungs. Both have almost identical clinical signs, such as coughing, fever, and shortness of breath. However, unlike Covid-19, TB has a protracted course of illness. Tuberculosis is an avoidable and treatable infectious disease, but managing it is difficult due to the many factors involved and the high cost. On the other hand, TB is a "quiet" epidemic, but if we are not vigilant, the prevalence of multidrug-resistant infections will increase dramatically.

Treatment for tuberculosis seeks to cure the patient, reduce the risk of severe disease, avoid relapse, break the chain of transmission, and prevent germ resistance. Directly Observed Treatment (DOTS) is used to ensure client adherence to swallowing drugs through a Drug Taking Supervisor (PMO), and treatment is given in two stages, intensive and advanced (RI Department of Health, 2012).

3. RESEARCH METHODS

3.1 Research Locations

This research took the locus in Probolinggo Regency, especially in this research which will be carried out at the Kraksaan Health Center, Probolinggo Regency. The research will be conducted from August - November 2022. The research location is determined with special considerations, including the Kraksaan Health Center, which is considered to have conducive

situations and conditions for research because it is located near the Probolinggo Regency government centre and is a Tuberculosis service referral Health Center that the Department of Health has appointed. The health of East Java Province. The scope of this research is an implementation study on tuberculosis patient services based on Permenkes Number 67 of 2016 at the Kraksaan Health Center, Probolinggo.

3.2 Research Informants

The informants selected for the study came from various sources related to this study, namely regarding services to tuberculosis patients during the Covid-19 pandemic based on District Head Regulation Number 06 of 2017 at the Kraksaan Health Center, Probolinggo Regency. The informants chosen by the researchers included the Head of the Kraksaan Health Center, Probolinggo Regency, 1 (one) person, the primary nurse at the Kraksaan Health Center, Probolinggo Regency, 1 (one) person, and 2 (two) outpatients infected with tuberculosis at the Kraksaan Health Center, Probolinggo Regency.

3.3 Data Sources

This type of research uses qualitative research. The data in the research were obtained or collected by the researchers directly from the data sources. To get primary data, researchers collect directly. The technique that researchers can use to collect primary data is by using interview techniques. While secondary data sources are research data obtained from secondary sources, namely indirect information such as books, articles and various literature relevant to the research discussion.

3.4 Data Analysis Techniques

Data analysis techniques used by researchers consisted of collecting data using the techniques used, which included observation, interviews, and documentation. Furthermore, data condensation is carried out by drawing/verifying, abstracting and converting the data included in the field notes and grade transcripts. After data condensation, the next phase is data presentation and the last is extracting conclusions from the analysis and double-checking with the evidence collected in the field.

4. RESEARCH RESULT

4.1 Implementation of Tuberculosis Patient Service Policy Based on Permenkes Number 67 of 2016 at Kraksaan Probolinggo Health Center

Based on the National Guidelines for Medical Services (2013), the Government of Indonesia establishes particular policies for controlling tuberculosis in Indonesia through operational policies. The Head of the Probolinggo Kraksaan Health Center explained that the prevention in Probolinggo Regency currently refers to the Ministry of Health Regulation Number 67 of 2016. Regarding tuberculosis prevention, the Government of Indonesia, through the Minister of

Health, has established a national strategy every 5 (five) years which can be evaluated and updated according to developments in the response. Tuberculosis. However, the tuberculosis control strategy running so far has been hampered by the emergence of the Covid-19 virus. The Covid-19 epidemic began in 2020, with restrictions on public transport reducing the number of people and hours of service in healthcare facilities. This syndrome hinders the early detection of new cases and complicates the battle against TB. The risk is that TB transmission within the family may grow due to confirmed or suggested tuberculosis patients being forced to live inside.

The results of the analytical investigation described above show that, in general, the implementation of tuberculosis patient service policies at the Kraksaan Probolinggo Health Center is guided by the applicable regulations, namely Regulation of the Minister of Health of the Republic of Indonesia Number 67 of 2016 concerning Tuberculosis Control. Concerning the implementation model of public policy implementation, it can be assessed based on the procedure for obtaining outcomes based on two main benchmarks, so implementing the tuberculosis patient service policy can be successful. Judging from the process, the implementation of the tuberculosis patient service policy is in harmony with the scheme that has been laid out in the Regulation of the Minister of Health of the Republic of Indonesia, Number 67 of 2016. In addition, the goals of tuberculosis patient care have been sufficiently achieved. With a goal dimension based on two factors, namely the impact on the community personally and the group and the level of turnover that occurs, as well as the acquisition of the target group and the transition that occurs.

Regarding Policy Content and Policy Context, the study results of tuberculosis patient services at the Kraksaan Health Center in Probolinggo Regency consist of six points. Namely, the first is the influencing interests. Insofar as the research results were obtained within the scope of the Puskesmas, there were no special interests from health workers directly related to tuberculosis prevention at the Kraksaan Health Center, Probolinggo Regency. Thus, implementing the TB prevention policy at the Kraksaan Health Center can run according to regulations without conflict of interest from certain parties. Second, the types of benefits that can be obtained. In this case, tuberculosis prevention at the Kraksaan Health Center is carried out through treatment according to the patient's condition. In addition, the Kraksaan Health Center has also collaborated with Level 2 (two) Health Facilities and Level 3 (three) Health Facilities for further treatment of Tuberculosis patients. Third, the degree of change to be achieved. The study results show that data for 2021, TB cases in Probolinggo Regency have reached 1,890 cases. The annual evaluation includes evaluating the number of patients and evaluating their treatment. The

data also found several suspected patients, patients who had been screened, patients who had been examined and positive tuberculosis patients until the end of treatment.

Fourth, the location of decision-making. In this case, Kraksaan Health Center Health Workers can determine suspect diagnoses, conduct screening, and determine positive TB patients based on diagnoses and test results. Furthermore, Kraksaan Health Center Health Workers can carry out treatment according to TB patient conditions. Fifth, implementing the program. The Kraksaan Health Center as the program implementer must become a Level 1 (one) Health Facility to manage and treat Tuberculosis patients in Kraksaan District, Probolinggo Regency. Sixth, the resources used go well because there is good communication between policy implementers.

In the Policy Context, there are 3 (three) points, namely the first is the power, interests and strategies of the actors involved. Tuberculosis patient service is a central government policy as a direct mechanism for dealing with tuberculosis in Indonesian society. This program can be implemented well at the Kraksaan Health Center, Probolinggo Regency because all implementers of tuberculosis patient service policies follow the guidelines and directions from the applicable regulations. Second, the characteristics of the ruling institutions and regimes. The government at the Kraksaan sub-district, Probolinggo Regency, correctly implements the Regulation of the Minister of Health of the Republic of Indonesia Number 67 of 2016, namely as a health service facilitator, so that the prevention of tuberculosis is successfully carried out. Third, the level of compliance and the response from the executor. By looking at the research results on obstacles in providing TB patient health services, Pasiem Tuberculosis can run the risk of hampering the smooth implementation. This is reflected in the reluctance of people with suspected and positive TB to carry out direct examinations and treatment at the Kraksaan Health Center or other health facilities. In addition, there are concerns about social effects such as exclusion and the like if family or neighbours know the health condition of tuberculosis patients.

4.2 Supporting and inhibiting factors in the Tuberculosis Patient Service Policy Based on Permenkes Number 67 of 2016 at the Kraksaan Probolinggo Health Center

Based on the research results, there are two supporting factors in the Tuberculosis Patient Service Policy: internal and external. The internal factor here is the human resources at the Kraksaan Health Center which is the primary support in the succession of Tuberculosis Control in the Kraksaan District Area. While external factors, namely village health service workers such as auxiliary health centres, village health huts, and village maternity huts, continue to try to

obtain data and information on people infected with tuberculosis to get treatment. In addition, the puskesmas also collaborates with the nearest hospital as a referral site for more intensive care, as well as the Health Service and the Probolinggo District Government as policymakers in conducting health interventions for the public to remain vigilant and health conscious.

The inhibiting factor in the tuberculosis patient service policy is the internal factor in the form of the declaration of the 2035 Tuberculosis elimination program, a national target trying to realize the East Java Provincial Government by establishing the 2030 Tuberculosis Elimination Program. Furthermore, the Probolinggo District Government implements the Tuberculosis elimination program through directives and appeals to the public through staff Health in Districts and Villages. Tuberculosis socialization activities in Probolinggo Regency still need to be more intensive for the community. Most of the socialization was carried out for Health Workers and the District Area, the Pilot Project Program of the East Java Provincial Government in the 2030 Tuberculosis Elimination Program. Therefore, socialization regarding the importance of reporting and treatment of the community, especially TB patients, to the community needs to be held regularly within a certain period and continuously. This is not only to update Tuberculosis patient data but also as one of the solutive steps in tackling Tuberculosis in Probolinggo Regency.

The Kraksaan Health Center facilities and equipment used to support the TB control program still use old program medicines because the Kraksaan Health Center still needs to obtain new ones. If the drug is in an advanced phase, one person receives two boxes, but only one. As for the Multi Drugs Resistant Tuberculosis (MDR TB) drug, there is a shortage because several tuberculosis patients at the Kraksaan Health Center are not only from the Kraksaan District area. Reagents have begun to be fulfilled, and the quality is satisfactory. There is also a TB room and a sputum removal room. The sputum collection room at the Kraksaan Health Center needs treatment and more health facilities to implement TB service requirements more successfully for external factors, namely from Health Care Level 1 (one), which is the first location for precautions, such as clinics, health facilities, or general practitioners. Level 2 (two) health institutions were then visited due to recommendations from level 1 (one) health facilities in the form of specialist doctors. Finally, level 3 (three)/Continuation health facilities are places visited based on referrals from level 2 (two) health facilities, such as subspecialist doctors. However, the provision of services in health institutions needs to be more utilized mainly due to the reluctance of the public to seek treatment, especially among people with TB.

5. CONCLUSIONS AND SUGGESTIONS

5.1 CONCLUSION

Based on the results of the study, the researchers concluded that, in general, the implementation of tuberculosis patient service policies at the Kraksaan Probolinggo Health Center was guided by the applicable regulations, namely the Regulation of the Minister of Health of the Republic of Indonesia Number 67 of 2016 concerning Tuberculosis Control. Concerning the implementation model of public policy implementation, it can be assessed based on the procedure for obtaining outcomes based on two main benchmarks, so the implementation of the tuberculosis patient service policy can be said to be successful. In general, implementing the Regulations of the Minister of Health of the Republic of Indonesia at the Kraksaan Health Center in Probolinggo Regency can be carried out smoothly. The driving factor in implementing the policy includes tuberculosis patient services at the Kraksaan Health Center, referring to Permenkes Number 67 of 2016 so that it is standardized and directed. In addition, health workers who have an educational background in the health sector are certified. Other factors are continuous integration and collaboration between stakeholders and authorities in the health sector, from the Health Office to the Puskesmas, providing educated and certified medical personnel, and community involvement through cadres. While the inhibiting factors in the implementation of this policy are the lack of socialization of the provision of services for tuberculosis patients at level 1 (one) health facilities or what is meant is the Kraksaan Health Center and periodic socialization about the dangers of tuberculosis and the early symptoms of tuberculosis. On the other hand, inadequate and complete facilities and infrastructure require the Kraksaan Health Center to set priority scales for the treatment of tuberculosis patients to refer patients to the following Health Facility and the reluctance of the public to check themselves when the initial symptoms of tuberculosis are felt, the concern of tuberculosis patients in the community will be bullying and exclusion.

5.2 SUGGESTIONS

The advice given by researchers is that first, the Ministry of Health must be able to ensure prevention services by upgrading periodically for health workers regarding services and prevention, providing a particular room for tuberculosis patients according to the SOP stated in Permenkes Number 67 of 2016 as a form of complete service for drug distribution - medicines promptly and with the correct prescription to achieve the target. Second, tuberculosis patient data updates through periodic data collection by health centre cadres without waiting for reports from the public which are then reported to the health office. Third, it is necessary to involve a broader and higher quality Health Service Facility that the community can access in the form of a network of involvement of government-private services, and fourth, namely the facilitation of psychological and mental assistance

services for Tuberculosis patients as a step to strengthen tuberculosis patients from bullying.

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