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# Implementation of the Pentahelix Collaborative Governance Model Minimum Service Standards (SPM) for Health with Hypertension in Local Governments

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**Abstract**
The aim of research is to find factors that cause failure local government in providing access to basic types of services for hypertension sufferers according to SPM to all district residents, formulating appropriate regulations and public administration models and being able to mobilize collaboration among all pentahelix components to provide types of hypertension services according to the SPM, compiling and formulating models and strategies for collaborative collaborative governance, understand the role of facilitative leadership in collaborating across all pentahelix nodes , as well as creating breakthrough innovations in hypertension services. Research uses non-experimental qualitative methods with a case study approach, paying attention to the results of pre-eliminary studies , empirical facts and magnitude of public problems. Application of the pentahelix collaborative governance model has proven effective in increasing coverage of SPM for hypertension. Effective regulations consist of a regent's decision letter regarding the implementation of the pentahelix collaborative governance model, determining sub-district locus and a social contract between regent and all champions pentahelix. Cooperation model, roles and technical responsibilities of hypertension services for each pentahelix component at district, sub-district, village and RT/RW regional government levels, are regulated using a conceptual framework and business process standard for governance flow and reporting flow for implementation of pentahelix collaborative governance model . Facilitative and innovative leadership is the key to the success of Pentahelix collaboration in providing types of hypertension services that are easily accessible to all district residents.

**Keywords:** New paradigm; Public administration; Pentahelix collaborative governance; Minimum hypertension service standards

## INTRODUCTION

The disparity in applying theoretical frameworks between The New Public Governance, Public Administration, and New Public Management in delivering public services for individuals with hypertension has led to the district government's inability to achieve full coverage expansion.

The New Public Governance paradigm emphasizes a broader governance outcome, aiming for the total citizenry to benefit from public services,

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rather than solely focusing on customers or patients with hypertension visiting health facilities, as advocated by the principles of private sector management in New Public Management (NPM) theory. Under The New Public Governance, government bureaucracy is oriented towards providing public services through coalition mechanisms and collaborative cooperation involving the government, private sector, education/professional sector, media, and civil society. This approach aims to deliver public services tailored to citizens' needs and local characteristics through social contract agreements established on an equal footing, guided by multi-dimensional values inherent in the new paradigm. While it allows for discretion, it also upholds public service accountability within legal frameworks, shared values, and norms in local communities, political factions, and professional circles. This collaborative effort seeks to address citizen public service issues effectively.

The New Public Governance model emphasizes collaborative and facilitative leadership to address hypertension-related mortality in Indonesia. Its goal is to achieve hypertension service outcomes in line with *standar pelayanan mininum* (SPM). In this approach, district residents and civil society are regarded as stakeholders in government, working together to tailor public services to local needs and social dynamics. The bureaucracy's role includes mobilizing various resources (human, material, financial, methodological, and technological) to ensure universal access to hypertension services, reflecting tangible performance outcomes. The new paradigm extends beyond drafting planning documents and allocating budgets or focusing solely on inputting hypertension services and managing finances (APBD). Its performance metric lies in ensuring 100% of citizens have easy access to healthcare services. (Osborne, 2006).

This study specifically focuses on hypertension services among the 12 district SPM service types, which include: 1) Services for pregnant women; 2) Maternity services; 3) Newborn services; 4) Services for children under five; 5) Services for primary education age; 6) Services for productive age; 7) Services at an advanced age; 8) Services for individuals with hypertension; 9) Services for individuals with Diabetes Mellitus; 10) Services for individuals with severe mental disorders; 11) Services for individuals suspected of Tuberculosis; and 12) Services for individuals at risk of viral infections compromising the human immune system. (PP No. 2/2018 dan Permendagri No. 100/ 2018).

The Ministry of Health proceeded with the implementation of Minister of Health Regulation No. 4/2019 concerning Standar Teknis Pemenuhan Mutu Pelayanan Dasar SPM Kesehatan (*PP No. 2/2018*, 2018; *Permendagri No. 100/2018*, 2018; *Permenkes No. 4 Tahun 2019*, 2019).

The delivery of public services is governed by Legislation 25/2009 concerning Public Services, which seeks to establish legal clarity in the interaction between public service providers and the populace. This research service model operates within the framework outlined in the public service legislation.

This research applies a public service model aligned with the roles, responsibilities, duties, and powers of all stakeholders within the pentahelix framework involved in delivering district SPM services. It offers a hypertension service delivery model that adheres to fundamental governmental principles and principles of good governance as prescribed by law, ensuring protection and legal assurance for citizens. *(UU No. 25/2009 tentang Pelayanan Publik)*

District and village leaders who effectively provide hypertension services in alignment with SPM standards and ensure universal accessibility for 100% of their constituents may experience increased social and political popularity during reelection processes such as PILKADA or PILKADES. This collaborative approach, involving resources from civil society, the private sector, media, academia, and professional sectors, presents an intriguing opportunity for district and village leaders. By serving as advocates and collaborating with pentahelix champions accommodated in community center development, these leaders effectively create platforms for regular interactions with citizens in each village, facilitating the provision of hypertension services in informal settings, such as "blusuk-an".

District heads and village leaders engage directly with constituents, addressing the pressing health concerns shared by the majority of citizens. Developing a hypertension service model centered around community center development, facilitated by streamlined business processes leveraging hyperconnected digital internet technology, aims to effectively address public health challenges in the region. This modern, accessible, responsive, efficient, and effective approach is anticipated to not only resolve public issues but also enhance the electability of district and village leaders, thereby benefiting both the community and their leadership positions.

The adoption of this model is envisioned as a comprehensive solution to motivate all regional leaders, helping them evade potential sanctions such as temporary or permanent dismissal, or disincentives in budget allocations to regional governments. These consequences may arise when district leaders fail to meet the district SPM targets, as outlined in Article 68 of Law 23/2014.

The pentahelix collaborative governance policy model for hypertension services, implemented in Banyuwangi, Cianjur, Demak, Jombang, and Rembang districts, can serve as an incentive for various officials within local government structures. This includes heads of BAPPEDA, social services, health services, KOMINFO services, kesbangpol, community empowerment services, religious affairs offices, sub-district heads, health center heads, and other bureaucrats. By participating in this model, these officials are motivated to enhance their performance, ultimately contributing to improved service delivery.

The emerging hazards contributing to the highest mortality rates in Indonesia are stroke and heart disease. These conditions result from the

inadequate management of high blood pressure, attributed to local governments' failure to provide mandated hypertension services to all citizens as required by SPM regulations.

The Burden of Disease study indicates an epidemiological transition from communicable diseases (CVDs) to non-communicable diseases (NCDs) between 1990 and 2017. This transition is also observed in the Sensus Kesehatan Rumah Tangga (SKRT) conducted in 1995 and 2001, as well as the Riset Kesehatan Dasar (Riskesdas) in 2007, highlighting a shift in disease patterns from communicable to non-communicable. NCDs, particularly circulatory diseases, are identified as the leading cause of all-age mortality in Indonesia, followed by communicable diseases such as acute respiratory infections (PM) and infant mortality due to stunting. (Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia, 2013).

Findings from the Badan Litbangkes's burden of disease study, IHME in 2017, revealed that the leading cause of death across all age groups (26.1% of total deaths) among Indonesians was attributed to hypertension-related risk factors. These empirical findings represent significant public health challenges that demand urgent prioritization by Indonesian citizens in the health sector.

Hypertension, commonly referred to as the "Silent Killer Disease," is a condition where individuals may not be aware that they have the disease due to its asymptomatic nature. It is defined by a systolic blood pressure of 140 mmHg or higher and/or a diastolic blood pressure of 90 mmHg or higher (Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia, 2013). Data from the 2013 Riskesdas indicates that the prevalence of hypertension in Indonesia, based on direct measurements in individuals aged 18 years and above, stood at 25.8%. Furthermore, when diagnosed through questionnaires administered by health workers, the prevalence was 9.4%. When considering individuals diagnosed by health workers or currently undergoing treatment, the prevalence reached 9.5%, with 0.1% practicing self-medication. Additionally, respondents with normal blood pressure but using hypertension medication amounted to 0.7%. Therefore, the overall prevalence of hypertension in Indonesia is estimated at 26.5% (25.8% + 0.7%) (Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia, 2013).

According to the 2018 Riskesdas data, the prevalence of hypertension in Indonesia, as measured in individuals aged 18 years and above, stood at 34.1%. However, when assessed through questionnaires administered by health workers, the prevalence of hypertension was recorded at 8.4%. Furthermore, among individuals diagnosed by health workers or undergoing treatment, the prevalence reached 8.8% (Badan penelitian dan pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia, 2019). The data indicates that the prevalence of hypertension in Indonesia has risen by 8.3% compared to the previous Riskesdas data. (Badan penelitian dan

pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia, 2019).

Several studies report the following findings: 1) Individuals with hypertension face a 3.6 times higher risk of death (95% CI 2.9 - 4.4) compared to those without hypertension when exposed to COVID-19; (Leila Moftakhar et .al, 2021); 2) Hypertensive individuals exhibit a 4.3 times delay in viral clearance of COVID-19 (95% CI 1.8 - 10.4) compared to non-hypertensive individuals; (Xiaoping cgen MD, PhD et.al, no date); 3) Italy has the highest prevalence of comorbid hypertension (73.8%), with 52% of hypertensive patients using ACE inhibitors as recommended for therapy continuation; (Kazuomi Kario MD, PhD et.al, no date); 4) Critical COVID-19 patients with grade 3 hypertension have a 1.26 times higher risk of death (95% CI 1 - 1.6); (Li Geng, Chao He, and et.al, no date); 5) The proportion of comorbid hypertension in COVID-19 is significantly higher in critical or fatal cases compared to non-critical cases, with an odds ratio of 2.72 (95% CI 1.60-4.64); (Zhaohai Zheng *et al.*, no date); 6) Hypertension ranks as the most common comorbidity among COVID-19 patients.

The data-driven research evaluation conducted by KOMDAT PUSDATIN on national SPM achievement across 34 provinces from 2015 to 2017 revealed that every district/municipality in all provinces fell short of achieving the 100% target for all basic health services.

According to the Resource Mapping of the National Health System in 2016, Central Java Province demonstrated the highest input strength across all SKN subsystems compared to other provinces in Indonesia (Pusat Analisis Determinan Kesehatan, 2017). It was hypothesized that a robust SKN subsystem would lead to 100% achievement of the 12 SPM indicators by districts/municipalities. However, none of the 12 district/municipal health service SPM reached full compliance. Temanggung district achieved the highest performance with eight SPM indicators reaching 100%, followed by Surakarta and Dermak. Rembang district demonstrated good average SPM target attainment, with two indicators reaching 100% (health services for people with hypertension and people with mental disorders), and the remaining 10 indicators achieving over 75%, with none falling below 50%. Regarding service indicators, the ODGJ health service had the highest achievement at 76.5%, yet only 25% of SPM health services reached the 100% target when aggregated (Pusat Analisis Determinan Kesehatan, 2018).

The 2019 cross-sectional study conducted in 12 districts/cities across 6 provinces revealed that the regional health system's strength was primarily concentrated in the health effort subsystem and the pharmaceutical and medical device subsystem. However, when comparing this SKN subsystem assessment with SPM indicators, only 3.5% of services across the 12 districts/cities reached the 100% target. This indicates that focusing solely on these two subsystems makes it challenging to achieve the target indicators of all 12 SPM health services unless local governments innovate their services. Additionally, the study

highlighted low coverage for health services targeting people of productive age, individuals with hypertension, and those with tuberculosis, with averages falling below 50% (Pusat Analisis Determinan Kesehatan, 2019).

According to the Riskesdas 2018 data on household perceptions of health facility access in Indonesia, only 37.1% of respondents found hospitals easily accessible. Similarly, perceptions of access to PUSKESMAS/PUSTU/PUSLING/Village Midwife were considered easy by only 39.2% of respondents. Regarding clinics, doctors' practices, dentists' practices, and independent midwives' practices, only 37.3% of households felt they were easily accessible (Badan penelitian dan pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia, 2019). The current limitations in access represent a barrier to reaching the 100% service target for Indonesia's population. Thus, there is a pressing need for the development of a novel service innovation model capable of bridging the access disparity.

According to the evaluation conducted by the Direktorat Pembangunan Daerah Kemendagri on the attainment of the six types of SPM, the national average in 2017 stood at 81.03% (Sekretaris Bersama SPM Kemendagri, 2017). Data provided by the Sekertariat Bersama (Sekber) SPM Pusat Kemendagri indicated that the attainment of SPM within the health sector in 2020 amounted to 78.7%, remaining under the designated target of 100%. (Sekretaris Bersama SPM Kemendagri, 2020).

In the 2020 Program Jaminan Kesehatan, the incidence and expenses associated with three catastrophic diseases attributed to hypertension—kidney failure, stroke, and heart failure—amounted to 14,984,310 cases, corresponding to BPJS claims totaling Rp.12,424,937,309,354 (Kementerian Kesehatan Republik Indonesia, 2021)

According to Law No. 23/2014 on Regional Government and Government Regulation No. 2/2018 on MSS, the performance measure for regional heads includes ensuring that 100% of citizens have easy access to hypertension services. This access is considered a constitutional right for all Indonesians. The implementation of this policy aligns with The New Public Governance, a theory in public administration. However, in practice, the scenario planning and strategies for implementing SPM in the field do not correspond with this new paradigm. Instead, they still adhere to the old paradigm of public administration and New Public Management (Marini et. al., 1968).

The traditional public administrative paradigm follows a centralized governance model, beginning from the planning stage and relying on input indicators with performance measures based on general government administrative affairs, as established by the Ministry of Home Affairs. In contrast, the New Public Management theory paradigm (Osborn & Gaebler, 1992), typically employed by the private sector, prioritizes customer/patient satisfaction at health service facilities and operates exclusively on working days by health workers. The

disparity between the practices of the old paradigm of Public Administrative theory and New Public Management, and the emerging paradigm of The New Public Governance, is the primary cause of the failure of district governments to provide hypertension health services accessible to 100% of citizens, as mandated by local government legislation.

The author conducted applied research to develop a policy model grounded in the New Public Governance theory paradigm, aiming to address the imperative of enhancing hypertension service coverage targets aligned with SPM, recognized as national development priorities. This initiative involves establishing various types of public services for individuals with hypertension, ensuring universal accessibility to 100% of citizens, with efficiency and measurability in line with district SPM goals. The conceptual framework employed is the Pentahelix Collaborative Governance Model for hypertension services aligned with SPM objectives, drawing from Collaborative Governance Theory (Ansell and Gash, 2007).

Decision-making within the conceptual framework yields formal regulations and effectively mobilizes pentahelix components to construct a hypertension services model aligned with Law 23/2014 on Regional Government and Law 25/2009 on Public Services. The collaborative process among pentahelix champions aims to implement consensus derived from deliberations involving local governments, public institutions, and non-public stakeholders such as civil society groups, media, professions, and educational sectors. This inclusive approach accommodates the interests of all stakeholders towards achieving shared objectives. The execution of the pentahelix collaboration business process is reinforced by the principles of the gotong-royong philosophy, hyperconnected digital internet, and community center development. This represents a novel approach to health development, embracing the science and new paradigm of public administration theory—The New Public Government—rooted in the fundamental governance principle of Eka Sila Gotong Royong inherent to the Indonesian nation.

## RESEARCH METHOD

The study utilizes a non-experimental qualitative methodology, employing a case study approach to develop a pentahelix collaborative governance policy model for hypertension services. It aims to address the challenge of low hypertension service coverage targets by offering solutions and recommendations. Implementing this model in Banyuwangi, Cianjur, Demak, Jombang, and Rembang districts is expected to enhance the achievement of SPM indicator targets for hypertension services. The research spans three years, from 2019 to 2021, with preliminary research conducted from January to December 2019.

Sub-districts in 5 sub-districts were selected using inclusion criteria based on:

a. Low achievement of SPM indicators in hypertension service types (<75% in 2020);

b. Target population of hypertension patients in the sub-district locus in 2021 is > 10,000 people;
c. The digital internet signal at the sub-district locus is stable;
d. Determinants of national and political unity at the sub-district locus are quite conducive;
e. The sub-district locus has an active community development ;
f. The realisation of village funds in the sub-district locus is high.

The data collection process employed various methods, including document review, 14 serial discussions, and interviews with 64 pentahelix informant components in each district.

**RESULTS & DISCUSSION**

The development of the pentahelix collaborative governance policy model in line with the SPM for hypertension health services in the Banyuwangi, Cianjur, Demak, Jombang, and Rembang District Governments commenced in January 2020. The process initiation involved in-depth online serial discussions with stakeholders and field experts, extensively engaging various elements of pentahelix stakeholders from the five research districts. Guided by the governance and conceptual framework of the research, the model formulation process included 34 serial zoom meetings. These serial discussions aimed to gather comprehensive and detailed information about the conditions and situations in the research districts, namely:

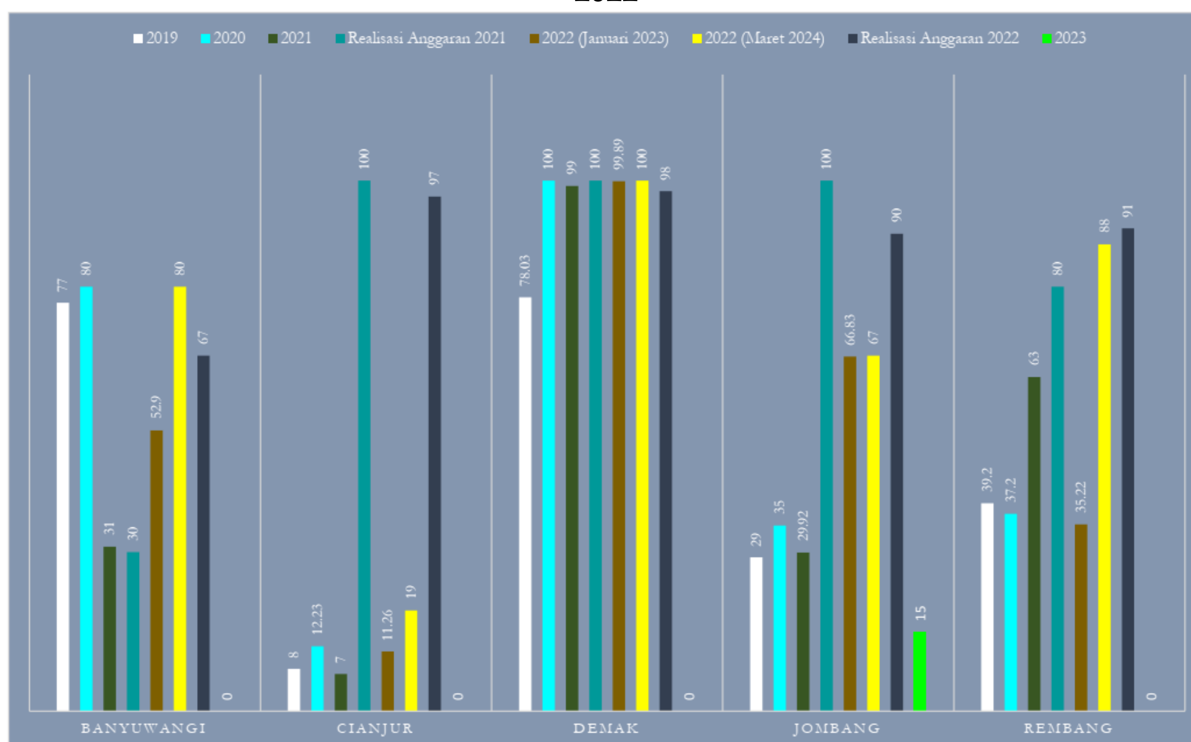
1. Identify the healthcare requirements of individuals with hypertension in accordance with SPM across five district locations.
2. Establish the initial groundwork to initiate collaboration among pentahelix stakeholders in each district location, yielding the following outputs:
   a. Ensuring the availability of data and information regarding the extent and mapping of collaboration resources possessed by each Pentahelix Stakeholder to establish hypertension service types in the five district locations.
   b. Establishing a map delineating barriers, challenges, and opportunities for collaboration aimed at creating various types of hypertension services across the five district locations.
   c. Preparing a map outlining the history of cooperation and potential conflicts of interest in collaborations involving pentahelix stakeholders across the five district locations.
3. Initiate the collaborative institution-building process for each pentahelix stakeholder in the five district locations.
4. Promoting inclusive engagement among pentahelix stakeholders in each research district involving: a) hosting intensive discussion forums from project onset, b) establishing agreed-upon initial roles, c) facilitating transparent and equitable goal-setting processes, d) ensuring that each pentahelix stakeholder perceives the benefits of collaboration.
5. Conducting a collaborative process with each pentahelix stakeholder

across the five district locations aiming to

a. Establishing a shared collaborative understanding and agreement on various aspects including: 1) Fundamental philosophy, 2) norms, 3) values, 4) paradigm, 5) Incentives of each stakeholder, 6) Input understanding, 7) Collaborative cooperation structure, 8) Collaborative process scenario agreement, 9) Common perception to achieve uniform output, outcome, and impact in attaining the singular objective of ensuring 100% accessibility to hypertension patient services as per SPM across five district locations.
b. Establishing trust among pentahelix stakeholders
c. Engaging in dialogue and negotiation throughout the collaboration process among all pentahelix stakeholders.
d. Demonstrating commitment to executing the business process to achieve the shared goal of facilitating access to hypertension services for 100% of residents in accordance with the SPM of the district locus.
e. Facilitating effective communication among leaders of pentahelix stakeholders, adhering to facilitative governance principles to generate the pentahelix collaborative governance business process for easily accessible hypertension services for 100% of residents in accordance with the SPM in the five district loci, manifested through:
   i. The operational framework of the pentahelix collaborative governance program.
   ii. Policy/regulation and scenario plan of the pentahelix collaborative governance program.
   iii. Institutionalization of pentahelix collaborative governance
   iv. Division of facilitative leadership roles in the scenario plan and implementation of pentahelix collaborative governance.

6. Formulate consensus and shared objectives to enhance the coverage of hypertension service types in accordance with SPM across Cianjur, Jombang, Banyuwangi, Demak, and Rembang districts.

**Grafik 1 Capaian SPM Pelayanan Kesehatan Penderita Hipertensi Tahun 2019 – 2022**




**Sumber: Komdat SPM, Pusat Data dan Informasi Kementerian Kesehatan**

The policy innovation of the Pentahelix Collaborative Governance Model for Hypertension Patient Services, aligned with SPM, was implemented by the Demak, Rembang, Cianjur, Jombang, and Banyuwangi District Governments in 2021. Over a one-year period, consistent application of the jointly developed model resulted in increased coverage of hypertension service types compared to the baseline coverage target from the previous year.

The integration of pentahelix collaborative governance policy innovations in hypertension services is anticipated to have a lasting impact on decreasing the risk of mortality from stroke and hypertensive heart disease, as well as reducing BPJS financing burdens, thereby opening avenues for further research. A sustained and ongoing monitoring and evaluation process is imperative for the long-term implementation of these innovations across research district loci. This ensures early detection and effective management of hypertension in all residents aged 15 and above through regular treatment.

The implementation of the pentahelix collaborative governance policy model on hypertension service types in accordance with SPM yielded significant results within one year across the Demak, Rembang, Cianjur, Jombang, and Banyuwangi districts. This implementation directly led to a notable increase in the coverage of hypertension service types compared to the baseline target coverage of the previous year. Remarkably, one district locus achieved a 100% target coverage. Moreover, the

attainment of health service indicators for individuals with hypertension during the new normal period (2021-2022) in the research district locus showed a tendency to increase. All study districts witnessed an improvement in achievement in 2022, with Demak district consistently exhibiting relatively high achievements compared to other districts.

Based on these findings, researchers conducted a more comprehensive investigation into the implementation of collaborative governance, the development of policies and regulations, the establishment of collaborative institutional structures, and the effectiveness of facilitative leadership roles played by pentahelix champions in executing hypertension health service processes according to predetermined business procedures. Despite the observed increase in hypertension SPM indicator targets across the five district loci, none of the Local Governments (LGs) achieved the 100 percent indicator target by the January 2023 evaluation, as depicted in Figure 1. A subsequent evaluation conducted in March 2024, using data from PUSDATIN KOMDAT, revealed that one district, namely Demak District, successfully reached the 100% SPM indicator target for hypertension services.

The success of a region in meeting its targets depends on the leadership and management skills of its regent, who serves as the head of the region, head of government, and socio-political leader. These skills enable the regent to oversee all business processes and rally support from stakeholders. Collaboration across social and political entities, including legislative, executive, and judicial bodies, is key. Additionally, the regent must effectively utilize various resources and social factors such as ideology, politics, economy, socio-culture, territory, and natural resources. The ultimate goal is to develop innovative hypertension services in line with the SPM to ensure full coverage for all citizens.

Strong regional leadership will gain the support of all citizens, including all their human wealth and intelligence. The effective hard work of the champion team will result in superior public policy innovation and produce quality public services that are easily accessible to all citizens. Quality public services will be realized and requirelocal wisdom from all components of the pentahelix collaborative in the district.

This study presents a conceptual framework and business process aimed at outlining the roles and responsibilities of each key element within the pentahelix framework. This framework aims to facilitate the creation of innovative public services geared towards identifying, diagnosing, treating, and rehabilitating individuals suffering from hypertension in the RT area of the research sub-district. Additionally, it seeks to formulate policies, regulations, and agreements to guide collaborative governance among all stakeholders within the RT area. Furthermore, the study aims to establish an institutional structure outlining the tasks, functions, and roles of champions involved in the governance of hypertension patient services. These services encompass tracing, detection, diagnosis, medical consultation, therapy,

rehabilitation, and preventive measures through communication, information dissemination, and education initiatives, with the ultimate goal of achieving 100% coverage as per the SPM target.

This study observed several successes in implementing the pentahelix collaborative governance model's conceptual framework for hypertension services, aligning with SPM requirements. These successes include: 1) Establishing a shared understanding of the critical need for hypertension services, 2) preparing initial conditions, 3) Developing an institutional structure, 4) Ensuring inclusive participation of pentahelix stakeholders, 5) Fostering a collaborative process among pentahelix stakeholders, 6) Facilitating leadership roles, and 7) Governing leadership to create, implement, and regulate effective policies and regulations, establish collaborative institutional structures, and distribute leadership responsibilities, ultimately enhancing district SPM coverage for hypertension services.

## CONCLUSIONS

The application of the pentahelix collaborative governance model to hypertension SPM service types in Banyuwangi, Cianjur, Demak, Jombang, and Rembang districts yielded the following conclusions

1. The involvement of locally specific stakeholders in implementing the pentahelix collaborative governance model aimed at improving SPM achievement for hypertension services was tailored to the unique characteristics and social dynamics of each district.
   a. Banyuwangi District
      Service achievements for hypertension patients in Banyuwangi Regency saw an increase following the implementation of the Banyuwangi Regent's policy and regulation model for hypertension services based on the pentahelix collaborative governance model aligned with SPM standards. Various collaborations have been established, including initiatives like “One Student One Client”, thematic projects on hypertension by students (KKN and PKL), the Hafid Al-Quran scholarship program, and support for successful students. Educational institutions have collaborated in Healthy Banyuwangi and Healthy Village programs. Blood pressure services and cooperation with BPJS have facilitated antihypertensive prescriptions at pharmacies. Initiatives like “One Village One Nurse” track, detect, and conduct information, education, and communication (IEC) activities. Additionally, there have been professional social services, capacity building for educational institutions, teleconsultation development with health professionals, and ro'an activities for tension measurement. Community centers like “BANYUWANGI

SEHATI", "LONCENG", and "JEMPOL RAGA" have been developed. Health cadres conduct home visits, and internship doctors are assigned to forums like SEHATI. KIE are conducted through southeast star radio and local TV Jombang. Blood pressure measurement occurs during morning gymnastics and posbindu PTM, as well as during COVID vaccination. Counseling for healthy eating patterns is provided, and the Simpuswangi Health Information System Application is used for hypertension management. Village funds are utilized for community mobilization efforts.

b. District Cianjur
Following the implementation of the Cianjur Regent's policies and regulations on hypertension services using the pentahelix collaborative governance model, service outcomes for hypertension patients in Cianjur Regency improved. The pentahelix collaboration involved various activities such as procuring tensimeters, utilizing non-physical Special Allocation Funds, providing social services for measuring blood pressure in PKMD (Pengabdian Kepada Masyarakat Desa), conducting healthy lifestyle education sessions on hypertension, offering blood pressure measurement services in pharmacies, using WhatsApp for communication to support hypertension services, measuring tension at Occupational Health Posts for factory employees, measuring blood pressure during vaccination campaigns, measuring blood pressure at Posbindu PTM and Usaha Kesehatan Berbasis Masyarakat, mobilizing the community through the utilization of babinsa, receiving support from Kodim health posts, screening for blood pressure in high schools through Usaha Kesehatan Sekolah, implementing ATP innovation (PTM Test Anjungan), collecting hypertension data for the PIS PK program, and using the BPJS prolanis program.

c. Demak District
Following the Demak Regent's implementation of policies and regulations on hypertension services based on the pentahelix collaborative governance model aligned with SPM standards, service outcomes for hypertension patients in Demak District significantly improved, achieving total coverage of 100%. The pentahelix played a pivotal role, with structured involvement post-implementation. In Demak District, there is a community center which serves as a hub for discussions and conflict resolution, facilitating the implementation of a collaborative hypertension

service model focused on the smallest community unit (RT), health education initiatives through Radio Kota Wali, including podcasts and thematic talk shows on hypertension. Recitation sessions are utilized for KIE. Pharmacies offer blood pressure measurement services, while a tiered referral system connects patients to appropriate health facilities. Educational institutions engage in Field Work Practices to encourage residents to undergo blood pressure checks, providing necessary resources and aiding in fund collection. Additionally, there are professional social services such as nursing care, blood pressure measurement at Posbindu PTM, and hypertension screenings at COVID-19 vaccine clinics and churches. The PRB prolanis program is utilized, along with collaboration between pentahelix institutions and champions to facilitate consensus and conflict resolution. Diaspora figures are involved in health education, and routine briefings ensure officials are informed about the Demak Regent's regulations on hypertension services. Moreover, hypertension screening data informs vaccination services.

d. Jombang District

Following the implementation of the Jombang Regent's policy and regulation on hypertension services using the pentahelix collaborative governance model, there was a notable increase in service outcomes for hypertension patients in Jombang District, aligning with SPM objectives. Collaborative governance initiatives formed in Jombang District include the Youth Red Cross program and community service in blood pressure measurement services, tracing hypertension during vaccination, and screening blood pressure among high school students through the UKS program, alongside parent education. Community education programs leverage certain commemorative days, while pentahelix institutions collaborate to provide hypertension services. Monthly coordination meetings facilitate communication, sharing, and conflict resolution among stakeholder champions. Tensimeter equipment distribution, general employee check-ups, hypertension screening at company/factory clinics, health social services, and free medication distribution are part of corporate social responsibility efforts. Tiered referrals, employee insurance utilization, and hypertension IEC activities at company/factory clinics further enhance services. Additional measures include hypertension service SOP/business process implementation, utilization of

Islamic boarding school health clinics, Kopipu (Door to Door Counseling) innovation, and Bulaga (Regent Serves Citizens) innovation. Nursing care screening, blood pressure measurement at community service and vaccination clinics, doctor consultations at social services/orphan charity events, and participation of PKK community centers, Youth Organizations, and RT/RW in hypertension screening are implemented. Collaboration with Village Manunggal TNI, OPD synergy activities, Puskesmas assistance, and mobilization of BAZ funds from Jombang Regency are also crucial. Advocacy and lobbying efforts of pentahelix champions further strengthen hypertension collaboration services.

e. Rembang District

After the Rembang Regent implemented policies and regulations based on the pentahelix collaborative governance model for hypertension services in accordance with SPM standards, there was a noticeable improvement in service outcomes for hypertension patients in Rembang District. These initiatives included providing free blood pressure services at pharmacies and churches, offering services for the elderly at churches, supporting activities through BPJS Rembang, establishing tiered referral services between health facilities, conducting hypertension education during RT gatherings for fathers on the 12th and mothers on the 6th of each month, implementing the "one village one nurse" and "one village one midwife" policy, managing hypertension diets through the Pokja 4 PKK program, screening for hypertension by religious leaders, mosque officials, community leaders, and RT/RW officials, conducting hypertension screenings during Ro'an activities in Islamic boarding schools, recitation groups, UKBM sessions, and Posbindu PTM, utilizing WhatsApp groups for effective communication among ecosystem partners, expanding the functions of Poskamling, providing tensimeters through corporate social responsibility initiatives in the Rembang area, and disseminating information about hypertension services through print, social, and electronic media, including talk shows and thematic radio broadcasts sponsored by the business sector.

2. Policy regulations that can mobilize the entire pentahelix to improve hypertension service target achievement according to SPM in Banyuwangi, Cianjur, Demak, Jombang and Rembang districts are:

a. District-level macro regulation.

Regent's Decree regarding the implementation of the pentahelix collaborative governance model for hypertension services in alignment with health SPM.

b. Scenario plan in messo regulation at district level.
   1) Task force to implement hypertension service business processes in accordance with district health SPM.
   2) Joint commitment of all pentahelix stakeholder's as a social contract bond as the basis for implementing collaborative governance based on community center development.

c. District-level micro-regulations.
   The availability of a business process for cooperation between the application of the pentahelix collaborative governnace model based on digital internet and community center development in hypertension patient services and the business process for reporting the application of the model according to local wisdom and pentahelix resources in the pentahelix stakeholder's environment in each region.

d. The implementation of the pentahelix collaborative governnace model for hypertension services based on digital internet and community center development in the pilot project sub-district waskicked off by the regent / deputy regent of the head of the local government together with all pentahelix stakeholder's.

3. The collaborative leadership role of regional leaders in implementing the pentahelix partnership model to enhance SPM achievements in hypertension patient services at the district level government.
   a. Banyuwangi District
      Facilitative leadership in Banyuwangi Regency is evident, with the regent providing flexibility to innovate under the slogan "every activity is tourism." The regional leader facilitates collaboration among various elements of the pentahelix in every public service.
   b. Cianjur District
      The facilitative leadership role in Cianjur has not maximally integrated the elements of the pentahelix.
   c. Demak District
      Facilitative leadership in Demak Regency is performing well. The regent serves as a motivator for all local government elements. Moreover, the regent's role in Demak is highly collaborative, effectively compelling and mobilizing all pentahelix components to cooperate in creating public services.
   d. Jombang District
      Jombang Regency has a charismatic regional leader who is a descendant of a prominent national Islamic figure in Jombang and also serves as the

chairman of a political party in East Java. Therefore, the collaboration process proposed will involve the pentahelix elements.

e. Rembang District
The leadership role of Rembang District can also be described as "charismatic"; however, the facilitation and commitment provided to integrate all components of the pentahelix model in the hypertension service type are still lacking in strength due to the prioritization of health programs, namely addressing stunting/malnutrition.

## REFERENCES


Andi Prastowo (2012) *Metode Penelitian Kualitatif dalam Perspektif Rancangan Penelitian. Cetakan Keempat. Yogyakarta : Pustaka Pelajar*. 4th edn. Yogyakarta: Pustaka Pelajar.

Ansell, C. and Gash, A. (2007) 'Collaborative Governance in Theory and Practice', *Journal of Public Administration Research and Theory*, 18(4), pp. 543–571. doi:10.1093/jopart/mum032.

Ariansyah, A. (no date) *Sinergitas Pentahelix Dalam Mitigasi Bencana, BNPB*. Available at: https://bnpb.go.id/berita/sinergitas-pentahelix-dalam-mitigasi-bencana (Accessed: 29 November 2021).

Arifin, B. (2014) 'BIENVENUTO A TUTTI: SEJARAH PEMIKIRAN WILSON,GOODNOW,GULLICK DAN URWICK . PARA TOKOH AN', *BIENVENUTO A TUTTI*, 5 April. Available at: https://badarifin.blogspot.com/2014/04/sejarah-pemikiran-wilsongoodnowgullick.html (Accessed: 29 November 2021).

Awaluddin, M., Sule, E. T., & Kaltum, U. (2016) 'The influence of competitive forces and value creation on company reputation and competitive strategy: a case of digital creative industry in Indonesia with the implication on sustainable business performance. International Journal of Economics, Commerce and Management', IV (2), pp. 201–234.

Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia (2013) 'Riset Kesehatan Dasar'.

Badan penelitian dan pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia (2019) 'Laporan nasional Riskesdas 2018'.

Basrowi, S. (2008) *Memahami Penelitian Kualitatif*. Jakarta: Rineka Cipta.

Calzada, I (2016) '(Un) plugging smart cities with urban transformations: towards multi-stakeholder city-regional complex urbanity.', 6 (2), pp. 25–45.

David H Rosenbloom, Robert S Kravchuck, Robert Kravchuck (2005) *Public Administration : Understanding Management, Politics and Law in The Public Sector*. Mc Grav Hill.

Departemen Kesehatan Indonesia (2016) *Pedoman umum program Indonesia sehat dengan pendekatan keluarga.*

Dwiyanto, A. (2015) *Administrasi Publik Desentralisasi, Kelembagaan, dan Aparatur Sipil Negara*. Yogyakarta: Gajah Mada University Press (UGM Press).

Frank Marini, George Fredericks and Porte (1971) *Toward a new public administration; the Minnowbrook perspective*.

Gerald E Caiden (no date) *Administrative Reform, Routledge*. 2017.

John W Creswell (2007) *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. 4th edn.

Kazuomi Kario MD, PhD et.al (no date) 'COVID - 19 and hipertension - evidence and practical management : Guidence from the HOPE Asia Network'.

Kementerian Kesehatan Republik Indonesia (2021) 'Profl Kesehatan Indonesia 2020'.

Leila Moftakhar et .al (2021) 'Epidemiolgy Features and Predictors of Mortality in Patients with COVID 19 with and Without Underlying Hypertension'.

Li Geng, Chao He, and et.al (no date) 'The association between blood preassure and mortality in critically ill patient with Covid 19 in Wuhan China : case series report'.

Marijana Tadik MD, PhD and Giuseppe Mancia MD (no date) 'COVID - 19 and arterial hypertension : Hypothesis or evidence?'

Nugroho, Dr.R. (2015) *Policy Making*. Jakarta: PT Elex Media Komputindo, Gramedia.

Nugroho, Dr.R. (2017) *Public Policy*. 6th edn. Elex media Komputindo.

Osborne D and Gaebler T (no date) *Reinventing Goverment*. New York: 1992.

P. Siagian, MPA., Prof.Dr.S. (2011) *MANAJEMEN STRATEJIK*. Bumi Aksara.

Pemerintah Kabupaten Buleleng (2017) *Kerja Sama Antar Daerah*. Available at: https://pemerintahansetda.bulelengkab.go.id/informasi/detail/artikel/kerjasama-antar-daerah-44.

*Peraturan Menteri Dalam Negeri No 100 Tahun 2018* (2018).

*Peraturan Menteri Kesehatan No 4 Tahun 2019* (2019).

*Peraturan Pemerintah No 2 tahun 2018* (2018).

Perhimpunan Dokter Spesialis Kardiovaskular Indonesia (2015) 'PEDOMAN TATALAKSANA HIPERTENSI PADA PENYAKIT KARDIOVASKULAR'.

Rebert B Denhardt and Janet V Denhardt (2014) 'The New Public Service : An Approach to Reform'.

Saleh, M.Si, Dr.Drs.C. (no date) 'MODUL 01 Konsep, Pengertian, dan Tujuan Kolaborasi'.

Soewarno Handayaningrat. (1996) *Pengantar Studi Ilmu Administrasi dan Manajemen*. Jakarta: Gunung Agung.

Sugiyono (2009) *Metode Penelitian Kualitatif Kuantitatif dan R&D*. Bandung: Alfabeta.

*Undang - Undang No 23 Tahun 2014* (2014).

*Undang - Undang No 32 Tahun 2004* (2004).

W. Johnston, E. *et al.* (2014) 'Managing the Inclusion Process in Collaborative Governance'.

Wilson W (1887) *The Study of Administration. Political Science Quarterly, 2(2)*.

Windiani (2020) 'Pentahelix Collaboration Approach in Disaster Management : Case Study on Disaster Risk Reduction Forum-East Java'.

Xiaoping cgen MD, PhD et.al (no date) 'Risk Factor for delayed viral clearence in Covid 19 patient'.

Zhaohai Zheng *et al.* (no date) 'Risk Factor of critical and mortal COVID - 19 case : A systematic review literature review and meta analysis'.