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# Five-Year Journey of Technical Assistance in Health Governance Reforms: A Case Report

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**Abstract**

Many districts and cities in Indonesia continue to have Public Health Development Index scores below the national average, highlighting the need for improved health governance. This study assessed the five-year impact (2019–2023) of a mentoring program for 149 District Health Offices in preparing annual work plans, focusing on stagnation or performance declines. Using a qualitative approach, the study analyzed annual work plan scores before and after technical assistance, conducted focus group discussions, and carried out in-depth interviews to identify challenges. Key barriers included data management issues, weak advocacy, knowledge transfer gaps, and poor cross-sectoral coordination, which hindered decision-making and program sustainability. Findings suggested that structured technical assistance enhanced data-driven planning and intersectoral collaboration at the district level. Strengthening governance frameworks through capacity-building programs and integrating mentorship models into national health strategies can improve regional health performance.

**Keywords**: annual work plan, health governance, District Health Offices, technical assistance

## Introduction

Effective governance in health systems is critical to achieving sustainable health outcomes, particularly through evidence-based planning and program alignment.[1,2] In Indonesia, Law Number 59 of 2024, Concerning the National Long-Term Development Plan for 2005–2025, establishes governance transformation as a core mission for achieving sustainable national development.[3] The law underscores the importance of harmonizing governance reforms with high-quality planning processes, highlighting the necessity of ensuring coherence among planning documents, including the National Long-Term Development Plan/*Rencana Pembangunan Jangka Panjang Nasional* (RPJPN), National Medium-Term Development Plan/*Rencana Pembangunan Jangka Menengah Nasional* (RPJMN), Strategic Plan/*Rencana Strategis* (Renstra), and Annual Work Plan (AWP).

This alignment is crucial for integrating local and national priorities to enhance policy coherence and improve implementation effectiveness. However, despite existing policy mandates, no prior study has systematically evaluated the effectiveness of planning harmonization at the district levels of Health Offices in Indonesia. This study addressed this gap by examining the impact of a technical assistance program aimed at improving the preparation of the AWP as a planning document aligned with the Health Strategic Plan, the Regional Long-Term Development Plan, and other relevant strategic planning frameworks.

The AWP plays an important role in tracking progress toward priority health indicators. However, significant obstacles have consistently challenged its implementation, particularly at the city/district levels. To address these issues, the Indonesian Ministry of Health, through the Bureau of Planning and Budgeting, with support from the World Bank and the National Budget, implemented a technical assistance program from 2019 to 2023. This initiative aimed to enhance the capacity of District Health Offices to independently develop high-quality AWPs, align local activities with national priorities, and ultimately strengthen health governance across Indonesia.

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A total of 149 Health Offices across Indonesia participated in this initiative, each receiving guidance from university-affiliated technical assistance teams. To initiate the first phase of intervention in 2019, a baseline indicator was established using data from the 2018 Public Health Development Index, revealing that 54% of regions scored below the national average on key health indicators. This finding underscored persistent challenges in the content, structure, and timeliness of AWP submissions.[4] In addition, insufficient capacity among the planning team was identified as a major constraint in developing the AWP. Many planners lack the necessary knowledge and technical skills and have not received adequate training.[5]

These limitations have hindered the alignment of local health plans with national priorities, thereby reducing the overall effectiveness of health governance and limiting the achievement of desired health outcomes. Ensuring the synchronization of these planning documents is essential for establishing effective, evidence-based health governance that can drive long-term improvements across Indonesia. This case report examined the performance of District Health Offices that experienced stagnation or declines in their AWP scores to identify barriers, draw lessons from these challenges, and offer recommendations to support sustainable improvements in health governance.

## Method

This case report employed a qualitative approach to assess the AWP of District Health Offices from 2019 to 2023. Data collection was conducted between July and August 2024 at designated District Health Offices. The evaluation began with an analysis of AWP scores provided by the Indonesian Ministry of Health, comparing performance before and after the technical assistance program.[6] Based on score trends, District Health Offices were categorized into three groups: improved, stagnant, and declining.

The District Health Offices were categorized as improved when they demonstrated an increase in their AWP scores after receiving technical assistance, indicating enhancements in the quality of planning, alignment with national priorities, and overall governance capacity. Meanwhile, stagnant District Health Offices showed no change in their AWP scores before and after technical assistance, suggesting that despite intervention, planning quality and performance indicators remained unchanged, possibly due to limited technical capacity, inadequate resource allocation, or institutional constraints. Last, declining District Health Offices experienced a decrease in their AWP scores after technical assistance, reflecting a deterioration in planning effectiveness, coordination, or compliance with the evaluation criteria. This decline can be attributed to organizational instability, policy shifts, or systemic barriers that prevent the effective implementation of the AWP.

By classifying District Health Offices into these categories, this study provided insights into the impact of technical assistance on local health governance, helping to identify factors that influence progress, stagnation, or regression in health planning performance. To further explore the factors contributing to these trends, Focus Group Discussions (FGDs) and in-depth interviews were conducted with selected District Health Offices. Additionally, key informants from the Indonesian Ministry of Health, the Ministry of Home Affairs, the Ministry of National Development Planning, and university mentors were interviewed to ensure the validity and triangulation of the findings. AWP quality was assessed using the 2022 AWP Evaluation Guidelines and an evaluation instrument developed by the Ministry of Health.[6] This instrument measured five key dimensions: report structure completeness, data completeness, problem prioritization, activity prioritization, and budget allocation. Each aspect was scored on a scale from 0 to 5, with a maximum score of 25 points. The final scores were then categorized into five performance levels (Table 1).

**Table 1. Score Categorization of Annual Work Plan Assessment**

| Range score | Category |
|---|---|
| 0–5 | Very bad |
| 5.1–10 | Bad |
| 10.1–15 | Moderate |
| 15.1–20 | Good |
| 20.1–25 | Very Good |

The interview participants included District Health Officers who participated in the technical assistance program, while FGDs involved representatives from each division. The study areas were selected using purposive sampling based on a comparison of AWP quality before and after technical assistance. A total of four areas were chosen, focusing on District Health Offices categorized as declining or stagnant. The qualitative data analysis was conducted using a thematic approach. All collected data were transcribed verbatim, systematically organized into a matrix, and analyzed to identify emerging patterns and themes. A thematic framework was then developed to guide data interpretation and ensure a structured and comprehensive analysis. Triangulation was applied by integrating in-depth interviews, FGDs, and data from multiple institutions to ensure cross-verification and reduce bias. This multi-source approach provided a comprehensive understanding of the factors influencing AWP quality and strengthened the credibility of the findings.

## Results

Table 2 provides an overview of the performance changes among the selected District Health Offices before and after technical assistance, focusing on their scores and final categories. District Health Office A (Bengkulu Province) experienced a decline in its score from 25 (Very Good) to 20 (Good), resulting in a final category of decline. Similarly, District Health Office B (North Kalimantan Province) saw its score drop from 19 (Good) to 13 (Moderate), also categorized as Declining. However, District Health Office C (West Kalimantan Province) stagnated, maintaining a score of 5 (Very Bad) before and after technical assistance. Last, District Health Office D (East Nusa Tenggara Province) showed a slight improvement in its score from 9 (Bad) to 10 (Bad) but remained in the stagnant category.

**Table 2. Characteristics of District Health Offices**

| Code of the District Health Office | Province | Score before technical assistance | Category | Score after technical assistance | Category | Final Category |
|---|---|---|---|---|---|---|
| A | Bengkulu | 25 | Very Good | 20 | Good | Declining |
| B | North Kalimantan | 19 | Good | 13 | Moderate | Declining |
| C | West Kalimantan | 5 | Very Bad | 5 | Very Bad | Stagnant |
| D | East Nusa Tenggara | 9 | Bad | 10 | Bad | Stagnant |

Table 3 provides a structured overview of the key challenges and thematic issues contributing to stagnation or decline in the quality of AWPs across four District Health Offices. Each of them faced a unique combination of systemic barriers, as reflected in their categorization as either declining or stagnating AWP performance. The challenges were grouped into three broad themes: persistent data management issues, cross-sectoral coordination and advocacy gaps, and human resource challenges. This grouping emerged as thematic issues identified through FGDs and in-depth interviews with District Health Office representatives, university mentors, and key informants from relevant ministries. These insights highlighted the interconnected nature of challenges and their impact on the effectiveness of AWP preparation and implementation.

**Table 3. Key Challenges and Root Causes of Renja Performance in District Health Offices Experiencing Stagnation or Decline in Annual Working Plan Quality**

| Province | Final Category | Thematic Issue | |
|---|---|---|---|
| | | Key Challenges | Root Causes |
| Bengkulu | Declining | Persistent data management issues hindered the planning process | • Delayed and incomplete data submission<br>• Fragmented data systems |
| North Kalimantan | Declining | • Persistent data management issues<br>• Cross-sectoral coordination gaps<br>• Advocacy | • Delayed data<br>• Advocacy skill gaps<br>• Weak interagency collaboration (coordination and communication) |
| West Kalimantan | Stagnant | Human resource challenges | • Staff turnover<br>• Conflicting schedules<br>• Limited retention of organizational knowledge and experience due to frequent staff turnover |
| East Nusa Tenggara | Stagnant | • Cross-sectoral coordination gaps<br>• Advocacy<br>• Human resource challenges | • Advocacy skill gaps<br>• Insufficient leadership guidance, commitment, or engagement in supporting initiatives and decision-making<br>• Excessive staff workload and competing responsibilities |

***Persistent Data Management Issues***

Most District Health Offices identified data completeness as a major challenge when preparing their AWP. The primary source of data is the Primary Health Care (PHC), which periodically submits reports to the District Health Offices for verification. However, limited infrastructure, such as network constraints and limited electricity, at the PHCs often impedes data submission, causing delays in data readiness and complicating the verification process. As noted by one of District Health Office A representative:

> "*Sometimes, the problems are not just in the planner team, but also the validity of the data. We are having difficulty checking the data from the PHC because most of the report submissions are delayed due to problems in using the computer or IT network. We have set a deadline, but in the end, it did not go well*."

The issue extends beyond PHC, as internal data management within District Health Offices is also problematic. According to the university mentors, the data sent by the PHCs were often managed independently by different departments of District Health Offices. As a result, the planner team had to manually retrieve the required data from each section, while staff members were often preoccupied with other responsibilities:

> *"...one of the difficulties regarding data in local government is the availability of the data itself..."*
> *"The data were kept only by one person* (program manager)*, whereas we need the data immediately... at the beginning, we were quite struggling with the data availability."*

To address these issues, planners often had to engage directly with the staff responsible for the data or rely on secondary data sources, such as the Health Profile or the Indonesia Health Survey, to fill in gaps in information:

> *"For the required data, we have to meet the sections directly...to overcome the internal problems, well the right approach is always meet them in person."* (University Mentors)
> *"Well, in the end, we used* (health) *profile data, SKI* (Indonesia Health Survey)*, and other secondary data that were available, and then we asked the staff again."* (University Mentors)

***Cross-Sectoral Coordination and Advocacy Gaps***

Advocacy plays a crucial role in securing the resources and budgets needed to implement AWP effectively. However, findings from this technical assistance revealed that most District Health Offices felt that cross-sectoral advocacy was not adequately addressed during the program. In practice, the planner teams responsible for drafting the AWP and all proposed programs often faced challenges in gaining recognition and support from their superiors and other stakeholders. Participants noted a significant gap in the training on advocacy skills:

> *"... soft skills on how to advocate, it does not seem to be taught in the technical assistance on how the results of our plan can be advocated to the other stakeholders, well that does not seem to be explained back then, only up to the making of AWP."* (District Health Office C representative)
> "*...also this cross-sectoral sometimes is more subjective. We* (the planner team) *are not considered important to them. Meanwhile, we are the ones who understand how the proposed activities should be run. It always clashes with the superior officer when we are trying to explain. Those are the things that were not addressed* (during the technical assistance)*...*" (District Health Office D representative)

These findings were echoed by key informants from the Indonesian Ministry of Health, who attributed these challenges to the limited exposure of District Health Offices to cross-sectoral information and practices:

> *"Actually, sometimes it* (advocacy) *was not carried out not because* (they) *do not want to, but* (they) *did not know how. That is why we invite them* (to join this technical assistance)*, hoping they will know and understand, so without us asking, they already did it."* (The Indonesian Ministry of Health representative)

***Human Resources Challenges***

Human resources have emerged as a critical challenge in the implementation of technical assistance. The planner team, a central component of the program, often faced difficulties balancing the mentoring sessions with their daily responsibilities. Participants frequently reported conflicts between the sessions and other tasks, such as attending meetings or completing administrative duties. These challenges were exacerbated by a lack of understanding by superiors, who often underestimated the importance of technical assistance activities. Consequently, staff were sometimes required to leave sessions prematurely or were replaced by other personnel who lacked the necessary continuity and context.

> *"...Yes, the conflicting schedules. Because we are just staff, Ma'am, so, when we come before our superiors, he thinks we are available, so we are ready for more work. Even though we are still in training, like that. So, the superiors at that time did not know, so maybe they thought it was just another Zoom meeting. But for us, it is very important, especially for me, it is a very new thing, very valuable."* (District Health Office B representative)
>
> *"...we are also working at the same time...so there are times when we could not focus because we were doing other tasks."* (District Health Office C representative)

The university mentors also observed inconsistencies in participant attendance, further undermining the continuity of the technical assistance:

> *"It was always different staff, the participants that present today already different than yesterday."* (University Mentors)

Sustainability posed an even greater challenge, particularly after technical assistance ended. Frequent staff turnover, a common occurrence among civil servants because of job rotations or promotions, often leads to the loss of institutional knowledge. The trained personnel were reassigned, leaving their replacements without the same level of expertise or understanding. This cycle frequently resulted in a regression of the progress made during the technical assistance:

> "*... that's the difficulty during the technical assistance, eventually, the trainee has to leave the AWP (drafting team). Now the ones who compiled it at that time were not, not the colleagues who participated in the technical assistance. That's why it was only good at the beginning, after a few years it went back to zero again.*" (District Health Office C representative)

This issue was also highlighted by the Indonesian Ministry of Health, which noted that staff turnover, coupled with hesitancy to implement changes, often delayed the progress of health governance transformations:

> *"Only that the execution in local government faced several challenges. It could be staff replacement or the existing staff isn't courageous enough to implement the new transformation because those changes depend on the head of local government and also covering other offices, not just the health office. Consequently, it delayed the implementation in the local regions."*

**Discussion**

This study's findings provided critical insights into the systemic challenges District Health Offices faced in improving the quality of their AWPs. These challenges, identified through thematic analysis, highlighted persistent issues that require urgent attention to enhance health governance. This discussion focuses on three key areas: data bottlenecks and fragmentation, advocacy and coordination gaps, and human resource instability, offering actionable strategies to address each issue.

Effective health planning requires timely and accurate data. However, data bottlenecks and fragmentation have emerged as significant barriers across District Health Offices, stemming from delays in data submission by PHCs and the use of fragmented data systems within District Health Offices. The lack of a centralized system forced planners to manually retrieve data from different sections, further complicating the process. A previous study also highlighted the primary challenge in data availability as the lack of integration within health information systems, which results in fragmented data.[7]

This issue not only delayed AWP preparation but also compromised the overall quality of health planning. Accurate and complete data enable health planners to assess the severity and scope of problems, allocate resources strategically, and implement programs that address real community needs. Without robust data, prioritization becomes subjective and prone to inaccuracies, leading to interventions that may not align with actual conditions in the field.[8] To resolve these challenges, there is a pressing need to invest in digital infrastructure, streamline data workflows, and provide training for data management at the PHC and District Health Office levels.

Currently, the Indonesian Government has made efforts to integrate data through relevant policies aimed at addressing data and information fragmentation. Unfortunately, challenges persist in the field, particularly at the PHC level, such as insufficient human resources and the failure of vendors or third parties to fully adopt standardized metadata protocols. These issues are often attributed to inadequate health information system infrastructure, limited access to information systems in remote areas, and a shortage of skilled personnel due to insufficient training.[7]

The involvement of stakeholders and cross-sectoral collaboration is crucial for future assistance efforts, particularly with agencies such as the Development Planning Board and other regional government organizations. Strengthening

advocacy materials with the mentoring team is essential. One key strategy is to optimize Regional Development Coordination Meetings, essential for aligning national priorities with regional health objectives.[9] Enhancing the execution of these meetings and ensuring the active participation of relevant stakeholders can foster stronger collaboration across sectors.

Additionally, the involvement of the Development Planning Board at the city/district and provincial levels is crucial for integrated planning and resource allocation.[10] This engagement not only facilitates coordination but also reinforces the role of provincial governments as national governance representatives. This involvement strengthens the role of the provincial government as a representative of the national government.[11] According to another study, advocacy plays a key role in integrating evidence into the policymaking process, contributing to a paradigm shift as well as improved focus and resource allocation, which are essential for supporting and strengthening policies.[12] These findings are particularly relevant in the context of drafting the Health Office's Work Plan, in which advocacy is a vital strategy to ensure that evidence-based decisions are effectively implemented. Finally, provincial governments must take an active role in bridging the gap between District Health Offices and other sectors. Their oversight can help streamline coordination processes and ensure that health priorities are effectively integrated into broader regional planning efforts.

One of the key challenges encountered in technical assistance programs was related to human resources. Common issues included the planning team being occupied with multiple responsibilities, frequent job rotations, and staff promotions, which could disrupt continuity and hinder the effective implementation of the program. The heavy workload of the planning team often prevented participants from fully engaging in the mentoring process. A previous study suggested that on-the-job training for planning teams is one approach to addressing this issue.[13] Another human resource-related challenge was job rotation. A previous study indicated that while job rotation can enhance employee performance, it may also lead to a decline in work motivation.[14] Therefore, its implementation should be cautiously approached and accompanied by adequate training to ensure its effectiveness.[14]

To address the identified human resource challenges, it is essential to implement targeted and sustainable solutions. Establishing knowledge management systems is a critical first step because these systems can preserve institutional memory by documenting processes, key learnings, and outputs from technical assistance. This will ensure that new staff can quickly access and adapt to their roles seamlessly.[15] Additionally, the development of self-learning modules, such as online courses or comprehensive guides, can provide continuous training opportunities for health officials. These modules should address practical needs and include real-world case studies to enhance their relevance and applicability.

Promoting continuous learning opportunities is also important, particularly in light of the frequent job rotations among civil servants. Integrating ongoing training and capacity-building programs into civil service systems can help bridge knowledge gaps and maintain the quality of health governance over time. Furthermore, strengthening leadership awareness is crucial for creating a supportive environment for planning teams.[16] By engaging local government leaders and emphasizing the long-term benefits of technical assistance, the importance of staff participation and sustained learning can be better recognized and prioritized. Collectively, these recommendations aim to mitigate the impact of staff turnover, enhance capacity retention, and support sustainable improvements in health planning and governance.

This study had several limitations in obtaining comprehensive information from the District Health Offices. Several members of the planning teams who participated in the technical assistance were rotated to other offices, making them unavailable to participate in the focus group discussions. To minimize this limitation, additional data were collected through interviews with key informants, including university mentors, current District Health Office staff, and representatives from the Indonesian Ministry of Health. This approach provided broader perspectives and supplementary insights to address information gaps while ensuring a more comprehensive analysis of the challenges faced by District Health Offices.

Future research should examine the impact of improved AWP quality on health outcomes, including service delivery, resource allocation, and system efficiency. Evaluating regional influences such as infrastructure and governance can help tailor technical assistance to diverse contexts. Additionally, assessing the scalability and effectiveness of digital platforms such as Aplikasi Sehat Indonesia (ASIK) and SatuSehat is essential for optimizing health planning and data integration. Longitudinal studies are needed to determine these improvements' sustainability and identify factors influencing long-term health governance success.

## Conclusion

District Health Offices experiencing stagnation or declines in the quality of their AWPs face several common challenges, including inadequate data management, limited advocacy skills, weak cross-sectoral coordination, and the impact of job rotations on knowledge retention. To address these issues, several key recommendations should be implemented. Strengthening technical assistance in data management and advocacy is crucial for health offices to develop plans that respond to community needs. Additionally, enhancing coordination with the Development Planning Board and providing support for synchronization forums can help improve AWP development and implementation. Self-learning modules containing advocacy materials will further support the capacity of health offices to prepare high-quality documents, enabling them to achieve more effective public health development goals. Finally, promoting continuous learning opportunities is essential, given the frequent job rotations among civil servants, by integrating ongoing training and capacity-building programs into civil service systems to ensure sustainable knowledge transfer and skill development.

**Abbreviations**

AWP: Annual Work Plan; FGDs: Focus Group Discussions; PHC: primary health care.

**Ethics Approval and Consent to Participate**

This study was reviewed by the Health Research Ethics Committee of the National Research and Innovation Agency (Number: 190/KE.03/SK/10/2024).

**Competing Interest**

The authors declare that there is no competing interest to disclose.

**Availability of Data and Materials**

All of the materials in this study are available upon reasonable request.

**Authors' Contribution**

PY, IT, and AD conceptualized the study. PY drafted the original manuscript. PY, IM, M, LK, FAB, TSD, AS, HRP, RM, RK, and NAR collected, analyzed, and interpreted the data and critically reviewed the draft. IT supervised the study and assisted in data interpretation. AD provided material for the study. IM and LK provided material support and reviewed and edited the draft.

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**References**

1. Debie A, Khatri RB, Assefa Y. Successes and challenges of health systems governance towards universal health coverage and global health security: A narrative review and synthesis of the literature. Health Res Pol Syst. 2022; 20 (1): 50. DOI: 10.1186/s12961-022-00858-7.
2. Khosravi MF, Mosadeghrad AM, Arab M. Health system governance evaluation: A scoping review. Iran J Public Health. 2023; 52 (2): 265-277. DOI: 10.18502/ijph.v52i2.11880.
3. Presiden Republik Indonesia, Kementerian Perencanaan Pembangunan Nasional/Badan Perencanaan Pembangunan Nasional. Undang-Undang No. 59 Tahun 2024 tentang Rencana Pembangunan Jangka Panjang Nasional 2024–2045. Jakarta: Kementerian Perencanaan Pembangunan Nasional/Badan Perencanaan Pembangunan Nasional; 2024.
4. Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan Republik Indonesia. IPKM Indeks Pembangunan Kesehatan Masyarakat 2018. Jakarta: Lembaga Penerbit Badan Penelitian dan Pengembangan Kesehatan; 2019.
5. Baumann A, Wyss K. Exploring evidence use and capacity for health services management and planning in Swiss health administrations: A mixed-method interview study. PLoS One. 2024; 19 (5): e0302864. DOI: 10.1371/journal.pone.0302864.
6. Kepala Biro Perencanaan dan Anggaran. Keputusan Kepala Biro Perencanaan dan Anggaran Sekretariat Jenderal Kementerian Kesehatan Republik Indonesia Nomor HK.02.03/1/4283/2022 tentang Pedoman Penilaian Rencana Kerja Perangkat Daerah Bidang Kesehatan. Jakarta: Kementerian Kesehatan Republik Indonesia; 2022.
7. Zain NS, Ulya N, Wasir R, et al. Memanfaatkan data untuk meningkatkan pengambilan keputusan berbasis bukti dalam sistem kesehatan Indonesia. Afiasi. 2024; 9 (1): 25-34. DOI: 10.31943/afiasi.v9i1.352.
8. Dharminto D, Purnami CT, Mawarni A, et al. Pendampingan prioritas masalah kesehatan berdasar analisis data kohort ibu di Puskesmas Tawangharjo Kabupaten Grobogan. J Public Health Community Services. 2022; 1 (1): 36–40. DOI: 10.14710/jphcs.2022.13974.
9. Hasanbasri M, Maula AW, Wiratama BS, et al. Analyzing primary healthcare governance in Indonesia: Perspectives of community health workers. Cureus. 2024; 16 (3): e56099. DOI: 10.7759/cureus.56099.
10. Sunarto. Planning and priority budget for health sector minimum service standards at community health center in Indonesia. J Hunan Univ Nat Sci. 2021; 48 (2): 18-23.
11. Hermanto Z, Suryanto J. Pilkada dan sinergi perencanaan pembangunan antar pemerintah daerah: Peran gubernur yang nyata tapi tak kentara. JIAPD. 2017; 8 (2): 31-38.

12. Chhetri D, Zacarias F. Advocacy for evidence-based policymaking in public health: Experiences and the way forward. J Health Manag. 2021; 23 (1): 85-94. DOI: 10.1177/0972063421994948.
13. Kaszás N, Keller K, Birkner Z. The role of transferring knowledge in case of non-business sector projects. Procedia Soc Behav Sci. 2016; 221: 226–235. DOI: 10.1016/j.sbspro.2016.05.110.
14. Helaudho B, Mukhtar S, Pahala I. Optimizing performance: The role of job rotation in employee motivation and satisfaction. Pak J Life Soc Sci. 2024; 22 (1): 5532-5542. DOI: 10.57239/PJLSS-2024-22.1.00408.
15. Audrey S, Pierskalla JH. Mapping Indonesia's civil service. Washington DC: The World Bank; 2018.
16. Vong S, Zo H, Ciganek AP. Knowledge sharing in the public sector: Empirical evidence from Cambodia. Inf Dev. 2016; 32 (3): 409–423. DOI: 10.1177/0266666914553604.