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Strategy For Implementing Health Policy To Prevent Shallow At The State Entrance

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Abstract: *This study aims to develop a strategy for implementing policies to prevent deterrence in order to protect the country's entrance from various infectious diseases. It is hoped that this research can be a guideline for the port health office in carrying out its main task of preventing and counteracting infectious diseases that enter the country. This research was carried out at the Class I Port Health Office in Denpasar. This research is a qualitative research, using the phenomenological approach. Data collection techniques were carried out by means of in-depth interviews with health policy implementing informants to prevent blocking in the field to find out the support and obstacles they face in implementing the policy. Technical analysis of the data used by analysis of Ice Miles and Huberman models. The research results show that the government in this case the Ministry of Health as the implementation of policy programs cease-desist need to develop strategies based on the study and the conditions in each unit executing given Indonesia a d ne multicultural country.*
Keywords*: Public Policy, Health Policy, Prevention, Port Office, and Policy Implementation Strategy*.

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I. Introduction

Policy is a reference and guide in efforts to make improvements and find solutions to a number of community problems. However, often the product of public policy cannot touch the root of the problems faced and desired by the community, but it is more visible in the effort to fill the political vacuum and contain political content, which is actually solely aimed at maintaining constituents and placing groups above the public interest. (Parsons, 1982) reveals that policy is knowledge from society that prepares better ways of life - way of making it better. The process of knitting policy experiences as a basis for reforming policies will give rise to public policies with new perspectives, new enthusiasm, new enthusiasm, optimistic future-oriented, new creativity and increasing commitment to the public (Indiahono, 2009) . Furthermore, the success of a policy is caused by two factors, namely: (1) the quality of the policy that can be seen from the substance of the policy formulated and (2) the support of the formulated policy strategy (Abidin, 2012). In addition, synergy among the actors involved also influences the success of policy implementation, such as Anderson's opinion that: ―redistributive policies involve deliberative effort by the government to shift the allocation of wealth, income, property, or rights among broad classes or groups of the population" (Anderson & Anderson, 2011). This allows the creation of networks in all sectors that generate public value (Morse, Buss, & Kinghorn, 2007), and encourages policies that allow the private sector and others to be involved in dealing with issues handled by the policy. "Democracy of local government ... in terms of (local) governance refers to a more or less polycentric system in which a variety of actors are engaged in local public decision making processes" (Stoker, 2011).

The Globalization Era in the transportation sector is now faster and shorter in cross-world travel for trade, tourism, business and transportation of goods and services. Local health problems can be of concern and problems in the world. With the International Health Regulations 2005 (IHR 2005) to regulate the procedures and control of diseases, both infectious and non-communicable, such as the effects of Nuclear, Biological and Chemical. Every State must prevent the prevention of diseases and health problems which can be a situation of the world health emergency (PHEIC) as mandated in the International Health Regulations (IHR)

The 2005 IHR was implemented in 2007, each country is given 5 years to meet its core capacity. The Directorate General of Disease Control and Environmental Health, Ministry of Health has conducted self-assessment to assess all capacities requested in the IHR since 2010.

From the international agreement, the Indonesian State issued a policy in the form of a health minister's regulation. To be aware of the spread of the entry of disease vectors through ports in accordance with the regulations of the health minister of the Republic of Indonesia Permenkes No.2348/MENKES/PER/XI/2011 concerning amendments to the Regulation of the Minister of Health of the Republic of Indonesia Number

356/Menkes/Per/IV/2008 has stipulated that the Port Health Office as a technical implementation unit and spearheading the Ministry of Health of Indonesia which has the authority to prevent and control disease transmission vectors entering and leaving the port or airport by making efforts to terminate the chain of disease transmission in a professional manner in accordance with predetermined standards and requirements. The policy of preventing disobedience aims to reduce or suppress vector populations so that they no longer mean transmitting diseases and controlling the occurrence of contacts between vectors and humans. As mentioned above, the Port Health Office has a very important role in realizing

One of the MPAs in Indonesia is the Denpasar Class I Port Health Office which is a technical implementation unit within the Ministry of Health which is under and responsible to the Directorate General of Disease Control and Environmental Health. Denpasar Port Health Office has seven working areas spread in Bali province (Indonesia, 2015).

As an international entry point, Denpasar Class I KKP has an important role in preventing the entry of infectious diseases into the Republic of Indonesia. As for the task of CTF Class I Denpasar is to prevent the entry of infectious diseases into Indonesia refers to the International Health Regulations (IHR) principled maximum protection with minimum restriction at which translated in regulation No. 2348/2011 of the Minister of Health, Particularly in anny a hook with international traffic. In addition, an appeal was also made to contact the patient immediately to contact the nearest health facility if symptoms of similar illness appear. To prevent the entry of infectious diseases from abroad to Indonesia, the mode of transmission and the speed of transmission must be considered. In deterring infectious diseases from abroad, the leading unit is the port health office (KKP). Therefore, the CTF needs to play a role in surveillance.

As for previous research on the strategy of implementing public policies tend to lead to certain diseases such as research conducted by (Indiarto, 2007) In this study the author aims to find out the Policy Implementation of the Directorate General of Corrections on the Strategy for Combating HIV/AIDS and Drug Abuse in Tangerang Class IIA Correctional Institution and 3 (three) supporting variables and inhibiting variables on the Implementation of the Strategy for HIV/AIDS and Drug Abuse Strategy in Prisons Class IIA Pemuda Tangerang.

This study aims to develop a strategy for implementing policies to prevent deterrence in order to protect the country's entrance from various infectious diseases. It is hoped that this research can be a guideline for the port health office in carrying out its main task of preventing and counteracting infectious diseases that enter the country.

II. Research Methods

This research was carried out in PORT HEALTH OFFICE CLASS I DENPASAR Moyo Island Street Number 46, Denpasar, Bali which has 5 working areas namely Ngurah Rai International Airport, Celukang Bawang Sea Port, Benoa Sea Port, Gilimanuk Sea Port, and Padang Bai sea port. This research is a qualitative research, using the Phenomenology approach, because the research problem is found based on observations of facts and events. This research was carried out in depth at the Denpasar K e 1 Port Las Health Office. This is intended to describe the experiences carried out and experienced by the informants.

Data collection techniques were carried out by means of in-depth interviews with health policy implementing informants to prevent blocking in the field to find out the support and obstacles they face in implementing the policy. The data analysis technique used in this research is qualitative data analysis, designed in such a way as to reveal important issues related to the focus of the research problem. Data analysis techniques were used with the analysis of Milees and Huberman models (Sugiono. 2012: 334), namely: Data collection, data reduction, data presentation, and conclusion conclusions. According to (Miles, Huberman, & Saldana, 2013), in a phenomenological interactive model there are 3 (three) components of analysis, namely reduction, data presentation, and conclusion drawing.

III. Result and Discussion

Denpasar KKP being Class I certainly needs adjustments in the direction of the organization's policy to be implemented, given the greater workload and responsibilities of the Class I Denpasar and the problems that arise are also developing and complex. Class I NOA Denpasar expected to be featured in the program of activities of East Indonesia Area and became a reference for other CTF. Similarly, it is expected to contribute significantly to the development of MPAs in National level.

The adoption of the 2005 IHR was aimed at preventing, protecting and controlling diseases, as well as implementing public health responses to the spread of diseases internationally, as well as avoiding unnecessary obstacles to international travel and trade caused by public health problems, such as epidemics of potential epidemics, diseases new emerging, old diseases that reappear, to the problems that arise due to bioterrorism, which can cause a worldwide public health emergency/KKMMD (Public Health Emergency of International Concern/PHEIC).

Regarding this matter, it is necessary to have an adequate understanding for all relevant stakeholders in the working area of Denpasar Class I MPA that the implementation of the 2005 IHR has very complex consequences given the fundamental differences in principles with the previous 1969 IHR. Originally with the 1969 IHR, only directed to quarantine diseases contained in the Quarantine Law, namely cholera, pes and yellow fever. Whereas the IHR 2005 has a much greater target, namely a disease that can cause the Public Health Emergency of International Concern (PHEIC) or a health emergency that is troubling the world. The disease in question is an existing, new and re-emerging contagious disease and non-communicable diseases, for example radio nuclear and chemicals.

IHR 2005 mandates that the KKP must have core capacity that is capable of coordinating, overcoming disruption to disease and being able to overcome PHEIC by not hampering one's journey. The implementation of the planned activities certainly requires supporting facilities and infrastructure, the Directorate General of PP and PL of the Ministry of Health of the Republic of Indonesia always supports by setting up detection capability equipment such as thermal scanner equipment, isolation tents, X-rays, ultrasonography, vector control, microscopes, food poisoning detection kits , radio communications, and soon. Denpasar Class I KKP is expected to be able to optimize all of these detection capacities by increasing the ability of human resources, making operational standards of work and improving networking.

Areas included in the KKP's authority are ports and airports. There are several ports in the area of Bali Province that have traffic flow of people, goods and means of transportation, but there is still no post or working area of the KKP in it. It is still necessary to review the location of these locations with regard to the potential for transmission of the disease. In addition, networking with cross-sectoral and community as well as Port/Airport area service users' needs to be improved to jointly realize healthy ports / airports as expected.

Territory Port / airport of course a lot of interest in it not only from the health sector alone, the cross-sector cooperation will further strengthen s i stem toward the construction of a better Indonesia and facilitate the Port Health Office First Class Denpasar carry out their duties and functions in a cease-desist disease. Based on the foregoing, the policy direction that should be taken by Denpasar Class I KKP is:

Capacity building of core capacity through the proposal of additional personnel and technical training for officers;

Fulfillment of facilities and infrastructure to support port and airport health services;

Development of quality planning, budgeting and implementation of development in the health of ports and airports;

Strengthening the port and airport health information system;

Development of work area capabilities;

Capacity building of institutions and installations to carry out the functions of education and training in the port health sector in eastern Indonesia;

Enforcement of regulations / legislation in the health of ports and airports;

Implementation of study studies that support the implementation of service duties in the health of ports and airports;

Enforcement of employee discipline towards the implementation of bureaucratic reform;

Expansion of networks, partnerships with cross-sectors, universities and community empowerment in the development of port and airport health.

The strategy that can be applied CTF Class I Denpasar Year 2015-2019 To support the implementation of the policy prevent and supporting the implementation of the Ministry of Health Strategic Plan to realize the President's vision and mission, namely "Realizing Indonesia that is Sovereign, Independent and Personally Based on Mutual Cooperation", it is necessary to formulate a strategic Class I Denpasar CTF, with reference to the policies formulated above.

This strategy is also useful to optimize the implementation of the role and function of the Denpasar Class I Port Health Office in providing services. The strategies are:

Improving Human Resources (HR) Efforts to develop Human Resources (HR) of Class I Denpasar KKP are taken by:

Propose the addition of required power in accordance with labor standards and needs in the field;

By including/sending officers to participate in training both technical and management training. This is intended to improve the professionalism of employees in order to be able to answer the challenges and problems faced in the field quickly and accurately. In addition, it is also necessary to conduct continuous and tiered guidance from each official within the Denpasar Class I KKP.

Complementing facilities and infrastructure In order to ensure the success and smooth running of operations, the steps to be carried out by Denpasar Class I KKP include completing facilities for routine purposes, technical and supporting facilities in the form of computers, radio communications (marine radio), increasing wheel drive operational vehicles 2 (motorbike), or 4-wheel drive (car) and optimize the budget according to the proposed activity. As well as other equipment supporting activities. Each wilker is proposed gradually to have adequate

office buildings and supporting equipment. The position of the Denpasar Class I KKP located at the east gate of Indonesia has the consequence of being a transit point for flights and shipping, so that it is expected that the Denpasar Class I KKP has a guesthouse or training building that can be used as a transit place and at the same time as a training place in the Port and Airport Health Sector and become the Ministry of Health icon/representation in the port/airport area.

Improve Management. Program management program is an important tool in achieving the goals and objectives that have been set. Program management will run well if arranged in a planned manner according to needs. The steps taken in improving the management of this program include the preparation of a systematic and sustainable plan that is divided on a time scale (short, medium and long) and is button up. Furthermore, to find out and assess the results of the activities, regular monitoring and evaluation will be held. In addition to uniformity in operational activities, a Standard Operating Procedure (SOP) will be prepared for each activity in writing that can be known and used as a reference in carrying out activities. So that service quality can be improved.

Making Epidemiological Surveillance Effective In order to prevent quarantine and outbreaks of potentially epidemic diseases through ports, effective epidemiological surveillance is needed. The implementation of an effective epidemiological surveillance system will be very useful in implementing early awareness systems and efforts to prevent deterrence against quarantine diseases and potentially epidemic infectious diseases. This is possible if done by skilled workers in their fields and supported by adequate facilities. The steps that will be taken to streamline epidemiological surveillance activities are by observing and monitoring, collecting data continuously and analyzing the data collected. Furthermore, the results of the data analysis are used as material recommendations in taking a policy and follow-up actions that will be carried out on objects that have the potential to transmit diseases.

Improving Port Health Service Efforts Improving the quality of health services needs to be carried out in order to maintain the existence of MPAs in the future, so that public perceptions remain positive about the existence of the CTF. The steps to be taken are:

Carry out health testing with the main target on the crew and skipper;

Carry out health care for TKMB (Unloading Workers) and food handlers, considering this group is very vulnerable to disease transmission;

Ensuring the availability of vaccines, especially the yellow fever vaccine because this vaccine is needed by ABK, while its procurement is still very much dependent on foreign countries;

Complementing means of transporting sick people / bodies by providing ambulances that are in accordance with international standards;

Improving Efforts to Quarantine are a leading step in preventing cessation of quarantine and certain other infectious diseases. Weak efforts to quarantine this will have a broad impact on other health efforts. With the issuance of Permenkes RI No. 356 / Menkes / PER / IV / 2008 Jo Permenkes No. 2348 / MENKES / PER / XI / 2011 concerning the Organizational Structure of the Port Health Office (KKP) has given greater opportunity to efforts of quarantine. Consistent with this, the efforts to quarantine Denpasar Class I KKP were carried out with improve supervision of OMKA commodities, ships, transport equipment and their contents. Supervision efforts are carried out through tightening procedures for quarantine and procedures for issuing health documents but do not reduce the smooth aspects, improve the ability of field inspectors and enforce laws against violations of the Quarantine Law.

Improving Efforts to Control Environmental Risks Efforts to control environmental risks are a major concern of the Class I Denpasar MPA, considering the highest morbidity rates in the port area of Denpasar are caused by environmental-based diseases. These efforts include:

Development of a Healthy Port Program Implementation of a healthy port is a breakthrough effort to accelerate the realization of port conditions which clearly fulfill the predetermined health criteria. Some criteria for healthy ports include the creation of safe, comfortable, clean and healthy environmental conditions and can reduce the risk of environmental-based disease transmission transmitted through the Port environment. The Healthy Port Program that has been implemented is at the Port. The results of the Healthy Port program include the establishment of a Healthy Port Forum consisting of various relevant agencies and business actors as well as community representatives or community associations in the Port. The Forum is accountable to each Authority. With the existence of the Forum, there is a network of work and community empowerment at the Port. Denpasar Class I KKP has also provided Health Service Posts in the harbour. Implementation of the Healthy Port Program at the Port is an initial step and will still be developed to be implemented in other Ports. The results of the programs that have been implemented will also still be evaluated and continue to be developed. The program will not run if it is not supported by relevant parties in the Port. The KKP as the UPT from the Ministry of Health which was given the mandate to handle health in the Port / Airport area was supposed to create and develop new programs in order to achieve the objectives and main tasks and functions as a unit to prevent diseases in the Port / Airport Area.

Eradication of Mice on Land and on Ships Efforts to eradicate mice on ships are carried out by preventing the rise of land mice to ships through the installation of ship rat guards and raising the ship's ladder at night, providing health education on ABK, and carrying out eradication of mice on board. Whereas eradication of rats in the land was carried out by activating the installation of mousetraps in places where there were potential signs of mouse life.

Insect Eradication The purpose of eradicating insects is intended to reduce the population rate of Aides Aegyptus mosquitoes, especially in the perimeter and buffer areas. In the perimeter area the index must be 0% while in the buffer zone there is no more than 1%. This eradication is a follow-up of the 2005 IHR (article 20). Steps to be taken by Denpasar Class I KKP encourage people to actively participate in PSN activities in the port area on a regular basis, so that eventually it will prevent and eradicate yellow fever and DHF. Besides that the KKP will be active and collaborate with port communities to carry out vector eradication by means of mechanical control, environmental control, biological and chemical control.

Clean Water Monitoring Water for human needs must be free of organisms and chemicals in concentrations that can disrupt health. Besides that water must be clear colorless, odorless and tasteless. One of the efforts of the CTF in controlling environmental risk is to monitor the quality of the water, starting from the source to the user (consumer). The supervision step will be carried out through inspection of water quality on land and ship. Examination of water on land is done by routine inspection once a month and more often if there are things that need to be fixed. This is done on reservoirs, hydrants, water barges and water cars. While the water supervision on the ship is aimed at the remaining water on the ship before the vessel fills the water in the port by proposing the procurement of a mobile laboratory through the funds of the Denpasar Class I KKP DIPA.

Food & Beverage Supervision Unsanitary and non-sanitary food is a vehicle that has the potential for disease transmission. Diseases caused by foods that do not meet health requirements are very diverse: typhus, diarrhea, hepatitis etc. To prevent and keep food from being a source of disease transmission which in turn can lead to outbreaks, the steps to be taken by the Denpasar Class I KKP are to improve food surveillance on land and on passenger ships. Supervision of food on land is carried out by carrying out health checks on food handlers, sanitation conditions in the restaurant and the quality of food served. Furthermore, food supervision on passenger ships is carried out by tightening the inspection procedures for food supplies to be carried by the ship. That food that does not meet health standards is not permitted to be consumed by ABK and passenger ships. Furthermore, it is recommended for passenger ship owners to replace the ship's food ingredients supplier if within 1 year make mistakes sending non-quality food items that do not meet health standards 3 times.

Conducting Coordination, Partnerships and Working Networks Efforts to accelerate program achievement will be carried out by coordinating across programs and across sectors. Cross-program coordination is carried out every month, while cross-sector is implemented during the coffee morning held by Adpel and Adbandara. In addition, partnerships and networking will be carried out between existing institutions in the Port of Denpasar, in order to equalize perceptions in addressing a growing problem.

Implementing Health Promotion to be well known by the community, the KKP needs to promote health. This promotion was carried out through the creation of brochures and leaflets, conducting health education, creating a bulletin containing health issues and the development of the CTF.

Implementing the Study In order to increase the capacity to detect and respond to risk factors, action research will be carried out in line with institutional improvements to Denpasar Class I KKP.

The application of the Work Procedure in accordance with the SOP of the first class of KKP Denpasar employees in their work is always required to carry out their duties by referring to the applicable Standard Operating Procedure (SOP).

Partnerships with Cross-Sector and Higher Education. It is undeniable that the services of the Denpasar Class I KKP are directed as much as possible to protect and improve the health of the people of Bali Province through efforts to prevent disease deterioration according to their duties. Thus partnerships with local governments are always established and enhanced to strengthen synergies in public health services. In many ways, the role and support of the local government is needed to exist in the implementation of tasks. For example logistical support in disaster management and health problems, support in health care services for haj embarkation, epidemiological surveillance networks and infrastructure support such as land and buildings for the construction of the KKP building.

Collaborating with Other Agencies In order to optimize the main tasks and functions of the organization, cooperation between sectors and related programs is needed. For example in the case of referral of cases / patients with referral hospitals. Collaboration / partnership with relevant agencies in the utilization of detection and response equipment that cannot be optimized by Denpasar Class I KKP.

Apart from the strategies mentioned above, it is necessary to consider several steps related to regulations and institutions. Because in the implementation of the Preventive Policy it is necessary to have regulatory support as a legal basis in enforcing the rules and institutions as stakeholders in the implementation of the policy to prevent deterrence.

So that the implementation of programs and activities can run well, it needs to be supported by adequate regulations. As a Technical Implementation Unit (UPT), KKP Class I Denpasar in every program and activity implementation always relies on regulations related to the main tasks and functions of the CTF. The regulatory framework can be in the form of Ministerial Regulations, Presidential Regulations, and Government Regulations as derivatives of international health laws and regulations contained in the IHR (2005).

The regulatory framework at the UPT level is directed at: 1) guidelines for the implementation of programs/activities; 2) the implementation of networking functions, 3) prevention of disease through the entrance of the country, 4) controlling the environmental risk factors of the port, 5) improving health human resources at the entrance of the country, 6) improving management and financing of health programs.

In the main tasks and functions of the health ministry it is known that within the next 5 years the target regulation to be completed related to Disease Prevention is as many as 25 draft regulations that are completed each year, so that within 5 years there will be 125 draft regulations related to the Preventive Health Policy Program.

The institutional framework is structured in the form of organizational design based on government regulations, strategic environmental developments and challenges in the fields of health development, the National Health System, a shift in governance issues, decentralization and regional autonomy policies, and the principles of bureaucratic reform (effective institutional arrangements and efficient). The organizational design of the Port Health Office refers to Permenkes No. 356 of 2008 concerning the Organization and Work Procedure of the Port Health Office. The institutional framework of the Denpasar class I MPA was prepared to support the PP and PL program at the entrance of the country in accordance with the Government and Ministry of Health Policy.

The institutional framework of the Denpasar Class I MPA is a manifestation of the main tasks and functions of the Port Health Office, namely the implementation of preventing the exit and entry of diseases through the entrance of the country. The institutional framework was developed as an effort to strengthen the national health system, synchronize the PP and PL programs, and implement health policies in the area of health quarantine to support NSPK, improve human resource health quarantine and strengthen the management and infrastructure of PP and PL programs at the country's entrance.

IV. Conclusion

In the context of the effectiveness of the implementation, the implementation strategy of the policy to prevent disobedience is oriented towards increasing human resources, completing operational facilities and infrastructure, improving program management, streamlining prevention by surveillance, improving service quality, controlling environmental risks, and implementing cross-institutional Coordination and Communication and the implementation of SOPs until finally the implementation of preventive policies can be effective. The government, in this case the Ministry of Health, as the implementation of the policy program to prevent deterrence, needs to develop a strategy based on the study and conditions in each implementing unit considering that Indonesia is a multicultural country.

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