

The Effectiveness of Public Sector Governance at the Ministry of Health of the Republic of Indonesia

Andhika Yudha Pratama, Wita Juwita Ermawati, Gendut Suprayitno

Institut Pertanian Bogor, Indonesia

Email: andhikayudhapratama@apps.ipb.ac.id, witaman@apps.ipb.ac.id, gsuprayitno@yahoo.com

Correspondence: andhikayudhapratama@apps.ipb.ac.id*

KEYWORDS	ABSTRACT
Effectiveness; Bureaucratic Reform; Performance Accountability; Public Sector Governance	<p>The rapid development of the times always demands changes in every sector, including in the scope of government. In running the government system, good public sector governance is needed, where its implementation is further developed through bureaucratic reform, which refers to Presidential Regulation Number 81 of 2010 concerning the Grand Design of Bureaucratic Reform 2010-2025. As one of the government agencies, the implementation of bureaucratic reform is carried out by the Ministry of Health of the Republic of Indonesia, one of which is realized through strengthening performance accountability, which refers to Presidential Regulation Number 29 of 2014 concerning the Performance Accountability System of Government Agencies. The results of the evaluation of the 2015-2022 Government Agency Performance Accountability assessment are always at the predicate of "BB" with a relatively stagnant value between >70-80 according to the 2015-2022 Government Agency Performance Accountability Evaluation Report of the Ministry of Health of the Republic of Indonesia. Therefore, this study aims to analyze the effectiveness of public sector governance in implementing the Government Agency Performance Accountability System at the Ministry of Health of the Republic of Indonesia. The population in this study is the State Civil Apparatus of the Ministry of Health of the Republic of Indonesia, and the sample selection uses non-probability sampling with a purposive sampling technique. The research was carried out qualitatively by adopting Duncan's theory of effectiveness in his book "Organizational Effectiveness," which consists of the dimensions of goal achievement, integration, and adaptation. The results of the study show that public sector governance in the implementation of the Government Agency Performance Accountability System at the Ministry of Health of the Republic of Indonesia, in general, has been running effectively from the dimension of measuring integration and adaptation, while when viewed from the dimension of measuring the achievement of goals is still not fully running effectively.</p>

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1. Introduction

The rapid development of the times always demands changes in every sector, including in the scope of government. When Indonesia experienced an economic crisis in 1998, there was a demand for policy change in the public sector where the public wanted the government to be managed properly. As an effort to create good governance, the government issued the Decree of the People's Consultative Assembly Number XI of 1998 concerning the Administration of a Clean and Corruption-Free State, Collusion, and Nepotism (Febiani et al., 2016). The reform of public sector governance itself began to be carried out in 1999, where one of the policies taken was to implement performance management to all public sector organizations, which referred to Presidential Instruction (Inpres) Number 7 of 1999 concerning Accountability for the Performance of Government Agencies (AKIP), where all public sector organizations are required to prepare performance accountability reports for the use of resources (Ikhsanuddin, 2016). The reform not only changes the form of public institutions but also updates the tools that support the running of these various public institutions so that they can realize better public sector governance (Sulistiyowati, 2022). As a commitment to developing the implementation of governance in Indonesia, in 2008, the government established a national-scale governance institution, namely the National Committee for Governance Policy (NCGP) (Cabinet Secretariat, 2021). With the establishment of the national institution, it is hoped that it can encourage more effective state administration in accordance with the principles of democracy, transparency, accountability, legal culture, and fairness and equality (Rossieta et al., 2020). In implementing public sector governance practices in Indonesia, KNKG compiled Good Public Governance (GPG) guidelines in 2010, which adopted international practices and were guided by Good Corporate Governance published by the Organization for Economic Cooperation and Development (OECD) in realizing democratization and improvement of governance and the economy (Firmansyah & Pamungkas, 2021).

According to the guidelines for the implementation of the GPG issued by the KNKG, in running the government system, of course, excellent public sector governance is needed, one of which is realized through the preparation of regulations and policies that have an orientation to the public interest as the basis for the principles of sustainable development (Rossieta et al., 2020). Therefore, the Indonesian government needs to prepare a national long-term development plan as a determinant of development policies and priorities that will be achieved in stages as required by the 1945 Constitution. Based on the provisions of Law (UU) Number 25 of 2004 concerning the National Long-Term Development Planning System, it is stated that development plans must be prepared through a regulation. Therefore, the government issued Law Number 17 of 2007 concerning the National Long-Term Development Plan 2005-2025 (Yusrie et al., 2021). The development vision in the law is to make "an Independent, Advanced, Fair, and Prosperous Indonesia", where the development of all state apparatus is further developed through bureaucratic reform which aims to improve professionalism and as a guideline in the implementation of good public governance in the central and regional governments so that the success of development in other sectors can be achieved.

To carry out bureaucratic reform, the government has drafted Presidential Regulation (Perpres) Number 81 of 2010 concerning the Grand Design of Bureaucratic Reform 2010-2025, which is divided into 3 (three) periods, namely 2010-2014, 2015-2019, and currently which has entered the third or final phase in the governance order, namely 2020-2024 and several technical guidelines for the implementation of bureaucratic reform (Suryono, 2020). With the existence of the Presidential Regulation, all central and regional governments are obliged to carry out bureaucratic reform in accordance with their respective organizational characteristics through a mental revolution in 8 (eight) areas of change, namely public services, supervision, accountability, institutions, governance, human resources of the state civil apparatus, regulations, and change management (Rohmadin, 2018). Accountability is one of the areas of change that is a concern today and is the principle of realizing good public governance, which refers to Presidential Regulation Number 29 of 2014 concerning the Performance Accountability System of Government Agencies (GPAS) and is the forerunner of the previous regulation, namely Presidential Instruction Number 7 of 1999 concerning AKIP. GPAS is a series of systematic processes as a form of accountability and performance improvement which is realized in a Government Agency Performance Accountability Report (LAKIP) as the primary output in the implementation of GPAS, which functions as an instrument of continuous evaluation and performance improvement (Putri, 2019). GPAS has a very strategic role in an effort to improve state administration, especially as an instrument in improving policies and encouraging public institutions to innovate and design programs/activities to achieve a goal. Furthermore, GPAS can also be used as a reference in providing rewards and punishments based on the performance of each individual in government agencies (Aji, 2023).

Accountability is a tool of complete control for all state apparatus over all activities that have been carried out in a government so that it will be one of the essential aspects of government accountability to stakeholders and the public for its overall performance. Through the principle of accountability, it is hoped that it will be able to improve the performance of the government that has not been effective in providing public services and avoid corrupt practices, as well as reduce the abuse of authority (Fadila & Budiwitjaksono, 2022). The results of the accountability assessment show that government agencies must be responsible for the use of all resources that have been used. The assessment was carried out through the evaluation of GPAS in accordance with the Regulation of the Minister of State Apparatus Empowerment and Bureaucratic Reform (PermenPANRB) Number 88 of 2021 concerning the Evaluation of Performance Accountability of Government Agencies. Referring to the regulation, the results of the GPAS assessment of government agencies can be categorized as follows:

Table 1 Rating GPAS,

Predicate	AA	A	BB	B	CC	C	D
Value	> 90-100	> 80-90	> 70-80	> 60-70	> 50-60	> 30-50	> 0-30
Interpretation	Very satisfying	Satisfactory	Excellent	Good	Enough	Less	Very Less

Source: Rating of the Ministry of PANRB

According to the table above, the GPAS score with the predicate "Good" is a government agency with a score above 60 or with a predicate of "B" and above. The development of government agencies that have a GPAS score with a predicate of "B" continues to increase, both at the Ministry/Institution (M/I) level and at the Regional Government (Pemda) level. The increase in the GPAS value at the district/city government level has still not increased significantly until 2022 (Table 2).

Table 2 Details of the Number of Ministries/Agencies/Regional Governments with the Predicate of GPAS \geq "B"

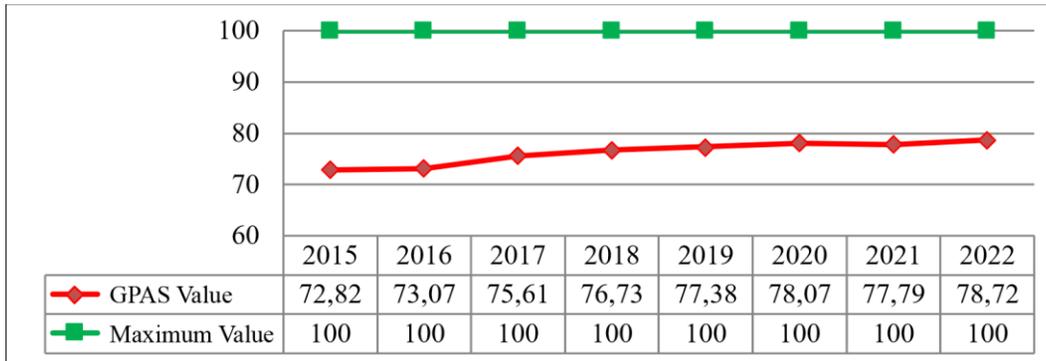
Agency	Total	Predicate				Total	%
		B	BB	A	AA		
Ministries/Institutions	81	37	1	9		77	95,06
Provincial Government	34	18	10	5	1	34	100
Regency/City Government	508	291	61	14		366	72,0

Source: Ministry of PANRB Performance Report 2022

The Ministry of Health of the Republic of Indonesia is one of the ministries and agencies that implement bureaucratic reform policies through strengthening performance accountability in assisting the president in carrying out government affairs in the health sector according to Presidential Decree Number 18 of 2021 concerning the Ministry of Health of the Republic of Indonesia. Based on Presidential Decree Number 29 of 2014 concerning GPAS, it is hoped that the Ministry of Health of the Republic of Indonesia can improve the performance of a clean, responsible, effective and efficient government system. Nationally, the ranking of the GPAS assessment achievement of the Ministry of Health of the Republic of Indonesia is still outside the top 10 (10) ministries and agencies (Table 3). The results of the GPAS assessment of the Ministry of Health of the Republic of Indonesia from 2015-2022 are always at the predicate of "BB" with a relatively stagnant value between >70-80 according to the AKIP Evaluation Results Report (LHE) of the Ministry of Health of the Republic of Indonesia in 2015-2022 (Graph 1). According to the results of the 2022 GPAS component assessment (Table 4), there are still several notes on all components of the GPAS assessment, namely related to performance planning, which still need to be fully outcome-oriented. The performance indicators are not in accordance with the Specific, Measurable, Achievable, Relevant, and Time-Bound criteria (SMART), and it has not adequately described the achievement of performance. In performance measurement, there are still differences in performance measurement mechanisms, the implementation of monitoring and evaluation has not run optimally, there is no firm commitment to using performance measurement applications, and the results of performance measurements that have been carried out have not been used as a reference for rewarding and punishment. In performance reporting, the implementation of performance reporting standards has not been evenly distributed across all work units, and the use of performance reports as a basis for improving future performance planning has not been optimal. Meanwhile, the evaluation of internal performance accountability needs to provide sufficient

findings and recommendations on the root of the problem, and monitoring the follow-up of recommendations from internal evaluation results has not been carried out regularly.

Graph 1 GPAS Rating Achievements of the Ministry of Health in 2015-2022



(Source: LHE AKIP Ministry of Health in 2015-2022)

Table 3 GPAS Assessment Achievement Rank of Ministries/Institutions (K/L)

Rank	Ministries/Institutions (K/L)	2020	2021	2022
1	Corruption Eradication Commission	A	A	A
2	Ministry of Finance	A	A	A
3	Ministry of Marine Affairs and Fisheries	A	A	A
4	Financial Audit Agency (BPK)	A	A	A
5	Ministry of National Development Planning/Bappenas	A	A	A
6	Financial and Development Supervisory Agency (BPKP)	A	A	A
7	Ministry of State Apparatus Empowerment and Bureaucratic Reform	A	A	A
8	Food and Drug Supervisory Agency (BPOM)	BB	A	A
9	Ministry of State Secretariat	BB	BB	A
10	Cabinet Secretariat	BB	BB	A
10+	Ministry of Health	BB	BB	BB

Source: GPAS Evaluation Assessment Report of the Ministry of PANRB

Table 4 Results of the Ministry of Health's GPAS Component Assessment in 2022,

GPAS Components	Performance Planning	Performance Measurement	Performance Reporting	Internal Performance Evaluation	GPAS

Weight	30%	30%	15%	25%	100%
Value	24,36	21,95	11,89	20,52	78,72

Source: LHE AKIP Ministry of Health in 2022

Based on the background and identification of the problems that have been described, research is necessary to analyze how effective public sector governance is in implementing GPAS at the Ministry of Health of the Republic of Indonesia.

2. Materials and Methods

This research was conducted at the Ministry of Health of the Republic of Indonesia, Jalan H. R. Rasuna Said Blok X5, Plot 4-9, South Jakarta. This study uses 2 (two) types of data, which are divided into primary and secondary data. Primary data was taken through interviews, observations, and documentation. In contrast, secondary data was taken through documentation information issued by related agencies, namely the Ministry of PANRB, the Ministry of National Development Planning (PPN)/National Development Planning Agency (BAPPENAS), the Ministry of Health, literature and other trusted journals.

A qualitative descriptive data analysis method was used in this study. According to Bogdan & Biklen (2007), descriptive analysis with a qualitative approach is a systematic process of researching and organizing the results of interviews, notes, and documents that have been obtained in order to improve understanding of everything and to obtain a presentation of what is found (Ristyana, 2017). According to Miles and Huberman (2007) in Syaflan and Sulistiarini (2022), the descriptive analysis consists of 3 (three) streams of activity that are carried out together, namely:

- 1) Data reduction is an analytical technique in sharpening, classifying, directing, and deleting unnecessary data and organizing it in such a way that a conclusion can be obtained and verification can be carried out;
- 2) Data presentation is a series of information arrangements that aim to determine various patterns that have meaning and provide opportunities to draw conclusions and recommend actions;
- 3) Drawing conclusions/verifying the presentation: The presentation of the initial conclusion is still provisional and can change if various strong evidence is not obtained in the subsequent data collection process. The conclusion is then verified through an analysis of the reduced results, and the data is displayed so that the conclusions presented do not deviate from the formulation of the research problem.

Furthermore, compare (validate) current regulations and policies or various concepts related to the implementation of GPAS (Fadli, 2021).

3. Result and Discussion

Based on Presidential Regulation Number 29 of 2014 and PermenPANRB Number 53 of 2014 concerning Technical Guidelines for Agreements and Performance Reporting as well as Review Procedures for Performance Reports of Government Agencies, the preparation of the Strategic Plan (Renstra) is the basis for the implementation of GPAS by ensuring that the goals of ministries and local governments are in accordance with national development goals. The performance agreement

document is prepared based on the budget implementation document by including indicators and targets according to the SMART criteria. Performance measurement is carried out by comparing the realization with the performance targets contained in the performance agreement document and the Strategic Plan, as well as ensuring that the progress of achieving the target is measured appropriately. Performance data management functions to ensure that performance data is adequately managed to find out the achievements every year. The preparation of performance reports is carried out on an interim and annual basis to ensure that performance achievements are reported correctly. Review and evaluation of performance is carried out to ensure that the achievement of performance has been reviewed and evaluated, which is then made continuous improvement as an improvement in performance.



Figure 1 GPAS Implementation Process Flow

(Source: Presidential Regulation Number 29 of 2014)

The Ministry of Health of the Republic of Indonesia is one of the ministries/institutions responsible to the president for carrying out state affairs in the health sector as stipulated in Presidential Decree Number 18 of 2021 concerning the Ministry of Health. The Indonesian Ministry of Health vision for 2020-2024 is "Creating healthy, productive, independent and just human beings." To realize this vision, the Ministry of Health of the Republic of Indonesia has the following missions:

1. Reducing maternal and infant mortality rates;
2. Reducing the stunting rate of toddlers;
3. Improving the management of the National Health Insurance (JKN);
4. Increase the independence and use of pharmaceutical products and medical devices in the country.

According to the Regulation of the Minister of Health (Permenkes) Number 5 of 2022 concerning Organization and Work Procedures, the Ministry of Health of the Republic of Indonesia has an organizational structure consisting of 8 (eight) Echelon I Work Units among the Secretariat

General, Inspectorate General, Directorate General of Public Health, Directorate General of Disease Prevention and Control, Directorate General of Health Services, Directorate General of Pharmaceuticals and Medical Devices, Directorate General of Health Personnel, and the Health Development Policy Agency, 53 (fifty-three) Work Units, and 4 (four) Expert Staff who are under and have direct responsibility to the Minister of Health of the Republic of Indonesia.

This study, the study of measuring the level of effectiveness of public sector governance in the implementation of GPAS at the Ministry of Health of the Republic of Indonesia, was studied using Duncan's theory of effectiveness in his book "Organizational Effectiveness" which is divided into 3 (three) measurement dimensions, which are as follows:

1. Goal Achievement,

Goal achievement is defined as the overall effort to achieve success that is seen as a process. In general, the purpose of the implementation of GPAS is to encourage the realization of accountability for the performance of Ministries/Institutions, which is one of the requirements for creating excellent and trustworthy governance for the achievement of the implementation of the vision and mission of an organization in accordance with the goals and targets that have been set (Nani et al., 2021). Therefore, the participation of all members of the organization is needed in organizing GPAS. The timeliness in the delivery of the LAKIP and the achievement of reasonable goals will support decision-making and the process of achieving goals. Based on the results of interviews and analysis of LAKIP documentation data of the Ministry of Health of the Republic of Indonesia in 2015-2022, it can be seen that consistently, LAKIP is always presented and signed by the Minister of Health in February after the fiscal year ends, to be then given to the Minister of Finance, Minister of National Development Planning/Head of BAPPENAS, and Minister of PANRB as a form of accountability for the implementation of GPAS and performance improvement for achievements according to budget allocations. This is, of course, in accordance with the applicable regulations according to Article 20 paragraph (3) of Presidential Decree Number 29 of 2014 concerning GPAS, which states that the submission of LAKIP is carried out no later than 2 (two) months after the completion of the fiscal year. Referring to the consideration of timeliness, achieving goals in implementing GPAS has been carried out effectively.

Based on the results of the analysis of documentation data, the achievement of the performance targets of the Ministry of Health of the Republic of Indonesia from 2015-2022 still needs to be improved. This can be seen from at least five (five) leading indicators, where almost all of the performance target results have yet to be achieved (Table 5).

Table 5 Achievement of the Ministry of Health's Performance Targets for 2015-2022,

Key Indicators	Year	Σ Sub Indicator	Performance Target Achievement		
			Not Achieved	Reached	Expected to be achieved
Medium-Term Development Plan (RPJMN) for the Health Sector	2015-2019	13	5 (38%)	8 (62%)	-
	2020-2024	15	8 (53%)	7 (47%)	8
Minimum Service Standards (MSS)	2020-2022	12	12 (100%)	0	-

Public Health Development Index (PHDI)	2019	7	3 ▼	4 ▲	7 ▲ (2023)
Healthy Family Index (HFI)	2022	12	12 (100%)	0	-
Primary Health-Healthy Communities 2030	2015-2030	12	2 (2019)	10 (2019)	12 (2030)

Source: Ministry of Health Performance Report 2015-2022

Looking at the achievement of the performance targets of these leading indicators, it can be said that achieving the goals in implementing GPAS at the Ministry of Health of the Republic of Indonesia still needs to be fully effective.

2. Integration,

Integration means measuring the extent of an organization's capacity to carry out the socialization of procedures and processes, develop consensus, and be able to communicate with many other organizations. In the implementation of GPAS, there is a need for integration between all relevant parties, starting from planning, budgeting, and implementation of activities/programs, as well as performance reporting as an effort to achieve the vision and mission in accordance with the goals and targets that have been set (Nani et al., 2021).

In general, the process and procedures for carrying out socialization related to the implementation of GPAS at the Indonesian Ministry of Health have been running effectively. Based on the analysis of the documentation data of the Minister of Health Regulation Number 5 of 2022 concerning Organization and Work Procedures, as well as the Budget Work Plan of the Ministry of Institutions (RKAKL) for 2015-2022, it can be known that one of the duties and functions of the Ministry of Health of the Republic of Indonesia itself where in the implementation of health affairs in the regions, constantly carries out technical guidance and supervision in every implementation of activities/programs supported by adequate budget policies in each budget year that contained in the RKAKL. According to Mrs. Christina Martha Panjaitan, SKM, M. Kes (Information Center Section, Directorate General of Disease Prevention and Control, Ministry of Health), socialization of GPAS implementation is always carried out on an ongoing basis related to aspects in the assessment of GPAS evaluation such as policies/regulations, health technology and health information systems, public services, work culture, work methods/SOPs, MoUs/agreements, and prototype products. Various innovations are needed that can be submitted to the GPAS evaluation assessment to achieve a very satisfactory GPAS value, namely a minimum of an innovation that was running 2 (two) years ago and has never been submitted as an innovation. These innovations must meet the criteria for renewal/original/modification, facilitate and accelerate services, can be disseminated, provide benefits, be specific, sustainable, have solutions/problem-solving efforts, can be applied in the internal and external environment, and as a national example.

Based on the results of the analysis of documentation data, until now, the Ministry of Health has yet to have a legal basis as a follow-up to the implementation of GPAS in accordance with Presidential Decree Number 29 of 2014. However, in facilitating the socialization of GPAS, the

Ministry of Health of the Republic of Indonesia, in addition to being guided by Presidential Decree Number 29 of 2014 and PANRB Ministerial Regulation Number 88 of 2021 concerning GPAS Evaluation, also always prepares a Bureaucratic Reform Roadmap in each Strategic Plan period, namely 2015-2019 and 2020-2024 and so on, wherein the roadmap One of them discusses related to strengthening performance accountability and is guided by PermenPANRB Number 53 of 2014 as a reference in the preparation of LAKIP. With these regulations and policies, it is hoped that all entities of the Ministry of Health of the Republic of Indonesia, both central and regional, can implement GPAS in harmony and in accordance with the principles of implementing GPAS, as well as a solid commitment to a change towards a better direction so as to create good public governance.

In general, consensus development has been going well at the Ministry of Health of the Republic of Indonesia, and all entities have understood and committed to implementing GPAS. Based on the results of the analysis of documentation data and interviews, there is an agreement in the form of a document as the basis for the implementation of performance and in the form of a division of roles. The performance targets in a performance agreement are in line with the activities/programs being carried out, for example, when there are global problems such as the Covid-19 pandemic that can cause an uncertain situation, then it is followed up with changes/revisions to the performance targets in the performance agreement for the 2020-2024 Strategic Plan period through the Minister of Health Regulation Number 13 of 2022 concerning the Ministry of Health's Strategic Plan for 2020-2024. In addition, performance evaluations have also been carried out periodically, both by the Ministry of PANRB and internally by the Ministry of Health of the Republic of Indonesia by referring to the Technical Manual for GPAS Evaluation of the Ministry of Health of the Republic of Indonesia as a follow-up to PermenPANRB Number 88 of 2021 concerning GPAS Evaluation. The division of roles in the implementation of GPAS has also been carried out effectively where the Secretariat General, in this case, the Planning and Budget Bureau, acts as a facilitator and coordinator for the implementation of evaluations between work units and the Government Internal Supervisory Apparatus (APIP). The Inspectorate General acts as the coordinator of the preparation of the APIP team or Auditor who will evaluate all work units. In contrast, the Main Unit Work Unit acts as the implementation coordinator of all work units under it.

3. Adaptation,

Adaptation is the capacity of an organization to adjust itself to its environment (Engkus et al., 2023). An organization must be able to adapt to changes and developments of the times in order to be able to survive because the process will continue to take place, so it is necessary to anticipate these changes by adapting (Nani et al., 2021). The 2 (two) indicators of the dimension of adaptation measurement consist of resource competencies that have a significant influence on the success of a change and the availability of facilities and infrastructure.

In general, the availability of facilities and infrastructure at the Ministry of Health of the Republic of Indonesia is currently excellent. Based on the results of the analysis of documentation data and observations in the field, the Ministry of Health of the Republic of Indonesia has standards for the regulation of recommendations and infrastructure, which include standards for office space and equipment, procedures for proposing and procuring facilities and infrastructure, as well as

maintenance of facilities and office space as also regulated in Permenkes Number 57 of 2014 concerning Standards for Office Facilities and Infrastructure. Office equipment standards, such as for general functional staff/positions, consist of desks and chairs, computers, file boxes, calendars, and others as needed. Office support room standards consist of meeting rooms, archive rooms, and prayer rooms. In terms of Occupational Safety and Health (K3), there are Work Units responsible for the implementation of K3, building safety and fire facilities such as stairs and emergency exits, building protection and security system equipment such as Light and Heavy Fire Extinguishers (APAR and APAB), fire alarm systems and evacuation routes, as well as facilities to improve office health such as clean water. Toilets, healthy canteens, and others as also regulated in Permenkes Number 48 of 2016 concerning Office Occupational Safety and Health Standards. Then, in terms of providing health information systems in the 4.0 era and even entering 5.0, the Ministry of Health of the Republic of Indonesia has an integrated application, namely the One Health Data application (Figure 2), which aims to organize the governance of data sources in the health sector in supporting planning, implementation, and evaluation, as well as controlling health development that contains health data and information, as well as health indicators. In addition, the Ministry of Health also has an application for collecting and presenting data related to the facilities and infrastructure itself, as well as medical devices contained in health service facilities as regulated in the Minister of Health Regulation Number 31 of 2018 concerning the Application of Facilities and Infrastructure, as well as Medical Devices (Figure 3).

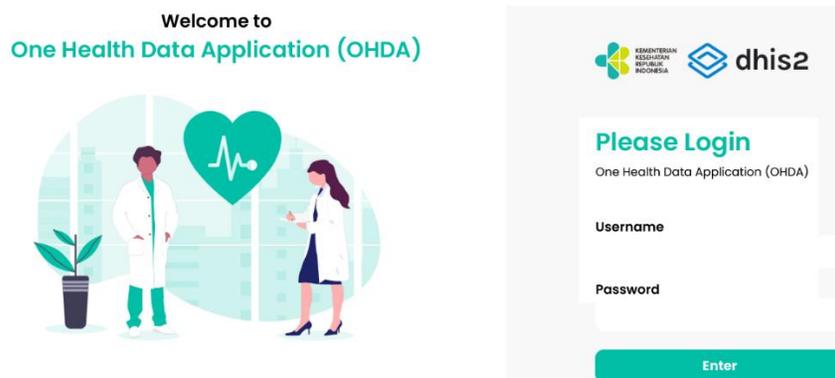


Figure 2 One Health Data Digital Application

(Source: Website: <https://asdk.kemkes.go.id/dhis-web-commons/security/login.action>)



Figure 3 ASPAK Digital Application

(Source: Website <https://aspak.kemkes.go.id/aplikasi/>)

Training and improving the competence of State Civil Apparatus at the Ministry of Health of the Republic of Indonesia has now become the primary need for the advancement of Health Human Resources. Based on the results of observation and analysis of documentation data in general, the improvement of competence at the Ministry of Health of the Republic of Indonesia has been going well through various programs/activities such as learning assignments where the implementation of learning assignments has the goal of meeting the needs of health human resources, increasing knowledge, capacity, and skills, as well as ASN behaviour and personality which are part of career development carried out based on the needs planning process as regulated in Permenkes Number 28 of 2015 concerning the Implementation of Learning Assignments. In addition, competency improvement is also carried out through training and activities such as health technical training, health training to support organizational performance, seminars/conferences/symposiums, socialization, workshops/workshops, coaching, mentoring, internships, and technical guidance as regulated in Permenkes Number 78 of 2015 concerning the Implementation of Education and Training for Health Functional Positions and Permenkes Number 29 Year 2021 concerning the Organization and Work Procedures of the Technical Implementation Unit in the Field of Health Training. In supporting digital learning, the Ministry of Health also has a digital learning platform, namely "Plataran Sehat" (Figure 4), which can be accessed by all health human resources equipped with a curriculum and modules that meet standards, interactive learning media, and competent teachers/facilitators in their fields.

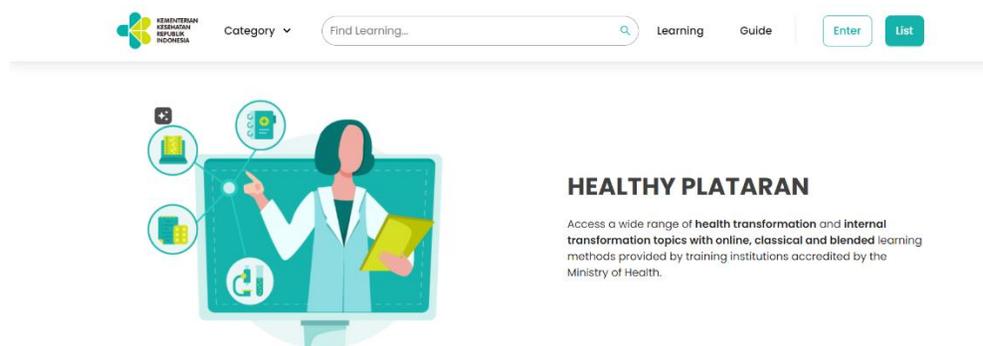


Figure 4 Platform Digital Plataran Sehat

Source: Website <https://lms.kemkes.go.id/>

4. Conclusion

In general, public sector governance in the implementation of SAKIP at the Ministry of Health of the Republic of Indonesia has not been fully effective, seen from the dimensions of measuring goal achievement in performance target achievement indicators, whereas if seen from the measurement dimensions of integration and adaptation, it has been running effectively. In the

dimension of measuring goal achievement, the implementation of SAKIP at the Indonesian Ministry of Health has referred to the main legal basis, namely Presidential Regulation Number 29 of 2014 concerning SAKIP and also the Government Performance Accountability Report which is always prepared by the Indonesian Ministry of Health every year in February after the fiscal year ends as follows form of accountability and performance improvement for achieving success and failure. However, if we look at the performance target achievement indicators, almost all of the performance target achievement results for the main indicators have still not been fully achieved. In the integration measurement dimension, the process and procedures for implementing SAKIP at the Indonesian Ministry of Health have been clearly defined and are regularly socialized to all organizational entities referring to Presidential Decree Number 29 of 2014 concerning SAKIP, PermenPANRB Number 88 of 2021 concerning AKIP Evaluation, 2015 Bureaucratic Reform Roadmap -2019 and 2020-2024, and PermenPANRB Number 53 of 2014 concerning Technical Guidelines for Agreements and Performance Reporting as well as Procedures for Reviewing Government Agency Performance Reports. Consensus development has also gone well or it can be said that all entities have understood and are committed to implementing SAKIP through agreements in the form of documents and the division of organizational roles. In the dimension of measuring adaptation, the availability of facilities and infrastructure at the Indonesian Ministry of Health is currently very good, including physical and non-physical facilities and infrastructure, as well as information technology, all of which already have regulations governing each. Then, there has been various training and competency development for ASN which has become a major requirement for the advancement of Human Resources (HR) in the Indonesian Ministry of Health.

5. References

- Aji, D. R. (2023). Pengaruh Integritas, Sistem Pengendalian Internal dan Kepemimpinan terhadap Akuntabilitas Kinerja Pemerintah Daerah (Studi Pada Satuan Kerja Perangkat Daerah Pemerintah Kabupaten Sukoharjo) [STIE Bank BPD Jateng]. <http://eprints.stiebankbpdjateng.ac.id/id/eprint/1038>
- Engkus, E., Zahra, A., Yusmi, A. J., & Disamaulida, D. (2023). Efektivitas Sistem Akuntabilitas Kinerja Instansi Pemerintah (Sakip) Pada Dinas Komunikasi Dan Informatika Kabupaten Ciamis. *Jurnal Dialektika: Jurnal Ilmu Sosial*, 21(2), 18–26.
- Fadila, S., & Budiwitjaksono, G. S. (2022). Analisis Akuntabilitas Kinerja Instansi Pemerintah Kabupaten Sidoarjo. *Jimat: Jurnal Ilmiah Mahasiswa Akuntansi*, 13(2), 472–484.
- Fadli, M. R. (2021). Memahami desain metode penelitian kualitatif. *Humanika, Kajian Ilmiah Mata Kuliah Umum*, 21(1), 33–54.
- Febiani, I., Irianto, G., & Purwanti, L. (2016). Determinan Efektivitas Penerapan Sistem Akuntabilitas Kinerja Instansi Pemerintah (SAKIP). *Jurnal Reviu Akuntansi Dan Keuangan*, 6(1), 831-847.
- Firmansyah, A., & Pamungkas, P. A. (2021). Edukasi Tata Kelola Di Sektor Pemerintahan Dan Sektor Korporasi Di Era Pandemi Covid-19. *Pengmasku*, 1(2), 77–85. <https://doi.org/10.54957/pengmasku.v1i2.99>
- Ikhsanuddin, I. (2016). Analisis Kondisi Implementasi Sistem Akuntabilitas Kinerja Instansi Pemerintah (SAKIP) saat ini untuk Mendukung Tata Kelola Pemerintahan yang Baik pada Kementerian Koordinator Bidang Perekonomian. Universitas Indonesia.

- Kementerian Pendayagunaan Aparatur Negara dan Reformasi Birokrasi. Rating Penilaian AKIP. <https://www.menpan.go.id/site/reformasi-birokrasi/tingkat-penilaian-akip-rating>.
- Nani, F. L., Rowa, H., & Martini, A. (2021). Efektivitas Sistem Akuntabilitas Kinerja Instansi Pemerintah di Kabupaten Sumba Timur. *Jurnal Ilmu Pemerintahan Suara Khatulistiwa*, 6(1), 102–111.
- Pemerintah Republik Indonesia. (2010). Peraturan Presiden Nomor 81 Tahun 2010 tentang Grand Design Reformasi Birokrasi 2010-2025. Jakarta, Indonesia: Sekretariat Negara.
- Pemerintah Republik Indonesia. (2014). Peraturan Presiden Nomor 29 Tahun 2014 tentang Sistem Akuntabilitas Kinerja Instansi Pemerintah. Jakarta, Indonesia: Sekretariat Negara.
- Pemerintah Republik Indonesia. (2014). Peraturan Presiden Nomor 57 Tahun 2014 tentang Standar Sarana dan Prasarana Kantor di Lingkungan Kementerian Kesehatan. Jakarta, Indonesia: Kementerian Kesehatan.
- Pemerintah Republik Indonesia. (2015). Peraturan Menteri Kesehatan Nomor 28 Tahun 2015 tentang Penyelenggaraan Tugas Belajar Sumber Daya Manusia Kesehatan. Jakarta, Indonesia: Kementerian Kesehatan.
- Pemerintah Republik Indonesia. (2015). Peraturan Presiden Nomor 2 Tahun 2015 tentang Rencana Pembangunan Jangka Menengah Nasional (RPJMN) Tahun 2015-2019. Jakarta, Indonesia: Sekretariat Negara.
- Pemerintah Republik Indonesia. (2016). Peraturan Menteri Kesehatan Nomor 48 Tahun 2016 tentang Standar Keselamatan dan Kesehatan Kerja Perkantoran. Jakarta, Indonesia: Kementerian Kesehatan.
- Pemerintah Republik Indonesia. (2016-2023). Laporan Akuntabilitas Kinerja Kementerian Kesehatan (LAKIP) Tahun 2015-2022. Jakarta, Indonesia: Kementerian Kesehatan.
- Pemerintah Republik Indonesia. (2016-2023). Laporan Hasil Evaluasi Akuntabilitas Kinerja Instansi Pemerintah Kementerian Kesehatan Tahun 2015-2022. Jakarta, Indonesia: Kementerian Pendayagunaan Aparatur Negara dan Reformasi Birokrasi.
- Pemerintah Republik Indonesia. (2018). Peraturan Menteri Kesehatan Nomor 31 Tahun 2018 tentang tentang Aplikasi Sarana, Prasarana, dan Alat Kesehatan. Jakarta, Indonesia: Kementerian Kesehatan.
- Pemerintah Republik Indonesia. (2019). Evaluasi Akhir RPJMN 2015-2019. Jakarta, Indonesia: Kementerian Perencanaan Pembangunan Nasional/BAPPENAS.
- Pemerintah Republik Indonesia. (2020). Peraturan Presiden Nomor 18 Tahun 2020 tentang Rencana Pembangunan Jangka Menengah Nasional (RPJMN) Tahun 2020-2024. Jakarta, Indonesia: Sekretariat Negara.
- Pemerintah Republik Indonesia. (2020). Profil Kesehatan Indonesia 2020. Jakarta, Indonesia: Kementerian Kesehatan.
- Pemerintah Republik Indonesia. (2021). Peraturan Presiden Nomor 18 Tahun 2021 tentang Kementerian Kesehatan. Jakarta, Indonesia: Sekretariat Negara.
- Pemerintah Republik Indonesia. (2022). Peraturan Menteri Kesehatan Nomor 5 Tahun 2022 tentang Organisasi dan Tata Kerja Kementerian Kesehatan. Jakarta, Indonesia: Kementerian Kesehatan.

- Pemerintah Republik Indonesia. (2022). Profil Kesehatan Indonesia 2022. Jakarta, Indonesia: Kementerian Kesehatan.
- Putri, B. N. (2019). Analisis Laporan Akuntabilitas Kinerja Instansi Pemerintahan Dinas Kebudayaan, Pariwisata, Pemuda dan Olahraga Kabupaten Kubu Raya. *Jurnal Akuntansi Maranatha*, 11(2), 276–288. <https://doi.org/10.28932/jam.v11i2.1912>
- Ristyana, R. (2017). Analisis Akuntabilitas Kinerja Instansi Pemerintah Pada Pemerintah Kabupaten Ponorogo. *Jurnal Ilmiah Mahasiswa FEB Universitas Brawijaya [Skripsi, Universitas Brawijaya]*. <http://repository.ub.ac.id/id/eprint/1294>
- Rohmadin, S. (2018). Reformasi Birokrasi pada Pemerintah Provinsi Jawa Barat. *Jurnal MSDA (Manajemen Sumber Daya Aparatur)*, 6(1). <https://doi.org/10.33701/jmsda.v6i1.514>
- Rossieta, H., Muktiyanto, A., & Geraldina, I. (2020). Tata Kelola Sektor Publik (Module 1). Universitas Terbuka.
- Sekretariat Kabinet Republik Indonesia. (2021). Airlangga: Penguatan Tata Kelola Pemerintahan dan Korporasi Dorong Pemulihan Perekonomian Nasional. <https://setkab.go.id/airlangga-penguatan-tata-kelola-pemerintahan-dan-korporasi-dorong-pemulihan-perekonomian-nasional/>.
- Sulistiyowati, F. (2022). Pengaruh Implementasi Tata Kelola Sektor Publik yang Baik terhadap Kualitas Anggaran SKPD. *Kajian Bisnis Sekolah Tinggi Ilmu Ekonomi Widya Wiwaha*, 30(2), 54–69. <https://doi.org/10.32477/jkb.v30i2.357>
- Suryono, A. (2020). Kebijakan Grand Design Reformasi Birokrasi 2010-2025 dalam Penataan Organisasi dan Tata Laksana. *Publisa: Jurnal Ilmu Administrasi Publik*, 5(1), 1–20.
- Syaflan, M., & Sulistiarini, E. (2022). Strategi Peningkatan Akuntabilitas Kinerja Instansi Pemerintah. *Jurnal Riset Akuntansi Dan Bisnis Indonesia*, 2(3). <https://doi.org/10.32477/jrabi.v2i3.574>
- Yusrie, C. S., Aminah, S., Wasliman, I., & Sauri, R. S. (2021). Kebijakan Publik dan Kinerja Birokrasi Pendidikan Dalam Kompleksitas Perkembangan: *Jurnal Dirosah Islamiyah*, 3(1), 126–143. <https://doi.org/10.47467/jdi.v3i2.342>