

Measuring the Mayor's Political Commitment and Opportunities for Developing Tuberculosis Elimination Policies in Makassar City

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ARTICLE INFO	ABSTRACT
<p>Manuscript Received: 04 Nov, 2024 Revised: 24 Dec, 2024 Accepted: 01 Jan, 2025 Date of Publication: 06 Mar, 2025 Volume: 8 Issue: 3 DOI: 10.56338/mppki.v8i3.6333</p>	<p>Introduction: Tuberculosis is globally one of the ten biggest causes of death in the world, around 10.6 million new cases and 1.3 million deaths in 2022. Indonesia ranks second in the world in the list of countries with a high tuberculosis burden. There are 19,071 cases of tuberculosis sufferers in South Sulawesi. Makassar City ranks first, namely 9,157 cases of tuberculosis found throughout 2023. The purpose of the study was to emphasize its dual focus on assessing political commitment and policy opportunities.</p> <p>Method: The research design used is quasi-qualitative research and the Mayor of Makassar is the key informant. The data collection technique uses the PCOM-RAT (Political Commitment and Opportunity Measurement-Rapid Assessment Test) survey questionnaire and is continued with in-depth interviews with informants.</p> <p>Result: Measurement of political commitment using the PCOM-RAT questionnaire is divided into three parts, namely verbal commitment, institutional commitment, and budget commitment. The assessment score for the political commitment of the Mayor of Makassar shows good political commitment, with a total political commitment score of 18. Opportunities for developing TB policies can be understood based on three streams, namely problem stream, policy stream, and political stream. The overall assessment score shows that Makassar City has had a high opportunity for developing TB policies, with a total score of 29.</p> <p>Conclusion: The Mayor of Makassar has a high political commitment in the TB elimination policy in Makassar City. High political commitment from a Regional Head is an opportunity for the success of implementing a program. Political commitment is the desire to act and continue to act until the job is done. A leader who has a high political commitment to tuberculosis will resolve the tuberculosis problem until it is finished. Furthermore, the opportunity to develop a TB elimination policy in Makassar City is also high. The TB elimination policy can be developed by paying attention to increasing the capacity of health workers in case finding, improving the quality of TB screening and diagnosis, improving the treatment monitoring system, encouraging community participation by strengthening collaboration between stakeholders, and also encouraging research to improve TB control capabilities</p>
<p>KEYWORDS</p> <p>Political Commitment; Policy Development; Tuberculosis</p>	
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INTRODUCTION

Tuberculosis (TB), a chronic infectious disease caused by *Mycobacterium tuberculosis* (MTB). Tuberculosis is one of the top ten causes of death globally, causing more than one million deaths each year (1, 2). The World Tuberculosis Report 2023 highlights TB as one of the 10 leading causes of death worldwide, reporting an estimated 10.6 million new cases and 1.3 million deaths in 2022 (3). Tuberculosis (TB) is a preventable and usually curable disease. Urgent action is needed to end the global TB epidemic by 2030 (4). The global commitment to ending tuberculosis is outlined in the End TB Strategy, which targets an 80% reduction in tuberculosis incidence and 90% reduction in tuberculosis deaths by 2030 (5).

Tuberculosis infection is still one of the biggest health problems in Indonesia, ranking second in the world in the list of countries with a high TB burden. In many low- and middle-income countries with a high TB burden, the government needs to take action to stop the spread of TB (6, 7). Indonesia has committed to reducing the incidence of tuberculosis cases to 65 per 100,000 population by 2030. Tuberculosis control efforts in Indonesia in 2020-2024 are directed at accelerating Indonesia's efforts to achieve tuberculosis elimination by 2030, as well as ending the tuberculosis epidemic by 2050 (8).

TB sufferers in South Sulawesi in 2019 were 19,071 cases, with details of 11,226 men and 7,845 women (9). The highest cases were in Makassar City, with 9,157 TB cases found throughout 2023 (10). TB cases in Makassar City are still quite high, where 92.2% of the cases found were new sufferers. The Case Notification Rate (CNR) in Makassar City is 70.8%. Cure Rate 32.5% and Success Rate 78.3%. The highest TB case discovery was in the Health Center (77.4%) and most did not carry out contact investigations (65.6%) (11). The prevalence of TB cases in Makassar in 2021, 2022 and 2023 was 5974 cases, 8255 cases and 9157 cases respectively.

The Ministry of Health of the Republic of Indonesia has prepared an Elimination Roadmap in accordance with the global target in 2030. Efforts towards eliminating tuberculosis in Indonesia by implementing six strategies, one of which is strengthening the commitment and leadership of the central, provincial and district/city governments to support the acceleration of tuberculosis elimination in 2030 (5).

The government's political commitment in overcoming public health problems is often weak, even though the government's political commitment is very much needed to improve public health. The problem of tuberculosis requires direct commitment from a leader in this case the Regional Head (Governor, Regent/Mayor), as a leader who carries out the development process, a Regional Head is required to make a strategic plan to overcome health problems faced by his community. This study focuses on the leadership commitment of the Mayor of Makassar and development opportunities in an effort to support the acceleration of tuberculosis elimination in the city of Makassar.

METHOD

The research design used in this study is a quasi-qualitative study. The use of this design is expected to provide in-depth information about the facts about the political commitment of the Mayor of Makassar in the tuberculosis elimination program in Makassar City. The qualitative approach in this study was carried out by collecting related documents to obtain the required data. The data was then described and elaborated with the results of the interview so that valid results were obtained in accordance with what happened. The informants of this study were the head of the Disease Prevention and Control Division of the Makassar City Health Office, the field executive public private mix from The Global Fund, and the person in charge of the TB program at the Health Center as a regular informant. The key informant in this study was the Mayor of Makassar.

The instrument for the research variables used the PCOM-RAT (Political Commitment and Opportunity Measurement-Rapid Assessment Test) survey questionnaire and continued with in-depth interviews. PCOM-RAT is a rapid assessment technique to identify political commitment and policy opportunities. The PCOM-RAT questionnaire consists of 50 open-ended and subjective questions. There are 20 questions for political commitment consisting of 10 verbal commitment questions, 6 institutional commitment questions, and 4 budget component questions. There are 30 questions for policy development opportunities consisting of 14 problem flow questions, 10 policy flow questions, and 6 political flow questions. Political commitment is categorized as good if the total score is ≥ 15 and high policy development opportunities if the total score is ≥ 25 . The final score for the assessment of political commitment and policy development opportunities is verified with secondary data.

The data collection technique begins with the application for research permits to the Makassar City Government. Next, the researcher meets informants to conduct in-depth interviews. The types of data used are primary data collected directly by researchers through in-depth interviews and secondary data collected by researchers from written documents such as mayoral regulations and news in online media. The analysis used in this study is a qualitative descriptive analysis technique. For secondary data analysis, tabulation and grouping are carried out to make it easier to describe. Meanwhile, the analysis of primary data in the form of interview results begins with compiling interview transcripts. After the interview transcripts from each informant are compiled, data reduction is carried out. Data reduction is the process of selecting, focusing on simplifying, abstracting, and transforming raw data that emerges from written notes in the field. During data collection, there are stages of reduction, namely making summaries, coding, tracing themes, creating clusters, creating partitions, and writing memos. Data reduction can help in sharpening, classifying, directing, removing unnecessary, and organizing data in such a way that the final conclusions can be drawn and verified.

After the data reduction process, triangulation was carried out to check the validity of the interview results obtained. In this study, triangulation was carried out by comparing observation data obtained in the field with interview results, comparing interview results with existing documents, comparing informant perspectives and comparing informant consistency in answering questions, namely what the informant answered in public and what was said in private.

Data that has gone through the reduction and triangulation stages is then presented by describing what was obtained from the interview results. This data presentation is attempted by finding the relationship between the results of one interview and another so that a comprehensive picture is obtained that can make it easier to find the root of the problem and draw conclusions from the research conducted.

RESULTS

Political Commitment of The Mayor of Makassar City

Measurement of political commitment is divided into three parts, namely verbal commitment, institutional commitment, and budget commitment. The measurement results can be seen in table 1. The assessment score for the political commitment of the Mayor of Makassar shows a high political commitment, with a total political commitment score of 18.

Table 1. Assessment Score of Political Commitment of the Mayor of Makassar to Tuberculosis Elimination Efforts

No	Statement	Score
Verbal Commitment		
1	Regional heads have spoken about tuberculosis issues at least twice in the past year	1
2	The regional head's wife spoke about the problem of tuberculosis at least twice in the last year	1
3	Other senior officials have spoken about the tuberculosis problem at least twice in the past year.	1
4	There has been a public campaign to raise awareness of the problem of tuberculosis in the past year.	1
5	Attention from high-ranking officials to the problem of tuberculosis has increased in the last year	1
6	The value of political support from regional heads for the tuberculosis program	1
7	The problem of HIV-AIDS is less frequently discussed than the problem of tuberculosis	1
8	Water and sanitation issues are less frequently discussed than tuberculosis	0
9	The issue of maternal mortality is less frequently discussed than the issue of tuberculosis	1

No	Statement	Score
Verbal Commitment		
10	Children's health issues are less frequently discussed than tuberculosis.	0
Institutional commitment		
11	The existence of a mechanism that coordinates multi-sectoral tuberculosis programs	1
12	The region adopts a national tuberculosis policy	1
13	The region adopted an action plan for the tuberculosis elimination program	1
14	There is a multi-sectoral tuberculosis program currently underway.	1
15	There are published guidelines for regional level tuberculosis programs	1
16	Cities with tuberculosis elimination movement	1
Budget commitment		
17	Overall assessment of resource availability for tuberculosis elimination programs	1
18	More than 50% of tuberculosis activities are prioritized by local governments	1
19	There is a special budget for tuberculosis in the budget	1
20	If there is extra budget, it will be used to finance the tuberculosis elimination program.	1

In terms of verbal commitment, the Mayor of Makassar already has a high commitment, with attention in the form of verbal delivery regarding the Tuberculosis problem. The following is the informant's statement regarding the verbal commitment of the Mayor of Makassar.

"...yes. The Mayor often gives directions about...e...this tuberculosis elimination program..."(AM)
"...The Mayor conveyed his commitment during the socialization of...what is this. Launching the program and socialization of Mayoral Regulation No. 20 of 2023 concerning tuberculosis control..." (SF)
"...what I mean is that now the community has been educated about TB, socialized. It's just that the compliance of sufferers who seek treatment is still lacking..." (AM)

On various occasions, the Mayor of Makassar conveyed the importance of handling TB. The Mayor also encouraged community involvement as TB cadres, which was also considered to be running well. The Makassar city government prepared a container called an "integrated container" counter. As the results of interviews with key informants are as follows:

"...we activate all our networks, including health. One of them is a container in all sub-districts. which we call a konter, eh..the konter is an integrated container. One of its tasks is...finding TB sufferers...There are 21 functions of that konter..." (MRDP).

Based on the results of interviews and online media document reviews, we found a form of innovation in the form of an integrated container "counter" created by the Makassar City government in each sub-district. One of the functions of this counter is a place to coordinate various community issues including finding suspected TB sufferers. The form of institutional commitment was also shown by the Mayor of Makassar by issuing the Makassar Mayor Regulation No. 20 of 2023 concerning the handling of tuberculosis. Makassar City also has a TB Multi-Sector Forum (FMS) chaired by the wife of the mayor of Makassar. In 2022, Makassar City won the TOSS (Find Treat Until Cured) TB award from the Ministry of Health. This award was presented directly by the Indonesian Minister of Health at the

2022 Tuberculosis High Level Meeting held at the Shangrilla Hotel Surabaya (9/11/22). The Mayor of Makassar said that this achievement was due to the collaboration of the City Government with the Makassar City TB FMS. The researcher obtained this information through a document review of several online media. The following is the informant's statement regarding institutional commitment:

"...we are in Makassar. In addition to government institutions. we also partner with NGOs, indeed we have partnered so far, and that is from the ministry..." (AM)

"...For Makassar there is also a multi-sector forum for the tuberculosis elimination program..." (AM)

Regarding institutional commitment, the following are the results of interviews with key informants:

"eh...As mayor we have to answer. Answer what? Answer every problem. Especially health problems. One of them is TB, mmm,. If I'm not mistaken, Indonesia is now ranked second in the world, right? Well, institutionally. As mayor, I have already appointed the PKK chairperson...Mrs. Indira as the chairperson of the TB Multi-Sector Forum...and yes, it's true that there is a mayoral decree too..." (MRDP)

One form of budget commitment to TB control in Makassar City is the provision of a budget of Rp. 50,000,000 (fifty million rupiah) for each sub-district. The budget is allocated for the program of socialization, education and assistance for TB patients who are undergoing treatment. The Health Center budget for TB control has been included in the health operational assistance fund (BOK). The researcher obtained this information through interviews and review of online media documents.

The results of interviews with informants regarding the TB budget commitment are as follows:

"..because for our budgeting, we are supported by a lot of external funds, yes, from NGOs, especially from the Global Fund.." (AM)

"...if you calculate it all, it's quite large. 50 million for each sub-district multiplied by 165. yes...more or less 7 billion. In the health office itself, it's more or less 300 million. It's also different in the health centers. Each has its own budget..." (AM)

"...For BPJS, if it's a program drug, if it's a government program, it doesn't back it up. Because it's considered to have been paid for by the state..." (AM)

"...so for cadres, the financing can be through the sub-district, it can be through the health center. So there's a health center BOK, specifically for cadre transportation. For example, for them to go to the field, we hope that they can optimize the utilization of the village funds, and of course it must be in synergy with the health center program. Because they should not form new cadres again, I mean it doesn't matter if there are many cadres, but don't let the cadres who have been around for a long time not be utilized, even though they might have better ones than the new ones..." (AM).

"...The TB control budget is already in the BOK fund. TB is included in one of the SPMs, right? That's what is funded by officer transportation..." (SF)

Regarding budget commitments, the following are the results of interviews with key informants:

"...yes we have a budget backup for TB. But technically and in detail...please ask the health department. Please go there..." (MRDP)

Policy Development Opportunities

Opportunities for developing TB policies can be understood based on three streams, namely problem stream, policy stream, and political stream. The measurement results can be seen in table 2. The overall assessment score shows that Makassar City has high opportunities for developing TB policies, with a total score of 29.

Table 2. Opportunities for Developing Tuberculosis Elimination Policies in Makassar City

No	Statement	Score
Problem Stream		
1	Use of credible tuberculosis elimination indicators by the media	1
2	The presence of high-ranking officials and supporters of tuberculosis elimination policies who use indicators to show the high level of tuberculosis problems to develop tuberculosis elimination policies.	1
3	There have been major events that have attracted special attention regarding the problem of tuberculosis in the last year.	1
4	Regarding public attention to the problem of tuberculosis, the amount of official media attention in the last year	1
5	The extent of public attention to the problem of tuberculosis in other forms of discourse in the last year	1
6	Often advocates of tuberculosis elimination policies take the initiative to mention the following in their advocacy efforts:	1
7	Focusing on tuberculosis elimination as a poverty reduction effort	0
8	Cost-effectiveness of tuberculosis elimination program	0
9	Comparison of progress in the aspect of tuberculosis elimination with other regions	1
10	Human rights for tuberculosis sufferers are good	1
11	Quantitative evidence indicating the high level of existing tuberculosis problems	1
12	Qualitative experiences with tuberculosis problems associated with other health problems	1
13	Having an influential person campaigning on the issue of tuberculosis now or in the past year	1
14	The existence of civil society groups that promote tuberculosis issues	1
15	The tuberculosis elimination policy community is very cohesive in advocating for tuberculosis issues	1
Policy Stream		
1	The status of alternative tuberculosis elimination policies has been well discussed and proposed	1
2	The proposed policy is technically feasible to implement (estimate)	1
2	The proposed policy is widely accepted by the public (estimate)	1
4	Financially, the proposed policy is highly sustainable.	1
5	The presence of an influential person in the policy community who was particularly influential in promoting/proposing tuberculosis elimination policies in the past year.	1
6	The policy community is very cohesive	1
7	Tuberculosis policy experts agree on the problem definition for developing tuberculosis elimination policies (e.g. access to health services, monitoring and evaluation of policies, community participation (needs and concerns) regarding the importance of tuberculosis control, etc.).	1
8	Tuberculosis policy experts agree on common indicators to develop causes of tuberculosis problem	1
9	Tuberculosis policy experts do not differentiate between support for multisectoral and specific approaches	1

No	Statement	Score
Policy Stream		
10	Tuberculosis policy experts agree that there is a responsibility of various institutions and organizations in solving the tuberculosis problem	1
Political Steam		
1	There is a schedule for executive elections this year or next year	1
2	There is a legislative election schedule this year or next year	1
3	Budgeting is scheduled for next year	1
4	Much financial and technical support was received by the region from the center and international organizations to solve the problem of tuberculosis	1
5	The number of supporters is greater than the number of opponents	1
6	The power of the supporting party is greater than the power of the opposing party	1

Judging from the flow of the problem, it shows that the number of tuberculosis cases in Makassar City in 2023 was 9,157 sufferers, while 6,640 were treated. Media attention in disseminating information about the tuberculosis program has been quite good. This can be seen from the ease of finding information about the tuberculosis program on online media links. The attention of high-ranking officials (Makassar City) or public figures towards tuberculosis has been quite good, this can be seen from the activeness of the Chairperson of the Makassar City PKK as the Chairperson of the TB Multi-Sector Forum and also all Regional Apparatus Organizations within the scope of Makassar City. Likewise, the support of the NGO Community is also high, their support is such as involvement in promoting and advocating for tuberculosis problems. The following are the results of interviews with informants:

“...the multi-sector team was appointed by the Mayor, involving all SKPD in Makassar City, then involving the community, academics, business elements and involving the media. all of this was formed in a multi-sector forum chaired by the chairman of the movement...pkk...” (ID)

“...There are two communities that are usually involved in this activity, namely the TB Care Community Foundation or YAMALI, the second is KAREBA BAJI... Kareba Baji usually provides patient assistance...” (ID)

Following is an interview with a key informant:

“...We answer that there is always an answer to the community's problems, including these TB problems. So the City Government together with the PKK, are the ones who are more active in the PKK. As the multi-sector chair...” (MRDP)

“...Yes, NGOs. So the Health Service, PKK, and NGOs. Those are the ones who are really very active for...e...So institutionally, the PKK Chair has been appointed by the Mayor...” (MRDP)

Judging from the policy flow, the tuberculosis elimination program in Makassar City has been technically implemented well because there are technical instructions for the program from the Ministry of Health and support from the Mayor's policy in the form of the Makassar Mayor's Regulation. The sustainability of the program is also supported by the availability of the budget and also the temporary stage of preparing the Makassar City Regional Action Plan. The following are the results of interviews with informants:

“...The opportunity for program sustainability here is through the formation of a regional action plan that is currently in the process of being made involving all SKPDs and also the community. Each OPD will later create a work plan and use its respective budget” (ID)

“...we remain optimistic, yes...um, now the regional action plan for TB has been discussed...” (AM).

In 2024, the Election of Mayor and Deputy Mayor will be held in Makassar City and currently the inauguration of the new Members of the Makassar City Regional People's Representative Council for the period 2024-2029 has been carried out. In terms of political flow, this tuberculosis elimination program will continue. As conveyed by the informant, policy, institutional and budget support have been very good, the Regional Action Plan must be established immediately.

DISCUSSION

Political Commitment

This study found that the Mayor of Makassar has a high verbal, institutional, and budget commitment. This high political commitment must be in line with good performance. High political commitment from a Regional Head is an opportunity for the success of implementing a program. As explained (12), political commitment is the desire to act and continue to act until the job is finished. A leader who has a high political commitment to tuberculosis will complete the tuberculosis problem until it is finished.

It is undeniable that tuberculosis cases in Makassar City are influenced by many factors such as nutritional status, history of contact with patients, then behavior to prevent transmission, knowledge, community stigma and family support (13). In addition to the factors above, the author believes that the success factor in eliminating tuberculosis is influenced by the political commitment or political will of a regional head. Health cannot be separated from political issues because health is a basic human right (human rights), resources under the control of the power system (government), social determinants of health can also be intervened politically or depend on political actions (14). Health is a political choice, and politics is a continuous struggle for power among competing interests (health is a political choice, and politics is a continuous struggle for power among competing interests) (15).

Tuberculosis is not only a medical problem but also a socio-political problem. Therefore, its resolution will depend on political pressure and political will (16). The formation of the Multi-Sector TB Forum and the issuance of Makassar City Mayor Regulation No. 20 of 2023 concerning tuberculosis control are real commitments to accelerate TB elimination. In addition, budget commitments are shown by budget support of IDR 50,000,000 in 165 sub-districts, grant funds for the Multi-Sector Forum, the Health Office and Health Center budgets.

This study also found that the active involvement of all stakeholders in TB control is a combination of various actions aimed at minimizing the risk of TB transmission. TB control efforts such as rapid early diagnosis, case finding, and proper TB patient management. TB control in Makassar City has become part of a (local) policy that still refers to the national TB control policy strategy because local policies complement these policies.

Leaders must be responsible for protecting public health and formulating appropriate interventions (17). One of the leaders is the regional head. The role of the regional head (Governor, Mayor/Regent) after the reform has an impact on governance in the form of decentralization. The basis for decentralization is regulated in Law No. 22/1999 concerning Regional Government. In the health sector, the Governor is assisted by the provincial health office to carry out the function of health decentralization. The implementation of decentralization in Indonesia is also integrated, meaning that the health office as the implementer of decentralization and decentralization is supervised by the Governor as the provincial leader. Meanwhile, full decentralization is given to the district/city government. The district/city health office is the implementing unit for health decentralization. Health development is one of the affairs included in the mandatory concurrent affairs that have implications for the obligations of the regional government to provide health services. The implementation of health decentralization refers to the concept of decentralization, namely political, authority, and fiscal decentralization (18). Looking at government governance in Indonesia, the political commitment of regional heads has a strategic role in supporting efforts to handle health problems such as TB.

Policy Development Opportunities

The policy development process is to collect, process, and disseminate information related to the policy to be developed; promote options for steps to be taken; implement them to decision makers; provide sanctions for those who cannot comply; and evaluate the results of achievement (19). This study found that the opportunity to develop TB elimination policies in Makassar City is also high. This is reflected in the active involvement of a multi-sector forum led by the Mayor's Wife, leaders of regional apparatus organizations, involvement of NGOs, academics, and journalists. The TB elimination program is not only the responsibility of the Health Service but also related stakeholders. This study is in line with research conducted in Korea which found that the success of implementing Korea's TB control policy was based on the political will of the government, increased mobilization of resources including human resources based on clear objectives, and well-planned strategies and policies (20).

The World Health Organization (WHO) has emphasized the importance of active case finding for early detection of TB (21). TB elimination policies can be developed by paying attention to several things such as increasing the capacity of health workers in case finding, improving the quality of TB screening and diagnosis, improving the treatment monitoring system, encouraging community participation by strengthening collaboration between stakeholders, and also encouraging research to improve TB control capabilities.

Various factors play a role in the development of TB policy such as country context, health system, and budget priorities. Country context influences TB policy development to a high level. Country context such as political system, commitment, agenda, political change, and change (of government). Other factors include geography, climate, and local culture (21).

Opportunities for policy development are sometimes unpredictable. Of course, this happens at all levels, both at the central and regional levels. The election in Indonesia has determined Prabowo Subianto as president who will be inaugurated on October 20, 2024. Regional head elections will also be held on November 27, 2024, including the election of the Mayor of Makassar. This mayoral election is a means for many parties to place various development issues as topics of discussion, including health issues, especially TB. Therefore, supporters of the TB elimination policy should not lose momentum and continue to provide understanding to political actors who have a great influence in realizing the TB elimination policy. One thing that must be monitored is to immediately determine the Regional Action Plan (*Rencana Aksi Daerah*) for controlling TB in Makassar City.

Recommendation for Future Research

The suggestion from this study is to ensure the sustainability of the program by immediately establishing a Regional Action Plan (*Rencana Aksi Daerah*) on TB control in Makassar City. Further, more specific research is needed, such as the implementation of mayoral regulations, budget needs, and analysis of TB treatment costs.

CONCLUSIONS

The conclusion of the study is that the Mayor of Makassar has a high political commitment to the TB elimination policy in Makassar City. High political commitment from a Regional Head is an opportunity for the successful implementation of a program. Political commitment is the desire to act and continue to act until the job is done. A leader who has a high political commitment to tuberculosis will resolve the tuberculosis problem to completion. Then the opportunity to develop a TB elimination policy in Makassar City is also high. The TB elimination policy can be developed by paying attention to increasing the capacity of health workers in case finding, improving the quality of TB screening and diagnosis, improving the treatment monitoring system, encouraging community participation by strengthening collaboration between stakeholders, and also encouraging research to improve TB control capabilities.

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