

THE STRATEGY FOR HEALTH DEVELOPMENT AND NATIONAL RESILIENCE IN THE PERSPECTIVE OF THE NATION'S POWER

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Abstract – The nation's resilience means the concept and power of maintaining national resilience which includes existence in the midst of civilization and strategic environmental changes, towards the dynamic conditions of national resilience to maintain order, stability, and the potential for change (the stability idea of changes). The challenges and problems of national resilience are dynamic variants that require a comprehensive way of thinking on the systems, policies, and strategies of nationality behavior (behavior science) supported by patriotism and the energy security of the nation's health towards the role of the Indonesian National Armed Forces (TNI) to fill the zone and the accumulation of health development that illustrates the performance of self-reliance and national resilience. The nation's health power in the perspective of structural and participatory strength starts with the ability to drive leadership, metabolic health community and agent of change that meets the reliability value of High-Reliability Organization (HRO). The reliability that is formed will trigger the spirit of innovation and out the box to assemble a network for change so that it is manifested as a performance of professional reliability that upholds the nation's health potential and national resilience. The synergy of the National Health System (SKN) and the Defense Health System (Siskeshan) are interrelated networks to support efforts to empower the strategic value of national health. This strategy strengthens national resilience (one health) network towards the complexity of global health threats that threaten national resilience. The global challenge with the emergence of a Public Health Emergency in the form of an outbreak that is so rapid with unpredictable problems triggers every country to strengthen the nation's power to synergize health development based on the national resilience system.

Keywords: The National Resilience, Leadership, Agent of Change, Synergy of The National Health System (SKN) and The Defense Health System (Siskeshan), Unhan

Introduction

The principle of the nation's power and national resilience are two sides of the bracelet on both arms that go hand in hand. This bracelet binds the arms tightly as if holding a fist, giving a sign that we are fighting together and integrated, inseparable from the other fingers. A fist

that moves forward is a long process of building a tight rope of nationality, tested by history and the rise and fall of national unity. The strength and spirit of perpetual sovereignty link the fingers of the nationality to remain strong.

The development of the health sector has not diminished with the contribution of the struggle for

independence. The formation of health body units since the guerrilla warfare and health facilities (medical platoon), soldier health services units, field hospitals and military hospitals, this seems to convey that government hospitals, especially military hospitals, have set a history of having The Power and the Nation's Resilience. Conditions at that time fostered spirit, each hospital was built through the principle of national resilience. Inevitably, in the midst of struggling the role of health institutions and referral hospitals in this era of BPJS, it is very interesting to parse a different nuance, its role is based on the commitment of struggle and the ideal of life, that is, interpreting the nation's health facilities as contributing to the national power and resilience.

The Power for the Nation's Resilience and Health

The power is a philosophical terminology that implies the power of the veins of the spirit of nationalism which pierces the body's energy points to move and fight to face the challenges of life. The power is wood fibres that draw down the

divisions of diversity into a unity of value, namely unity, and togetherness. The power of nationality contains a three-dimensional box that rotates in the direction of the times, untangling the nation's kinetic energy to move the cartwheel to spin faster and displace potential energy in an effort to sharpen the arrow to the right target point namely people's welfare. The nation's resilience is a concept that covers aspects of life and the existence of a nation in the midst of civilization and strategic environment changes that are constantly changing. What we experience now is a result of past actions while our present actions will be history in the future, and the future is a continuation of changes that seem to go so complex.¹

The nation's resilience contains the power to maintain national resilience with the aim of maintaining prosperity and security. The nation's resilience is the ability to form a consistent and continuous power to overcome conflicts that never end. Because the understanding of security in the 21st century has changed its scope, which is

¹ Hendropriyono, "Kata Pengantar", in Wan Usman, "Daya Tahan Bangsa", Program Studi Pengkajian Ketahanan Nasional, Program

Pasca Sarjana Universitas Indonesia, 2003, p. IX.

not only dominated by the military but also the role of the military as a new perspective. National resilience is a concept that develops from the paradigm of the nation's political, social and economic realities. The paradigm includes a collection of knowledge, answers to questions and methods for achieving an outcome. National resilience is an arrow of potential power about reality possessed for the survival of the nation is facing various obstacles, disturbances and threats, both from within and from outside. National resilience as a dynamic condition of the nation by maintaining order, stability and the potential for change (the stability idea of changes).²

Methods related to the complexity faced by national resilience systems such as geography, population, natural resources, ideology, politics, economics, social and culture and defence and security, requires a power that synergizes with each other, namely the realization of multidisciplinary and interdisciplinary abilities as arrows that are always targeted to always provide solutions. Multidisciplinary and

interdisciplinary approaches become essential components that integrate aspects of the life of the nation that are not explicitly analysed such as economic development and cultural issues. Progressively that is sticking out in the field requires a political decision that provides security supported by the role of the military and intelligence. This integration is expected to fill the optimal points of national development planning.³

The power and the nation's resilience are philosophical and critical phenomena of the nation's movement to maintain its identity in the context of the national sphere, namely chains of sovereignty that should be embraced and seeded in the heart of every child of the nation. The strength to maintain and sustain it is by being open to facing the progress of economic, technology, social change and the environment as strategic leadership, which cultures every determinant of policy. Strategic Leadership Management is the ability of the nation's leader to oversee every speed of change of national-regional-world reality in a concluding link of

² Wan Usman (a), "Dari Pengkajian Ketahanan Nasional Menuju ke Kajian Strategis Ketahanan Nasional UI, Dalam Daya Tahan Bangsa", Program Studi Pengkajian

Ketahanan Nasional, Program Pasca Sarjana Universitas Indonesia, 2003, pp. 3-23.

³ *Ibid.*

collaboration and synergy locking to national resilience strategies.⁴

The challenges and problems of national resilience that arise today are inseparable from previous historical conditions as historical point values in anticipation of the next policy for learning in effective decision making. National resilience as a dynamic and complex national variant demands comprehensive thinking based on systems and models that can be closely integrated and charged with creating dynamic behaviour as a model of dynamic systems and policies and strategies for national behaviour (behaviour science) as a national resilience strategy. The modelling system that is developed continuously is linking reality conditions in the field (national and international) as feedback information that articulates the context of the national resilience problems, compiled as a dynamic hypothesis which is then formulated and tested into public evaluation and formulation. To sharpen the output of the nation's resilience, a strong mental capacity is needed, the structure and strategy of the policy that

drives the nation's policies that include the values of social application.⁵

The conceptual framework of the nation's power is patriotism. Nationalism which was built since the early journey of the nation's history became a basic element to re-embrace the nation's sovereignty in facing the current global challenges. Indonesian nationalism which is diverse in terms of ethnicity, religion, culture, and language is a strong fertilizer and it needs to be maintained and utilized as a measurement of the synergy of the nation's movement in each leadership periodic. The similarity and bitter experience during the Dutch and Japanese colonization raised hopes to become a prosperous nation in "one nation, one homeland of Indonesia". Nationalism must be the spirit of the nation's innovation that moves generation after generation. The strategy is to realize a diversity of democracy, the ability to live and appreciate differences, to become an accomplished human being in the midst of global competition and the value of the transfer of ideas and the transfer value of ideas and national ideals to the next generation to have the ability in

⁴ *Ibid.*

⁵ *Ibid.*

science, technology and politics, as the strength of nation's competitiveness.⁶

The global development of the world as an entity of competitiveness between nations and conflicts of interest requires each country to maintain and strengthen its potential resources as a force to empower the national energy and the spirit of nationalism that stretches at every point of the archipelago through acceptability and participation of territorial non-commissioned territorial pulses and selfless national volunteers. The nationalism movement which has taken root since independence fills the axes of community education in remote areas which are expected to be born generation after generation of healthy and intelligent in its time to bring this nation to be sovereign with its independence.⁷

The Power for Health Energy of the Nation

The strength of the nation's power rests on the national cords that are tightly bound and filled with national energy enzymes. A strong nation is a nation that is able to gather its potential resources

as an energy that is constantly moving to fill the torch points to illuminate the surrounding environment, used as productive activities. How can the energy of a nation's health be reconstructed as a nation's power? The nation's health energy is the utilization of resources and health potential inherent in the nation and has been embedded in the form of policies and implementation in the community, namely the realization of Puskesmas as a bureaucratic force and Posyandu as a power of community participation. There are three aspects that need to be prepared namely energy supply, stability, and energy access. The energy supply of the nation's health is the capacity and health reserves that are owned by the nation. Is the availability sufficient? Given that Indonesia is geographically a vast area with the affordability of health services to remote areas, it is undeniable that since the New Order through the development of five years, various Puskesmas have been established, supporting Puskesmas supported by Posyandu, and it was a public health strategy which at that time collaborated with various community self-help programs such as Bimas and

⁶ *Ibid.*

⁷ *Ibid.*

Inmas. The energy supply of the nation's health moves according to the complexity of the demands of the times. The PTT doctor program which is currently Nusantara Sehat is one of the government's mainstays to improve the quality of the nation's health, especially in remote areas. The energy supply of the nation's health will run optimally through three principles namely adequacy, security and cost-effectiveness. The utilization of energy developed is oriented towards a better change.⁸

Stability is the energy security aspect of the nation's health as a diametric policy that supports the nation's sustainable flow and distribution of energy. This concept starts with the nation's resilience. The activity zone of the acceleration and accumulation of health development to reach remote areas requires full support and participation from the TNI. Activities to support public health programs that have not yet reached remote areas are supported by the role of territorial non-commissioned officers as human

resources capable of opening access to more open health services. In the context of activities on remote islands, the Indonesian Navy through field hospitals contributes a continuous move to provide support and health services, including medical treatment of cases that require referral.⁹

Energy access to the nation's health is the ability to map the distribution and scope of services, especially to remote islands as part of medical intelligence activities related to maintaining national resilience. The existence of the outer islands is a national security issue. Policies towards the outer and remote islands are the principles of empowerment for sovereignty, economic development, population and labour, food security management, energy security management, and military and non-military defence management. This policy focuses on the maritime environment as a strategic aspect and the main foundation to strengthen security management that is not only

⁸ *Ibid.* See Soroy Lardo (a) "Nusantara Sehat Kualitas Kesehatan Bangsa" in <http://soroylardo.com.2019> and Soroy Lardo (b) "Energi Terbarukan dan Investasi Kesehatan Bangsa," in <http://soroylardo.com.2019>.

⁹ Wan Usman (b), "Strategi Pengembangan Tiga Pulau Terluar dari Sudut Pandang Pertahanan Negara", in Bunga Rampai Ketahanan Nasional, Sekolah Kajian Strategik dan Global UI, 2003, pp.281-96.

based on state security and military strength, but also based on security instruments that rely on democracy and public accountability.¹⁰

National resilience maintains the energy of the nation's health by depending on the ability to anticipate rapid technological developments, and the use of technology to maintain national defence. It is undeniable that currently the development of communication and information technology is increasingly globalized and facilitates relations between countries throughout the world. This condition will affect each country's defence strategy in managing the life of the nation, changing threat patterns and increasingly competitive competition while in the military world there is a revolution in military affairs (RMA). This cannot be separated from the theory of globalization, namely the dynamism of the global economy, changes in the concept of defence and the presence of various ethnic conflicts and terrorism.¹¹

Reviewing the above description, the health development strategy on remote islands is a national challenge that needs to be parsed within the

framework of developing the strength of infrastructure based on community participation. The infrastructure built is a physical force that has an implementation not only to the service aspect but also has an impact on promotive, preventive and rehabilitative instruments in the community. The infrastructure that is built does not only describe physical patterns and health instructional performance, the existence of elements of self-reliance and national resilience also fill the ideological curves of health services for the welfare of society.

The government has made a maximum effort through the construction of integrated hospitals in several remote islands with the key point of the health element of the TNI which is strengthened by the role of territorial non-commissioned officers (plus) who have more value in health empowerment. This integration is further strengthened through the Nusantara Sehat program with health workers moving dynamically to remote villages. This chain of cooperation will form power patterns of defence health that is dynamic and sustainable.

¹⁰ *Ibid.*

¹¹ Wan Usman (b), *op.cit.*

This integrated service network will move like a rolling snowball by regularly filling health care boxes that have not been touched by accessing partnership services that can empower the quality of life of the community to be maintained and carry out productive activities in the economic field. The expected impact is the formation of values and population health culture by prioritizing preventive aspects as daily jargon and this movement will be more widespread to sow other fields of life, becoming a stream of community participation to drive the economic wheels on the outer islands and independent power in utilizing the various resources and the potential of the region as an area capable of standing on its own feet.

The Power of the Nation's Health: Among the Structural and Participatory Strengths

It is undeniable that health development has reached the value of structural construction supported by participatory concepts. Health development is a continuous process that works in accordance with the movement of

democratization and decentralization through the role of regional autonomy. The health development program certainly relies on strengthening structural organizations that bureaucratically utilize its role as policy values and guidelines for the health development stage. One crucial point is the extent to which empowerment can reach its optimal point, namely increasing community participation, NGOs and the private sector can play a role in carrying out activities to support the role of health in their environment. To deal with this, the stated goal of health development requires a strong foundation.¹²

The dimension of development synergy that is structurally oriented and participatory, is a paradigm that will continue to develop given the dynamic movements of the variants which have an interest in achieving such complex health development goals. Not only policy but also conceptual ability with protective and predictive dimensions is one important reference. The protective approach is the policy and sustainability of health development oriented to the

¹² A. Purbatin, "Konsep Pemberdayaan, Partisipasi dan Kelembagaan dalam Pembangunan, Yayasan Agribisnis/ Pusat

Pengembangan Masyarakat Agrikarya, 2017, in http://suniscome.50webs.com/konsep_pemberdayaan_partisipasi_kelembagaanpdf.

protection of the community, in this case, promotive and preventive activities that are utilized as a force of cultural resilience. In this context, public education to consciously protect itself is very important. A predictive approach is a policy that links rigging strongly to implementations that impact communities in managing individual and community health so it has the ability to predict against vulnerability, even anticipate an outbreak.

The health policy approach in the structural context can take Haberman's civility model in dealing with corruption such as 1) Decisionistic model in which the state/government with its sovereignty and bureaucracy making decisions on challenges and obstacles to health development; 2) Technocratic Model that uses means-end rationality with the accuracy of the tools (bureaucracy and its network) and policies to achieve health development goals. In this case, the health technocrat involves various elements of the health network both from academics, NGOs, community leaders including "critics" of health policy to strengthen the

implementation of community participation flow to support the policies made; 3) Practical dialectical model that is developing a consistent and conducive interaction in the scope of community participation, so that each policy output that touches the community can be analysed and the impact that arises is a feedback mechanism for the solution, monitoring, and evaluation of subsequent health development. An institutional approach to bureaucracy has an important role in the authority and regulation of health development policies. An effective approach includes the strength of the organization in empowering all the potential of the nation's health organization moving in the dimension of the helix ball that rotates and intertwines bringing the energy of the nation's health into a cultural value that strengthens the nation's resilience.¹³

The institutionalization approach is a functional framework in setting the agenda of the micro-analysis perspective of how an institution applies the reality of its work that is different from the formality of the organization. This

¹³ W. Parson, *Public Policy: Pengantar Teori dan Praktik Analisis Kebijakan*, (Jakarta: PT Kencana, 2017), pp. 326-341; S. Dakhidae,

“Civilitas, Korupsi dan Solusinya”, *Majalah Prisma*, Vol. 37, 2018.

organization is an organic system that was built to maintain existence as a structural-functional in managing a complex external environment and strengthen consistency to maintain its empowerment. A strong organizational structure aims to metabolize the body that has strong internal resources to make decisions between the rational formal goals of the organization with the capacity of human resources in controlling institutional behaviour that is "irrational" so that interaction with the surrounding environment delivers the spirit of the organization with a conducive ecosystem.¹⁴

There are three institutionalization approaches, namely: 1) Sociological approach; 2) economic approach and; 3) political approach. The sociological approach in empowering health development is to sharpen an empirical orientation towards historical values and case studies. The historical journey of health development in every change of government is a policy dimension that can be explored and formulated as the value of health sociological policies. One example is during the New Order with the empowerment of Puskesmas and

Posyandu and during the Reformation Era, health liberalization filled every service line is important learning to what extent sociological aspects can bridge the sustainability of health policies that remain people-oriented.¹⁵

The economic approach is an economic analysis based on the integration of institutions through a process of economic policy transactions both structural policies from above and participatory policies from the community. The transaction value is monetary health policy that strengthens the existence of economic reserves to support the effectiveness and efficiency of health empowerment. Economic factors that need to be possessed are certainty principles, bargaining performance, rationality, the ability to neutralize opportunistic values, minimize moral hazard and apply selective pressure. The political approach is a macro view of the relationship between institutions and society and the state, developing the rationality of interaction between individuals, society and the role of the state formally. State institutions do not stand alone like ivory towers but rather expand institutional ideas in state

¹⁴ *Ibid.*

¹⁵ *Ibid.*

and community interaction to influence the level of power and institutional position to balance their responsibilities and relations.¹⁶

The focus of institutionalization reveals the extent to which the configuration of interests and ideas that revolve in society becomes policy rationality and impacts as a behavioural implementation. One example of political policy in the health sector is the empowerment of health workers in the Nusantara Sehat program. The institutional role is to plan and determine the targets of program policies to touch the basic layers of society especially in remote areas with optimal support for facilities and logistics. This political policy is then facilitated by the community to mediate the potential of their regions to strengthen health service activities to run optimally. The ongoing process is the identification of health problems, the value of cultural interactions of health and expectations and what strategies are needed to synergize with the state institutional policies. The output is the development of the intelligence value of

health understanding, promotion, and prevention of health, as a priority and monitoring and evaluation of empowerment results as a termination decision value.

The context built in the structural and participatory power is the Transaction Health Community (THC). THC is a structural and participatory system developed based on transactions to reduce uncertainty and maximize the capacity to monitor and control health policy to have a balance between structural authority and participatory impact. Some aspects of the policy constraints are the existence of agents/communities that are less supportive of policies taken as opportunistic views with the implication of reduced support for the policies taken. This transaction model bridges a *das sein* condition in society and the extent to which the effectiveness of structural transactions (policies) benefits the community through a *das sollen* institutional model. It can be seen through Figure 1.

¹⁶ *Ibid.*

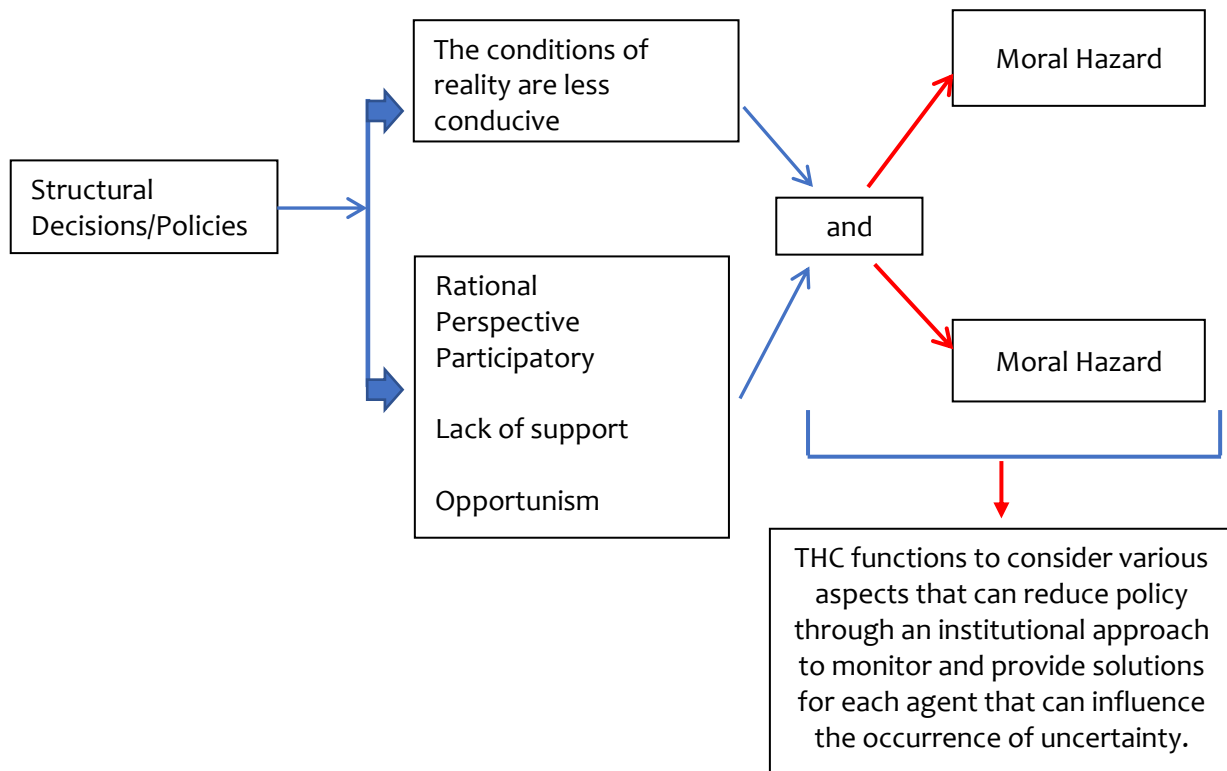


Figure 1. Transaction Health Care (Modification)

Source: Processed from Parson W. *Public Policy-Introduction to Theory and Practice of Policy Analysis*, (Jakarta: PT. Kencana, 2017), pp. 326-341.

THC as a participatory model is a process of community empowerment both individuals and communities to encourage alternative development creativity to encourage self-reliance-oriented policies in the community. This concept seeks to develop the value of autonomy, authority, power, and trust of the community to take responsibility for the involvement of solving complexities that occur in society. The process of empowerment is the contextual sharing of democracy and social, utilizing

democratic economic values and applying the concept of growth as a mechanism for sustainable health development supported by the fence of national resilience. According to Chambers (1995), concepts such as THC are oriented towards people-centred, participatory, empowerment and sustainability.¹⁷

The THC operationalization process relies on resources, participation, democracy, and social learning and operational empowerment. The

¹⁷ Ibid.

tendency of the empowerment process consists of a primary tendency that transfers some power, strength or ability (power) to the community or individuals to be more empowered. This process is supported by material assets and the support of non-governmental organizations to be independent. The second aspect is the secondary tendency, which is to develop a pattern of participatory stimulation to encourage each individual to have the ability to have the power to create a role in his environment, even as a point of an agent of change. (Sumodiningrat, Gunawan, 2002). Community empowerment in the THC context is a concept of sustainable development with the scope of participation and empowerment. THC in this context becomes an alternative power that is capable of bridging the synergy between the structural power of the bureaucracy and the participatory power of the community to improve the status and the structure of the reality of health can be realized at a minimum where it approaches the idea of a health policy prepared. The balance that is built is the harmony between the balance of

economy-health development and national resilience.¹⁸

Health Empowerment and Community Participation

Health empowerment is a dynamic movement that is expected to be a means of leveraging community participation like a snowball. The leverage tool must, of course, have the strength and have the power to manage elements in the community into functional resources and have an impact on change. One of the main priorities in the empowerment of health is to initiate work concepts that follow the changing paradigm of national development which is currently oriented towards democratization, decentralization. Democracy and decentralization are two words that are easy to say but the application in the field faces various complexities that require solutions. In principle, empowerment must trigger a broad awareness of the importance of development to improve people's lives. In dealing with this, the power of community participation is the spearhead of the movement of social life influencing the stakeholders in

¹⁸ Purbatin, *op.cit* and Parson, *op.cit*.

determining policy, not merely for the sake of the moment, but oriented to the empowerment of people's lives through policy ropes (economic and political) for the welfare of the community.¹⁹

How can empowerment be realized? Strengthen the perspective of the community as a subject, not the object of a development project. Community empowerment that is developed leads to partisanship and programs designed to be able to overcome health problems in the community. The purpose of this engagement is an energy that will strengthen the wider participatory potential, not only components of society with a good economy but also attracting the poor with a rope of participatory creativity that develops a spirit of independence.

Effective participation is an efficient movement of community participation to achieve its goal through a conducive climate and ecosystem. The ecosystem refers to the values of local communities that have been owned, empowered as an appropriate and effective process. Health empowerment is a necessity for every human being, the

policies adopted to reveal the basic element dimensions of better health quality. Optimal health quality, not only through a good health service program but also a component of the construction of a broader health development that is preventive and community detection is one of the priorities that need to be developed. The health preventive aspect is one of the sharpest blades to dissect the complexity of diseases, both at the individual and community level.²⁰

The concept of personalized medicine that refers to the characteristics of each individual carries the perspective of a disease course and needs to be studied more broadly. This relates to new dimensions of diagnostic and therapeutic perspectives. One example that can be proposed is the increased referral of stroke cases with a very wide individual variability indicating a new spectrum of people having a stroke is not only part of a brain disorder, but also a variety of dimensions with circulatory and metabolic abnormalities give a different feel to the course of the disease. The emerging spectrum for example stroke with diabetes and stroke

¹⁹ Purbatin, *op.cit.*

²⁰ *Ibid.*

without diabetes have different catalysts clinically and community. One of them is susceptibility to infection. Further studies are how to trace this condition based on predictive and protective values at the community level. This community-level study will parse the roles of the community health empowerment at the upstream level, metabolic screening and detection of the health environment of groups at risk of stroke through the principle and community risk factor approach. Community risk factors include analysis and determinants of policies adopted at the level of community elements and groups that require regular monitoring and evaluation. This empowerment is a metabolic screening within the scope of public health emergencies.

The process and development of the metabolic health emergency and the metabolic health community are one of the programs in the field of infection, the inclusion of the metabolic essence as a health problem in the community requires a special approach to screen environmental movement and changes in the spread of infectious diseases. Environmental change is one of the crucial points in health empowerment. However, a sustainable spirit can be a

systematic move by involving a variety of key factors to jointly strengthen the rigging of health support in the community into a health culture that forges the community independently capable of overcoming their health problems gradually and tieredly.

The metabolic health community is the 'icon' of the community proposed in this paper. The framework that encompasses is the existence of a continuous circulation involving the body's Krebs cycle in regulating enzymes to form energy. Community context, the formation of energy circulation through sustainable community nutrition processing to bring a better generation of the nation. The metabolic health community is a body/community that dynamically encounters change as new energies that can drive community participation to identify their potential to follow the railroad of development have been prepared. The metabolic health community is a process of community energy metabolism that brings the power of participation to generate independence and empowerment processes. With the power of energy that is strengthened by the power of life lubricants, empowerment and participation strategies will enhance

economic, social and cultural transformation. The metabolic health community moves like an arrow that fills the empty spaces of development to be empowered and centred in the community. Community participation that is formed will continue to move like a rolling ball spurring phase by phase of the development through "The taking part in one or more phases of the process". The phasing of this process will advance through interaction between community education and its impact in the form of critical values as a trained community and its heart is always attached as an agent of change. The concept of an agent of change is a guarantee of the quality of the role of the community in determining the ongoing development process.²¹

According to Abbe (2005), the direct involvement of community independence will bring important impacts, namely: 1) Avoiding opportunities for manipulation. Community involvement will clarify what is actually desired by the community; 2) Adding value to the legitimacy of planning formulations as more and more people are involved; 3) Increase public

awareness and political skills. The value of community participation will have an impact as an intrinsic value and extrinsic value. Intrinsic value is the strength of the heart of the community that has been fostered through the dynamic interaction of education in the community, while the extrinsic value is the power of community charity that is fostered through participatory interactions that carry a proactive spirit.²²

Empowerment and Participation of Public Health are characteristic of the typology of the strength of national resilience. According to Prety, J. (1995) there are seven typological characteristics, namely: 1) Passive Participation or manipulative. This form of participation reveals knowledge and notification of what is happening and has happened. Unilateral information by implementing the policy does not pay attention to community responses as a target of a program. The information exchanged is limited to professionals outside the target group. One example is a health policy related to anticipating a disease outbreak condition. If information is developed passively it will

²¹ *Ibid.*

²² *Ibid.*

reduce people's sensitivity to the threat of outbreaks; 2) Informative participation. This form of participation only involves the community answering questions for a program but is not involved and influences the decision process. Related to informative participatory forms, the obstacle that arises is the low absorption of community participation to be involved, considering that it is not the priority of involvement that will improve their health status; 3) Consultative participation. This participatory form of the policy provides space for the public to express their opinions, while those who determine the program listen and analyse the problems and their solutions. However, this pattern does not yet have the opportunity for joint decision making. Professionals are not obliged to submit community views (as input) for further action. This participatory form is a step forward regarding what policies can be followed up as appropriate program targets; 4) Incentive Participation. Incentive participation, community involvement in various programs by providing energy and thoughts solely to get wages, although

not involved in the learning process and in the experiment. The community has no contribution to continue the activities after the incentives are stopped; 5) Functional Participation. This participation moves through group empowerment of the program that is being run, at an early stage depending on outsiders, gradually demonstrating its independence; 6) Interactive Participation. In this participation, the community plays a role in the analysis process for planning activities and institutional strengthening by involving an interdisciplinary approach in a structured and systematic learning process. Communities have a role to control over the implementation of their decisions so that they have a part in the whole process of activities; 7) Independent (self-mobilization). This participation is the utilization of resources by opening access to the value of independent initiatives as a value that is held in high esteem. This process strengthened in interaction with other institutions as network support for the sustainability of the program that was launched.²³

²³ *Ibid.*

By reviewing the description stated above, the concept of participatory health empowerment is poured through a comprehensive study, able to reach the grass root participatory flow to provide small potential points into a ground ball that has the effect of creating the stated goal goals. The proposed participatory empowerment is participatory empowerment energy which has the effect of creating the stated goal. The proposed participatory empowerment is participatory empowerment energy that has the characteristics of a potential undercurrent to be revealed upwards and provides an alternative that determines policy. However, on the other hand, structural policies that tend to be bureaucratic can be broken down into partial policies that are flexible and in touch with the interests of the community. This health empowerment will be realized if there is a complementary collaboration between stakeholders and non-governmental organizations to formulate the nature of health development policy as a shared value. The participatory power of empowering energy will strengthen the affective and social dimensions of the community which always holds the values of the collective struggle as an

inherent culture. Participatory energy empowerment programs will show their identity on two aspects of health activities, namely the independence aspect of the sustainability of health development at the village level, through the accreditation of Posyandu as the spearhead of health empowerment (service and support) and the preparedness aspect, namely the readiness of village resources and facilities that have been trained to face the possibility of an outbreak/disaster.

Empowerment Quality Control Strategy

The empowerment quality control strategy is to optimize human resources (HR) as the core strength of an organization to run optimally. Without the right and efficient human resources, every health organization/institution will encounter obstacles in carrying out its organizational movements, sometimes do not yet have a perspective of thinking that is multi-solution and multi-synthesis. HR is the power of human thought and work that is still stored in oneself, which needs to be explored, nurtured, developed to be best utilized for the welfare of human life. HR is a potential ability possessed by humans which consists of the ability to think,

communicate, act and be moral to carry out an activity (both technical and managerial). The ability possessed will affect attitudes, human behaviour in achieving life goals, both individually and collectively. HR is all the potential possessed by humans that can be donated/given to the community to produce welfare values.²⁴

HR Management is the effective and efficient utilization of HR through planning, implementing and controlling values to achieve organizational goals. This empowerment strategy is through an individual approach physically and psychologically to function optimally and work as a human workforce and process approach as a series of interactions and design goals and organizational output. HR management is determined by three basic principles, namely: 1) Human resources are the most valuable and important property/assets owned by the organization because organizational success is largely determined by the organization; 2) Success is very likely to be achieved if the policy procedures and regulations relating to humans from the organization are interconnected and

benefit all parties involved in the company; 3) Organizational culture and values, as well as managerial behaviour derived from these cultures, will have a major influence on achieving the best results.²⁵

HR quality control strategy is the ability to formulate what strategies will be developed and how HR management will be applied. The flow of the HR quality control strategy is based on processes that involve environmental changes, changes in the role of HR, the attitude of taking the right position towards behaviour and competence and the strategic role that can be managed continuously. The formulation of HR management strategies includes aspects of 1) Environmental assessment; 2) Strategic development and; 3) Strategic application. Environmental assessment is a parameter to see internal and external acceptability, a SWOT analysis that consists of strengths, weaknesses, hopes and challenges. Through this evaluation, the definition of the main capabilities and competitive benefits possessed is carried out. If the factual conditions have an element of obstacles,

²⁴ Sedarmayanti, *Perencanaan dan Pengembangan Sumber Daya Manusia Untuk Meningkatkan Kompetensi, Kinerja dan*

Produktivitas Kerja, (Jakarta: PT Refika Aditama, 2017).

²⁵ *Ibid.*

a data-based strategic problem definition will be carried out and an evaluation that has been done. Strategic development is the allocation of resources that can be utilized to strengthen the institution, and the soul of the organization, namely in the review and revision and the mission and objectives and development of strategies of organizational activities. Strategic implementation is to attach and integrate management capacity to the organization and personnel by implementing systems and technologies to achieve an effective evaluation and monitoring.

The policy of health empowerment in factual conditions in the community is inseparable from these three aspects. The policy covers the role of institutions, networking functionalization, communication and information acceptability, and leadership. Institutions must be developed through a gradual and tiered process that is not merely an instant necessity. Institutions must have the organizational structure met through continuous education and training so as to have competitive internal and

external capacities through SWOT analysis.²⁶

Network functionalization is the strength of the organization in developing health empowerment strategies by strengthening the ropes of self-help organizations for public health and self-help volunteers for health are summarized in one development goal that is allocated as an integrated resource. The functionalization of this network will be very useful in the socialization of health policies that require 'fast movements' to be understood and can be immediately applied in the community. One of the important requirements in this functionalization is the formulated policy, which involves stakeholders who represent various elements of society from an early age.²⁷

Acceptability and information are the links between strategy development and strategy implementation. Acceptability and information include health empowerment that requires the value of sustainability to retrospect the axioms/opinions of previous health development by filling them in boxes of organizational change reinforced by

²⁶ *Ibid.*

²⁷ *Ibid.*

scientific updates that are always rolling. The value of acceptability becomes a milestone of the strength of the information system becomes an important foundation to change the orientation of the community towards health development which previously relied on a leading sector transformed into a leading multi-sector.

Leadership is the application of health empowerment strategies referring to the core leadership strengths that have been forged through career paths, mutations, task challenges and the ability to overcome selective pressure. This leadership value comprises two important dimensions of the leadership process, namely the value of professionalism and competency capacity. Both become the core body of a leader in managing the organization he carries, namely how to implement the ideals of his leadership to bridge the expectations of the organization, personnel and management capabilities in dealing with the conditions of *das sein* and *das sollen*, efforts to optimize technology and evaluate the

effectiveness of organizational systems that are applied have hooks related to aspects of policy strategy (upstream) and aspects of field strategy (downstream).²⁸

The formulation of the empowerment quality management strategy can be seen in Figure 2. By paying attention to the figure, the HR empowerment strategy must meet the value of reliability as a High-Reliability Organization (HRO). HRO relies on the maximum utilization of the potential to achieve the organization's vision and mission through strengthening HR behaviors and competencies that are strengthened by leadership support (participation and agents of change). Reliability that is formed will trigger the spirit of innovation and out of the box to assemble a network (networking) for change so that it is manifested as a performance of professional reliability that upholds the potential of nation's health and national resilience.²⁹

Organizational reliability is a system developed by prioritizing safety aspects as the main objective. High

²⁸ *Ibid.*

²⁹ Soroy Lardo dan W. Budiman, *Kesehatan Pertahanan dalam Integrasi Sistem Ketahanan Nasional*, (Defense Health in the National Defense System Integration), (Jakarta: PT.

Adfale Prima Cipta, 2018); see MK, Christianson, Sutcliff KM, Miller MA, Iwashyna TJ, "Becoming a High Reliability Organization", *Critical Care* 2011, 15, p. 314.

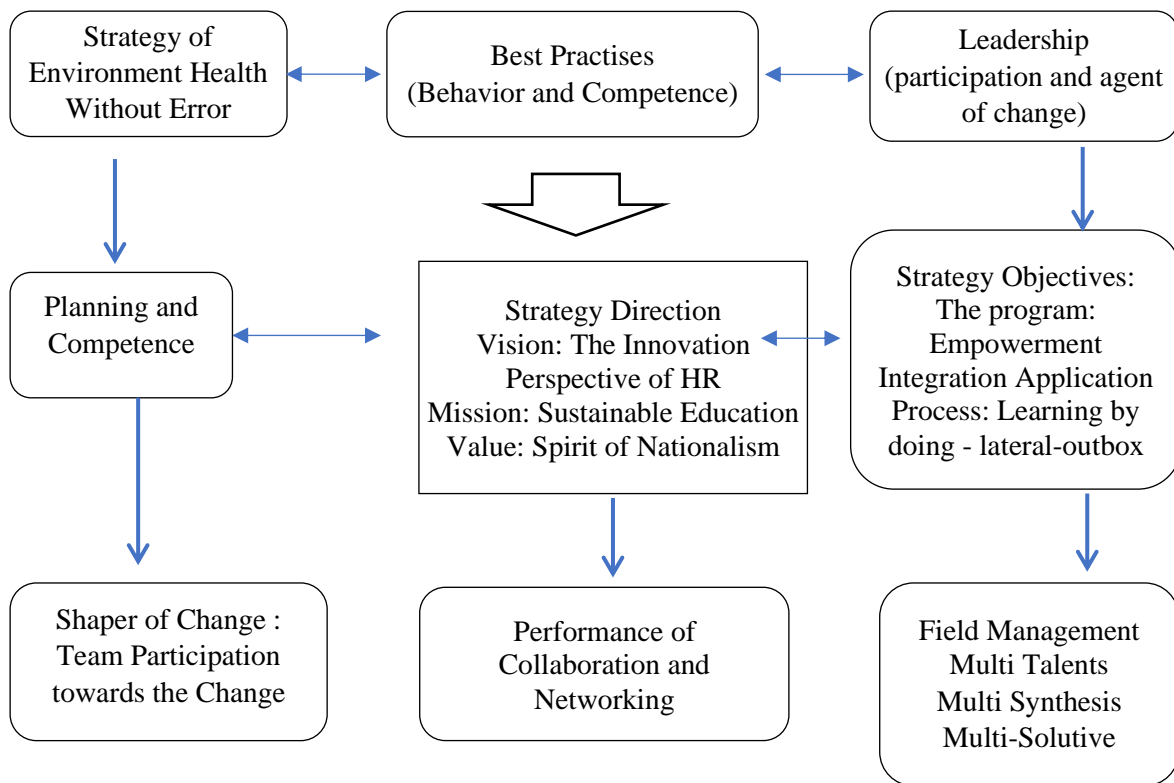


Figure 2: Modification of HR Empowerment Strategies

Source: Sedarmayanti, *Perencanaan dan Pengembangan Sumber Daya Manusia Untuk Meningkatkan Kompetensi, Kinerja dan Produktivitas Kerja*, (Jakarta: PT Refika Aditama, 2017).

reliability includes a set of principles that allows organizations to focus on the problems that arise, and use the right set of resources to overcome the complexity of the problem. The concept applied in forging leadership capacity that bridges policies and the condition of reality in the field through the empowerment integration application, supported by learning by doing the process that is based on a lateral perspective and out of

the box. Organizational reliability develops the ability to manage and empower the complexity of critical values as the specificity of objects that are assembled together into a multi-synthetic, multi-solutive and multi-talented oriented consideration and policy. The cohesiveness formed is expected to be a perspective of HR innovation and team participation towards changes.³⁰

³⁰ *Ibid.*

The synergy of the National Health System and Defense Health System

The synergy of the National Health System (SKN) and the Defense Health System (Siskeshan) are interlocking webs to support efforts to empower national health strategic value. The National Health System is the integration of health management which involves all components of the Indonesian people in an integrated and mutually supportive manner, in order to ensure the highest degree of public health. Integration of health management includes health administration, health information, health resources, health efforts, health financing, community participation and empowerment, science and technology in the health sector, and the regulation of health laws in an integrated and mutually supportive manner to ensure the optimization of the degree of public health. The SKN policy rests on the realm of reality conditions with the aim of empowering the improvement of people's behavior and independence, the professionalism of human resources in the field of health, promotive and preventive and curative and rehabilitative efforts.³¹

³¹ Perpres No 72 (2012).

Defense health is a science that has a strategic role to support the national resilience order from various ATHGs (Threats-Challenges-Barriers-Disorders), as the scope of the archipelagic outlook that we must guard. Health potential in the field of defense with its strategic thinking parses the vast geographical area of Indonesia with distinctive features and characteristics of health problems based on geomedical maps. Geomedical map is a special mapping in the field of infectious diseases that occur in various areas/regional areas so that it can provide an overview of the pattern and distribution of diseases and realities that occur in the field as a policy base in dealing with an outbreak. The dynamics of the stratification of health problems makes geomedical maps a measure of defense health policy. In addition, defense health strengthens the strategic role which is grounded in the community's self-reliance as part of Hankamrata.³²

Unraveling the bridge of synergy between SKN and Siskeshan, linking strategic keys to both SKN and Siskeshan become a path of togetherness for national health development. SKN has

³² Perpres No 72 (2012); Permenhan No 20 (2014).

the priority of empowering public health as a sustainable accumulative value, supported by the organizational structure - networking and information technology. Siskeshan has a priority determination of the national resilience system as a fulcrum for health value, based on scientific competitive testing so that it has acceptability in empowering health in the community as part of national resilience.³³

The meeting point of SKN and Siskeshan is the creation of community participation to support national health policy with a reference to the creation of national independence. The SKN and Siskeshan concepts have the value of flexibility in determining each threat to the nation's sovereignty. The policies contained in the SKN are the main parameters. The scientific field supports the strategic concept of integrated national health to form a strong national health organization and network. This fulfillment is included in the strategy of the Healthy Living Community Movement (Germas), in simultaneously moving various basic health elements in one spear of struggle.³⁴

³³ *Ibid.*

³⁴ Soroy Lardo (d), "Perspektif Kesehatan Pertahanan Indonesia", *Jurnal Pertahanan*, Vol. 5, No. 1, 2019. pp. 46-60.

Some aspects that need to be developed in the synergy of SKN and Siskeshan are to integrate cooperation between macro and micro health conditions with a rapidly changing environmental system. Macro and microsystems of environmental health include environmental chain (global - national) as an important part of looking at health threats from local and global perspectives. One example is integration in anticipating the spread of infectious diseases that have the potential for outbreaks. Through a macro and micro approach to environmental health, SKN will see as an endemic spreading dynamics by looking at aspects of the mediation of vector spreading and their breeding and possible outbreaks that arise while Siskeshan will see as a threat of national resilience through a geomedical approach and the impact of the possibility of biological material (biothreat) that has the potential to spread to the community.³⁵

The concept that can be developed from the SKN and Siskeshan synergy is to build a strong network and Community Responsibility that is strengthened by a

³⁵ Soroy Lardo (d), *op.cit.*

continuous medical intelligence through several stages: 1) Support for the SKN policy strategy developed as a defense health concept that has the dimension of Risk Assessment of the Global Health. One of them is pouring the concept of medical intelligence into the SKN; 2) Empowerment of health facilities from the primary level up to the reference level as an organizational strength in addition to the fields of service, education, and research developed as a measurement tool and parameters for preparedness and vigilance in facing disasters and outbreaks; 3) Strengthening the participation of village health posts/Posyandu as an effort to increase the ability of community participation, which is currently a social force for preventive and promotive programs. Posyandu with the empowerment of territorial non-commissioned officers is one of the links to meet the grassroots level of community health empowerment that links SKN and Siskeshan.³⁶

One Health Strategy and National Resilience Culture

The One Health and Culture resilience strategy are two sides of a coin that are mutually together. Both of them fill different spaces but there are slices that become a common strategy. One Health Strategy is an approach to plan and implements policies, programs, laws and research in various sectors related to communication and collaboration to improve the degree of public health. The One Health approach has areas of control over the spread of diseases caused by zoonoses (flu and rabies), antibiotic resistance. The One Health Strategy is an integration to integrate the cohesiveness of microbial spread and the role of ecosystems to participate in overcoming problems of infectious diseases that may arise. The One Health Strategy works by engaging multidisciplinary professionals from various sectors to be effectively involved in preventing and responding to zoonotic outbreaks and strengthening

³⁶ Soroy Lardo and W. Budiman, *op.cit*, and Soroy Lardo (e), "Posyandu sebagai

Enterpreunership Kesehatan Bangsa", <http://soroylardo.com>.2019.

the role of epidemiological and laboratory data. Prevent is a policy contained in the International Health Regulations (IHR), one of the aims is to reduce the number and magnitude of infectious disease outbreaks by establishing effective programs for vaccination against epidemic-prone diseases and infection control. Respond is an authorization mechanism that contains planning, coordination, risk identification and monitoring of certain areas for prevention, supervision of potential outbreaks. Multisectoral integration of government, researchers, workers across local, national and global levels determines the effectiveness of responses to global threats.³⁷

One health strategy for strengthening national resilience is a culture of defense health strategy in developing policies that rely on two national resilience accesses. The first political access is the authority of the policy domain towards strengthening the national territory as an asset of the nation's resilience. The strengthening includes regional epidemiology with geomedical mapping as a measurement tool in determining the threat of

disease/extraordinary events that are raised as potential security of the region, supported by the problem-solving parameters based on the regional independence. The second political access is the strengthening of community participation as an important asset of the ongoing national defense strategy as part of community culture. The concept built is empowering community participation, having a concern to utilize all lines as potential grassroots and functioning as the spearhead of a defense health strategy.³⁸

According to Noore Alam et al (2017), the approach to addressing global health risks from infectious diseases is through the One Health concept that integrates health risks in humans, animals and the environment as collaborative interdisciplinary ecosystems in preventing, controlling and managing health risks. However, to apply at the grass-root level it needs a systematic, scientific-based measurable review that is capable of synthesizing the global situation against various inhibitors and how to implement them in a systemic context. The policy framework

³⁷ WHO, 2017.

³⁸ Soroy Lardo dan W. Budiman, *op.cit.*

that is built has a solutive value in synergizing global health safety regulations, a collaboration between regional disciplines and surveillance systems, especially related to the industrial sector and sectors that have a correlation with health risks. Future implementation will look at the perspective of the extent to which the interventions carried out are agents of change that increase public awareness of ERID (Emerging Infectious Diseases) risks to reduce the gap in system changes that reflect transdisciplinary synergy and practical actions to address the threats that develop from ERID.³⁹

The synergy of the One Health strategy with the national resilience culture starts with the ATHG dimension with specifications of health security threats that continue to emerge and evolve. The approach is to unite the potential of government bureaucracy and the potential for community self-reliance at the level of policy and implementation in society. Organizing and forming networks run flexibly and adaptively. Efforts that can be developed are 1) Mobilization and coordination of

each element of government to display the full spectrum of the role of medical and public health capabilities utilizing national health assets at every level of the bureaucracy to deal with health emergencies, disasters and even the emergencies of war emergencies; 2) Prepare a proven and certified leadership capacity (disaster management) so that it has the capability to integrate an integrated national response to emergencies and public health disasters; 3) Developing more capacity/added value of sustainable enhancements in the field of medical infrastructure and public health is being a measured force in overcoming health disasters; 4) Evaluate the effectiveness and feasibility of national and regional health disaster response capabilities to identify and overcome gaps that may arise in the field level, related to patient care coordination during health emergencies; 5) Protect the country from the health effects of influenza pandemic infections and threats from CBRN (Chemical, Biological, Radiological and Nuclear); 6) Continued efforts to improve early detection of

³⁹ N. Alam, Chu C. Mc Callum, Bennett, S, "One health approach to address the global health risks from emerging infectious diseases",

Abstract for oral presentation at the Communicable Diseases Control Conference, 26–28 June 2017, Melbourne.

potential infectious disease pandemics; 7) Identifying and developing work systems and field measuring instruments that are safe, fast and effective in overcoming health disasters.⁴⁰

Discussion

Indonesia's strategy and policy based on the nation's power is how to implement the National Health System (SKN) as a partner that synergizes health development and national resilience. The strength of the synergy is manifested in the empowerment of health and resilience programs to the grassroots level by strengthening the national resilience network with the national health system through several approaches. The structural and bureaucratic approach to the development of ideas and continuous thought innovation in the field of defense health, as a granary and scientific kitchen that underlies multiple approaches to the complexity of global health threats that have the potential to threaten national resilience. The strengthening of the organization's

network is based on policymakers at the level of the Ministry of Politics, Law and Security, the Ministry of Health, the Ministry of Defense and the Ministry of Agriculture with their think tanks at the University of Defense (UNHAN). The participatory approach through the empowerment of competencies and capacity in the field of defense health of territorial non-commissioned officers is an alternative breakthrough to accelerate the sustainability of health development based on national resilience.

Through UNHAN's contribution, it is expected that the infrastructure networks for health manufacturing, biomedical research, public health problems that have the potential for Public Health Emergency and disaster and health emergency management and disaster can be bridged more integrated, strong and resilient. UNHAN acts as a synergy estuary that is expected to be able to integrate various structural and participatory dimensions of the One Health strategy in a continuous spirit and innovation.

⁴⁰ National Health Security Strategy 2019-2022, ASPR, Department of Health and Human Services USA.

Conclusion

The global challenge with the emergence of a Public Health Emergency in the form of an outbreak that is so rapid with unpredictable problems triggers each country to strengthen the nation's power to synergize health development based on the national resilience system.

The strategy of health development and national resilience is to integrate leadership strengths, agents of change, empowering human resources, and national resilience through structural and bureaucratic organizational approaches building ideas and continuous thought innovation in the field of defense health, and participatory approaches through the empowerment of HR TNI competencies to accelerate the continuation of health development based on national resilience.

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Appendix

Algorithm of Health Development Strategy and National Resilience in the Perspective of Nation's Power

