

ISSN-0976-0245 (Print) • ISSN-0976-5506 (Electronic)

Volume 9

Number 9

September 2018



Indian Journal of Public Health Research & Development

An International Journal

SCOPUS IJPHRD CITATION SCORE

Indian Journal of Public Health Research and Development

Scopus coverage years: from 2010 to 2017 Publisher:

R.K. Sharma, Institute of Medico-Legal Publications

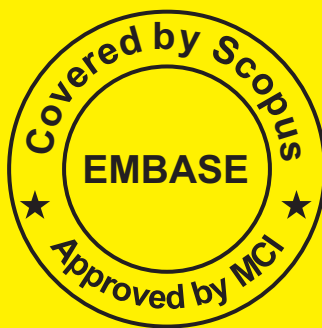
ISSN:0976-0245E-ISSN: 0976-5506 Subject area: Medicine:

Public Health, Environmental and Occupational Health

CiteScore 2015- 0.02

SJR 2015- 0.105

SNIP 2015- 0.034



Website:

www.ijphrd.com

Indian Journal of Public Health Research & Development

EXECUTIVE EDITOR

Prof Vidya Surwade

Prof Dept of Community Medicine SIMS, Hapur

INTERNATIONAL EDITORIAL ADVISORY BOARD

1. **Dr. Abdul Rashid Khan B. Md Jagar Din**, (*Associate Professor*)
Department of Public Health Medicine, Penang Medical College, Penang, Malaysia
2. **Dr. V Kumar** (*Consulting Physician*)
Mount View Hospital, Las Vegas, USA
3. **Basheer A. Al-Sum**,
Botany and Microbiology Deptt, College of Science, King Saud University,
Riyadh, Saudi Arabia
4. **Dr. Ch Vijay Kumar** (*Associate Professor*)
Public Health and Community Medicine, University of Buraimi, Oman
5. **Dr. VMC Ramaswamy** (*Senior Lecturer*)
Department of Pathology, International Medical University, Bukit Jalil, Kuala Lumpur
6. **Kartavya J. Vyas** (*Clinical Researcher*)
Department of Deployment Health Research,
Naval Health Research Center, San Diego, CA (USA)
7. **Prof. PK Pokharel** (*Community Medicine*)
BP Koirala Institute of Health Sciences, Nepal

NATIONAL SCIENTIFIC COMMITTEE

1. **Dr. Anju Ade** (*Associate Professor*)
Navodaya Medical College, Raichur, Karnataka
2. **Dr. E. Venkata Rao** (*Associate Professor*) Community Medicine,
Institute of Medical Sciences & SUM Hospital, Bhubaneswar, Orissa.
3. **Dr. Amit K. Singh** (*Associate Professor*) Community Medicine,
VCSG Govt. Medical College, Srinagar – Garhwal, Uttarakhand
4. **Dr. R G Viveki** (*Associate Professor*) Community Medicine,
Belgaum Institute of Medical Sciences, Belgaum, Karnataka
5. **Dr. Santosh Kumar Mulage** (*Assistant Professor*)
Anatomy, Raichur Institute of Medical Sciences Raichur(RIMS), Karnataka
6. **Dr. Gouri Ku. Padhy** (*Associate Professor*) Community and Family
Medicine, All India Institute of Medical Sciences, Raipur
7. **Dr. Ritu Goyal** (*Associate Professor*)
Anaesthesia, Sarswathi Institute of Medical Sciences, Panchsheel Nagar
8. **Dr. Anand Kalaskar** (*Associate Professor*)
Microbiology, Prathima Institute of Medical Sciences, AP
9. **Dr. Md. Amirul Hassan** (*Associate Professor*)
Community Medicine, Government Medical College, Ambedkar Nagar, UP
10. **Dr. N. Girish** (*Associate Professor*) Microbiology, VIMS&RC, Bangalore
11. **Dr. BR Hungund** (*Associate Professor*) Pathology, JNMC, Belgaum.
12. **Dr. Sartaj Ahmad** (Assistant Professor),
Medical Sociology, Department of Community Medicine, Swami Vivekananda Subharti
University, Meerut, Uttar Pradesh, India
13. **Dr Sumeeta Soni** (Associate Professor)
Microbiology Department, B.J. Medical College, Ahmedabad, Gujarat, India

NATIONAL EDITORIAL ADVISORY BOARD

1. **Prof. Sushanta Kumar Mishra** (Community Medicine)
GSL Medical College – Rajahmundry, Karnataka
2. **Prof. D.K. Srivastava** (*Medical Biochemistry*)
Jamia Hamdard Medical College, New Delhi
3. **Prof. M Sriharibabu** (*General Medicine*) GSL Medical College, Rajahmundry,
Andhra Pradesh
4. **Prof. Pankaj Datta** (*Principal & Prosthodontist*)
Indraprastha Dental College, Ghaziabad

NATIONAL EDITORIAL ADVISORY BOARD

5. **Prof. Samarendra Mahapatro** (*Pediatrician*)
Hi-Tech Medical College, Bhubaneswar, Orissa
6. **Dr. Abhiruchi Galhotra** (*Additional Professor*) Community and Family
Medicine, All India Institute of Medical Sciences, Raipur
7. **Prof. Deepti Pruthvi** (*Pathologist*) SS Institute of Medical Sciences &
Research Center, Davangere, Karnataka
8. **Prof. G S Meena** (*Director Professor*)
Maulana Azad Medical College, New Delhi
9. **Prof. Pradeep Khanna** (*Community Medicine*)
Post Graduate Institute of Medical Sciences, Rohtak, Haryana
10. **Dr. Sunil Mehra** (*Paediatrician & Executive Director*)
MAMTA Health Institute of Mother & Child, New Delhi
11. **Dr Shailendra Handu**, *Associate Professor*, Phrma, DM (Pharma, PGI
Chandigarh)
12. **Dr. A.C. Dhariwal**: *Directorate* of National Vector Borne Disease
Control Programme, Dte. DGHS, Ministry of Health Services, Govt. of
India, Delhi

Print-ISSN: 0976-0245-Electronic-ISSN: 0976-5506, Frequency: Monthly

Indian Journal of Public Health Research & Development is a double blind peer reviewed international journal. It deals with all aspects of Public Health including Community Medicine, Public Health, Epidemiology, Occupational Health, Environmental Hazards, Clinical Research, and Public Health Laws and covers all medical specialties concerned with research and development for the masses. The journal strongly encourages reports of research carried out within Indian continent and South East Asia.

The journal has been assigned International Standards Serial Number (ISSN) and is indexed with Index Copernicus (Poland). It is also brought to notice that the journal is being covered by many international databases. The journal is covered by EBSCO (USA), Embase, EMCare & Scopus database. The journal is now part of DST, CSIR, and UGC consortia.

Website : www.ijphrd.com

©All right reserved. The views and opinions expressed are of the authors and not of the Indian Journal of Public Health Research & Development. The journal does not guarantee directly or indirectly the quality or efficacy of any product or service featured in the advertisement in the journal, which are purely commercial.

Editor

Dr. R.K. Sharma
Institute of Medico-legal Publications
501, Manisha Building, 75-76, Nehru Place,
New Delhi-110019

Printed, published and owned by

Dr. R.K. Sharma
Institute of Medico-legal Publications
501, Manisha Building, 75-76, Nehru Place,
New Delhi-110019

Published at

Institute of Medico-legal Publications
501, Manisha Building, 75-76, Nehru Place,
New Delhi-110019



Indian Journal of Public Health Research & Development

www.ijphrd.com

Contents

Volume 9, Number 9

September 2018

1. The Role of Chest Physiotherapy on Pulmonary Outcome in Patients with Renal Dysfunction 1
A. Sankarganesh, T. Senthilkumar, N. Venketesh, P. Soundararajan
2. A Prospective Study Comparing Combined Visco canalostomy–Trabeculectomy to Trabeculectomy for the Management of Primary Open Angle Glaucoma 6
Anand Verma M. S., Prerana Agarwal, Pratibha Kaushal
3. Comparison between Empirical and Variational Mode Decomposition Based on Percentage Variation in Entropy Feature from Glaucoma Image 10
Bhupendra Singh Kirar, Dheeraj Kumar Agrawal
4. Isolation, Identification of Bacteria Associated with Mobile Phones and their Antibiotic Susceptibility . 16
Ch. M. Kumari Chitturi, P. Jeevana Lakshmi
5. Effectiveness of Lumbar Flexors and Extensors Muscle Strengthening Exercises on Waist-Hip Ratio in Overweight Adolescents 21
D. Malarvizhi, A. M. Dinesh
6. Influence of Good Governance Implementation on Healthcare Performance in Three Provinces in Indonesia 27
Dumilah Ayuningtyas, RR Mega Utami, Ni Nyoman Dwi Sutrisnawati, Misnaniarti
7. Pattern of Skin Diseases in Children Attending Anganwadis a Cross Sectional Study 32
Hemalatha Umashankar, Mangala Subramanian
8. Clinical Spectrum of HIV Infection in Children 37
H S Rajani, D Narayanappa
9. Compatibility of Sodium Fluoride Patch as an Innovation Model of Transferring Fluoride in Dental Care: A Quantitative Study Using in Vitro & in Vivo Rabbit Skin 42
Diyah Fatmasari, Endah Aryati Eko Ningtyas, Tri Wiyatini, Arwani, Ismi Rajiani
10. Spatial Distribution Characteristics and Differences Larva *Habitat An. Barbirostris* and *An. Subpictus* in the District Bulukumba 47
Iwan Suryadi, Siti Rachmawati
11. Prevalence and Pattern of Anxiety and Depressive Disorders in Pregnant Women Attending Antenatal Clinic 52
Pallabi Sahu, Jagadish Hansa, Debi Prasad Mohanty, Suvendu Narayan Mishra
12. Dental Treatment Demands, Needs and Utilization among Geriatric Patients: A Tertiary Health Care-Based Retrospective Study 59
Mahima Jain, Manuel S. Thomas, Ramya Shenoy

13. Nurses' Knowledge and Practice Toward Oral Care for Intubated Patients	65
<i>Mohammed Baqer Abbas Al-Jubouri, Sabah Abdullah Jaafar</i>	
14. Association of Food Patterns, Central Obesity Measures and Metabolic Risk Factors for Coronary Heart Disease in Adult Men	71
<i>Monika Jain, Chetna Singh, Priya Agarwal</i>	
15. Screening of <i>Chlamydia trachomatis</i> Infection among Childbearing Age Group Women in a Tertiary Center in South India	77
<i>Swathi. S, Naveen kumar. C, Abarna. V, Jayapradha. S, Srikumar. R</i>	
16. Problem Focus Coping Model to Face Working Environment Stressors Prevents Unsafe Action among Workers in a Steel Construction Plant	82
<i>Noeroel Widajati</i>	
17. Knowledge and Attitude about Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome among Married Men in Kangrali, India: A Cross-Sectional Study	89
<i>Sagar G. Khandekar, Padmaja R Walvekar</i>	
18. A Study of Environmental Factors Affecting Nutritional Status of Under 5 Children in Rural Area of North India	94
<i>Parul Jain, Amrit Virk, Zahid Ali Khan, Anshu Mittal, Harshpreet Singh, Muzamil Nazir</i>	
19. Epidemiological Pattern of Hand Injuries and Impact of Machine-Cut Hand Injuries in a Tertiary Care Hospital in South India	100
<i>Akriti Gupta, Rajesh Kamath, Anil Bhat, Varalakshmi Chandra Sekaran, Prajwal Salins, Brayal D'Souza, Sagarika Kamath</i>	
20. X Rays Induced Oxidative Stress in Cerebral Tissue of Albino Wistar Rats	106
<i>Sudha K, Reshma K, Gaya Pr, Vinitha Dsouza, Charu Yadav</i>	
20. Study of Some Risk Factors Causing Infertility in Females at Tertiary Care Centre	110
<i>Salphale Shweta N., Mundada Vinod D., Lokhande G. S., Kuril B. M., Doibale M. K.</i>	
21. Learning Styles and Academic Outcome among Nursing Students-Systematic Review	114
<i>Shalini G Nayak, Prima J J D'Souza</i>	
22. Goiter and Hypothyroidism among Elementary School Children in Lowland Agricultural Area, Brebes District Indonesia	120
<i>Apoina Kartini, Suhartono, Dina R. Pangestuti, M. Sakundarno Adi, Suratman, Rasipin</i>	
23. Comparison between Stretching and Stabilization Exercises on Upper Trapezius Muscle Fatigue in Mobile Phone Users	126
<i>Suresh Jothi, M.Lakshmi Prasanna, Sivakumar V. P.R.</i>	
24. Correlation of Hip Muscle Strength and Patellofemoral Pain Syndrome in Men	132
<i>Suresh Jothi, M. Keerthiga, Sivakumar V. P. R.</i>	
25. Relationship between Depression and Oral Health Related Quality of Life among Institutionalized Elderly Population of Mysore City, India—A Cross Sectional Study	137
<i>Nanditha Kumar M., Thippeswamy H M, Raghavendra Swamy K N</i>	
26. Canine Index: A Tool for Determination of Sex	143
<i>V. Anu, Abinaya Vijayakumar, Jude Ritheesh Roy, V. Ravi Pavan, R. Ram Kiran, R. S. Besen Jas, S. Abinaya</i>	

Influence of Good Governance Implementation on Healthcare Performance in Three Provinces in Indonesia

Dumilah Ayuningtyas¹, RR Mega Utami², Ni Nyoman Dwi Sutrisnawati², Misnaniarti³

¹Lecturer in Department of Health Policy and Administration, Faculty of Public Health, ²Faculty of Public Health, Universitas Indonesia, Depok, Indonesia; ³Lecturer in Department of Health Policy and Administration, Faculty of Public Health, Universitas Sriwijaya, Ogan Ilir, Indonesia

ABSTRACT

This study analyzes the role of good governance and its impact on the performance of regional governments in the three Indonesian provinces that showed the greatest progress in Millennium Development Goals (MDGs): DKI Jakarta, Aceh, and West Nusa Tenggara. This study was a narrative review, a critical appraisal of the chosen articles was done according to the method for preferred reporting items for systematic reviews and meta-analyses (PRISMA). Based on government performance reviews according to the Indonesian Governance Index (IGI), DKI Jakarta is far above the national average score of 6.37. Overall the three provinces have implemented good governance based on good leadership, commitment, and integrity to public service. Poor internal control, partly caused by the lack of an accountable and transparent mindset, was identified as an obstacle in the implementation of good governance in the three provinces. Thus, the implementation of good governance is necessary for improving the quality of healthcare services. A correlation is evident between improved growth and development indices and good governance. The government plays an important role and need to adjust according to local wisdom should be further explored in the future.

Keywords: *good governance, Indonesian Governance Index, narrative review*

INTRODUCTION

Based on the Law No. 23/2004, article 13 stipulating that regional governments should be based on accountability, efficiency, and externality and operate in accordance with national government.^[1] Therefore, the Ministry of Communication and Information developed an internet-based information system available through an online government portal. This represents one strategy in the systematic development of e-government based

upon realistic and measurable phases. The expected outcomes of this project are a greater flow of available information from the government to the public and improved interaction and communication patterns within public administration, thus supporting good governance. In the present era of technology, several government departments have initiated efforts to use digital platforms in order to assist administrative processes. Such efforts can eventually lead to the administrative reform of regional government.

A well-integrated information system can support local governments in providing efficient and improved public healthcare services. In this sense, the correct application of information technology, proportional to the needs of a region, can significantly drive government improvements and promote efficiency.

However, such integrated policies cannot be discussed, without considering the case of DKI Jakarta, the capital of Indonesia, which first implemented the strategy for developing information technology. The

Corresponding Author:

Dumilah Ayuningtyas
Lecturer in Faculty of Public Health,
Universitas Indonesia,
FKM UI, Jl.Lingkar Kampus Raya
Universitas Indonesia, Depok City,
West Java, Indonesia, 16424,
Tel. (+62)21-7864975; Fax (+62)21-7864975
Email: dumilah.ayuningtyas@gmail.com

DKI Jakarta Public Health Department released its healthcare information system as an effort to attain good governance, as promoted in its master plan, mentioned as “*Pengembangan IT Pemda DKI Jakarta.*”

The Ministry of National Development Planning Agency (*Bappenas*) awarded regions that performed well in the indicators of the Millennium Development Goals (MDGs). Awards were given in four areas: best achievement of MDG indicators 2013–2015, best poverty relief 2013–2015, most advances in MDGs 2013–2015, and highest number of MDG achievements in 2013–2015. DKI Jakarta came first in two categories—the first and the fourth. West Nusa Tenggara came first in the third category, whereas Aceh came third in this category.

DKI Jakarta, West Nusa Tenggara, and Aceh initiated e-government systems as part of their efforts to attain good governance at the regional level. Therefore, this paper aims to identify the impact of good governance in the provision of healthcare in these three provinces, which led to these provinces receiving awards as the best MDG achievers.

METHOD

A narrative review of published articles associated with the implementation of good governance in DKI Jakarta, Aceh, and West Nusa Tenggara, as well as MDG achievements, was performed. The study focused on getting information through secondary sources which obtained articles from several accredited journals indexed in Scopus were searched using the keywords MDGs, good governance, Indonesia, and the names of the three respective provinces. The search was limited to the last 10 years (2007–2017). A critical appraisal of chosen articles was performed using the PRISMA method.^[2]

FINDINGS

Implementation of Good Governance in DKI Jakarta: DKI Jakarta has a structured and systematic e-government system. The webpage offers specific services that are well defined, attractive, and easily understood, enabling public access. The DKI Jakarta Public Health Department is responsible for operating several healthcare programs, in seven sub-departments.

The defining characteristic of this system is the direct relationship and coordination that has established between the Public Health Department at the provincial level and the Regional Public Health and the healthcare services of five areas: East Jakarta, West Jakarta, South Jakarta, North Jakarta, and Central Jakarta, and the Thousand Islands Regency. These subdivisions are located on front lines of healthcare provision and are responsible for directly providing and coordinating basic healthcare services and for developing healthcare services at district and sub-district levels.

The DKI Jakarta Public Health Department implemented an integrated healthcare information system several years ago. One key reason for this strategy was need for objective, reliable healthcare information in order to support departmental policies. Another need was to enhance the provision of healthcare to a large population requiring healthcare services. Also, this system aimed to professionalize healthcare management, emergency service management, and other healthcare issues.

Various laws established by the central government and Jakarta *PEMDA* necessitated the implementation of a reliable electronic information system. Thus, this government department implemented the e-government system in response to The President’s Instructions No. 6/2001, regarding telematic technology for supporting good governance. Additional instructions, No. 3/2003, structured the policy and the strategy for the development of national e-government. However, the e-government momentum began even earlier following the release of Government Law No. 108/2000 and No. 39/2001 regarding minimal healthcare standards (*KW-SPMBK*).

Based on this background, the DKI Jakarta Public Healthcare Department released two important policies, the Integrated Healthcare Information System Master Plan and Head of the Public Healthcare Department, Regulation No. 7719/2004, in addition to the Implementation of the Healthcare Information System at the province and the city level, contemplating the primary healthcare centers.^[3] This was in response to public critique of healthcare with respect to obtaining services, welfare, and education; also, as the economy of Indonesia has steadily improved, the public has become more active in fulfilling health needs. The public therefore demanded an open system with continuously accessible information.

Following the implementation of this system, the Public Healthcare Department faced several challenges such as data delay and inaccuracy. Several issues were present in coordinating the programs with the units, including the primary healthcare center and regional hospitals. These issues worsened in cases of emergency and disaster relief, for which the Public Healthcare Department was criticized for its slow response. Upon investigation, one root cause of these issues was inaccurate data.

Implementation of Good Governance in Aceh: Aceh is a province in Indonesia with characteristic differences from the rest of the country.^[4] Thus, Aceh retains some uniqueness compared to other regions of Indonesia that has permeated to the policy level. In context of government, relationship between Aceh and the central government has faced several difficulties. Years ago, there was momentum to separate from the military and the politics of Indonesia, resulting in conflict and violence within the community. Following a lengthy process, a solution was identified and was marked by the signing of the Helsinki Memorandum of Understanding (MoU) on 15 August 2005.

The Helsinki MoU emphasized that Aceh is part of the nation and subjected to the constitution of the Indonesian Republic. It also emphasized a commitment to socially integrate conflicting parties, improve economic access and employment opportunities, and foster security, including the security of those directly and indirectly associated with the conflict, in order to rebuild Aceh. Since the Helsinki MoU, social development has become the main approach for solving problems in different areas of Aceh.

The Helsinki MoU was adopted as a governmentwide public policy, formulated as a regulation in accordance with Indonesian law. The RI government, in agreement with the DPR, implemented regulation No. 11/2006, establishing the Law on Governing Aceh, known as UUPA in Indonesia. The UUPA was the beginning of the institutionalization of government and development in Aceh.

Base on the UUPA, the Aceh government is autonomous in the area of politics, serving the Aceh community, and is to be governed based on the principles of good governance—transparency, accountability, professionalism, efficiency, and effectiveness—in favor

of the welfare of the Aceh people. According to the Helsinki MoU and the considerations of UUPA, special policies were set in place regarding institutionalized social development. Also, autonomy was chosen as the method of governance in Aceh, making it independent from other regions. Institutionalized social development refers to the involvement of the central Aceh government in managing, controlling, coordinating, and mobilizing resources owned by the government, public, market, and even overseas donors, and also in encouraging the public to actively participate.

In a practical government information system, a data analysis process must be in place in order to make decisions. In view of the direct role of the government and its importance in public life, information systems should be efficient, effective, and economical. Technology for the government information system was implemented based on these considerations.

These ideas, supported by increasing knowledge and better communications technologies, have led to the concept of e-government, in which the Aceh government also chose to participate. According to the World Bank, e-government is the use of information technology by governing bodies involving information and communication technologies. E-government can involve the provision of online services and government functions to its constituents in a simple manner, including managing or receiving retribution payments, handling property taxes, or licensing, and can also involve the synchronization or the facilitation of different government operations or internal activities performed by government employees, such as electronic procurement, documentation, and electronic forms.

The concept of e-government has been implemented in *Satuan Kerja Perangkat Aceh* (SKPA) and various service departments in Aceh. This revolution has proved useful for both leaders and the public, although the information system could be improved upon in order to provide more appropriate information to the public. Overall, the e-government websites of Aceh are in good condition, are informative, and provide beneficial services to the Aceh people.

Implementation of Good Governance in West Nusa Tenggara: Among the three provinces, West Nusa Tenggara was the least prepared for e-government. The websites for accessing government services are not ready

for use, as account registration is first required. Based on the data found for the entebePlan services, a website that helps citizens to access anything about the province. Still, the data are not up to date; also, the system is not completely integrated with government functions, and it was difficult to access important services. Even so, the West Nusa Tenggara Barat's government has declared that it will maximize services by improving entebePlan.

Learning from Other Countries: The principles of good governance have gained momentum around the world. One example, in India,^[5] wherein the government has implemented principles of good governance over the course of the past several decades. In addressing these issues, India developed its vision to improve government management with the aid of three important parties: the public, politicians, and administrators, as well as academics and practitioners, which was known as the Participatory Stakeholder Assessment (PSA).

The impact of information and communications technology as well as its significant contributions toward attaining good governance. There are three primary contributions of e-governance: the improvement of government processes (e-administration); the connection of government with people (e-citizens and e-services); and the construction of external interactions (e-society). The successful contribution to e-society was important; based on surveys, one indicator of successful e-governance implementation was politeness and simple meeting procedures, which were encouraged by the online system. The three pillars its important for attaining good governance.^[6]

Many countries integrated of information technology (IT) in the implementation of policy and administrative reforms. Many government agencies use IT facilities to tell the public about their accomplishments, achievements, programs, and plans. The availability of information helps people, especially those who live in the provinces, to access the data that they need without going to the nation's capital. Advances in IT offer potentially beneficial effects on governance, to make public administration more efficient.^[7]

Study in India identified those initiatives that can be classified as good examples of e-governance. However, India has successfully implemented good governance to some extent. Indonesia is also optimistic in implementing e-governance, and some preliminary results are being

seen in different government initiatives. For example, the current literacy numbers indicate a huge leap forward; this effort has been aided by information technology. Thus, efforts to build e-governance, e-citizens, and e-society appear to provide promising results.^[8]

In another study, discussed the evaluation of governance in Croatia and other central and eastern European countries from 1996 to 2002. These countries were chosen based on regional affiliations and because of their efforts for institutional reform in order to access the European Union. The evaluation was performed with the goal of continuously assessing the quality of the government.^[9]

Similar to Indonesia, politics in South Africa have influenced the provision of government services at several points in history. In South Africa, all healthcare policies are generated by a board of directors, and this board forms the primary reference in public service processes. The important role of hospitals as providers of primary healthcare services and how healthcare services have been influenced by the political climate and stability.^[10]

Hospitals are gateways to public healthcare; thus, the implementation of good governance at the hospital level can reflect good governance of services as a whole in a country. In reality, both directors and the government should prioritize the provision of quality healthcare services. Essentially, good governance should serve to bridge the gap between policy and provision of care.

Implications and Limitations of The Study: Indonesia can learn from India, as both countries have several similarities and public health conditions. Additionally, both countries suffer from information asymmetry and the need to travel long distances to reach services or use technology, which are both characteristics of developing countries.

A final factor to continue is educating the public on good governance. All people should be informed of implementation of good governance, thereby avoiding paradigm errors that hinder development, such as the accountability and transparency issues. Implementation of good governance should occur across all government departments and functions. The successful implementation and planning of good governance measures will ensure that the community benefit from such efforts.

Public health systems in Italy known that healthcare is considered a basic right of all Italian citizens and not an exclusive service. Good governance ensures that healthcare systems and institutions benefit all members of a society.^[11, 12] The good governance in healthcare service concept of competency has also widely been applied in the implementation of good governance, because they likely to more effectively manage healthcare systems.^[11]

Based on the present review, good governance supports the management of public services, prioritizes transparency, and encourages active public participation. Additionally, good governance can simplify central and regional administrative processes and can improve government effectiveness and efficiency. Ultimately, good governance is not a project but a journey. Implementation processes should be planned and well prepared to guarantee the success.

CONCLUSIONS

The implementation of good governance is necessary for improving the quality of healthcare services. A correlation is evident between improved growth and development indices and good governance. The government plays an important role in improving healthcare via healthcare policies, which affect the services provided by primary healthcare centers. The clear delivery and the organization of relevant information among government, stakeholders, and the public is also key. Most importantly, good governance must be maintained over time to ensure that it is sustainable and not just a passing trend.

Ethical Clearance: None

Source of Funding: Self

Conflict of Interest: Nil

REFERENCES

1. Republik Indonesia, *Law no. 32/2004 about Regional Government*. 2004: Jakarta.
2. Liberati, A., et al., *The PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses of Studies That Evaluate Health Care*

- Interventions: Explanation and Elaboration*. PLOS Medicine, 2009. **6**(7): p. e1000100.
3. Provinsi DKI Jakarta, *Keputusan Kepala Dinas Kesehatan Propinsi DKI Jakarta No. 7719/2004 tentang Juknis Pelaksanaan SIK Integrasi di Dinkes Propinsi DKI Jakarta, Sudin Kesmas dan Yankes Kotamadya dan Puskesmas Kecamatan dan Kelurahan*. 2004, Dinas Kesehatan Provinsi DKI Jakarta: Jakarta.
 4. Basyar, H., et al., *Aceh Baru: Tantangan Perdamaian dan Reintegrasi*. 2008, Yogyakarta: Pustaka Pelajar.
 5. Kalsi, N.S. and R. Kiran, *e-Governance for Good Governance in Punjab in India: A Shared Vision*. Productivity, 2012. **53**(3): p. 203.
 6. Heeks, R., *Understanding e-governance for development*. Information Technology in Developing Countries, 2001. **11**(3): p. 13-34.
 7. Magno, F.A. and R.B. Serafica, *Information technology for good governance*. 2001: Yuchengco Center for East Asia, De La Salle University.
 8. Kalsi, N., R. Kiran, and S. Vaidya, *Effective e-governance for good governance in India*. International Review of Business Research Papers, 2009. **5**(1): p. 212-229.
 9. Zoran, A. and B. Jelena, *Institutional Development and Good Governance Assessments in Croatia: An Extended Focus on Corruption*. Zagreb International Review of Economics & Business, 2004(1): p. 17-34.
 10. Fusheini, A., J. Eyles, and J. Goudge, *The Social Determinants of Health and the Role of the Health Care System: A Case Study of the Significance of Good Governance in Public Hospitals in South Africa*. Health, 2016. **8**(12): p. 1288.
 11. Bertonecello, C., et al., *Good governance competencies in public health to train public health physicians*. International Journal of Public Health, 2015. **60**(6): p. 737-749.
 12. Gray, J.M., *The shift to personalised and population medicine*. The Lancet, 2013. **382**(9888): p. 200-201.