

Public Health Services: Makassar Government's response In the Early Phase of the COVID-19

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Abstract: The COVID-19 pandemic has affected many aspects, including public health services. In this situation, the role of the government is needed to continue to strive to fulfill and ensure that health services continue to run well. This study aims to determine the government's response at the beginning of the pandemic phase and to find the inhibiting factors in fulfilling public health services in Makassar. This study also makes it possible to see how the prospects for public health services after the pandemic will be in the future. This study uses documentation data and internet data to collect relevant information. Data analysis uses a qualitative approach by maximizing the use of the Nvivo 12 Plus analysis software. The findings of this study indicate that during the COVID-19 pandemic period, public health services do not only focus on infected patients but also public health services as a whole. This causes services to be less than optimal because medical personnel and infrastructure cannot accommodate the situation. In this situation, aspects still hinder the fulfillment of public health services, including low public awareness, access to information, regulations, and the fulfillment of health facilities. The prospect of health services becomes essential in the future. This requires a more innovative and adaptive national health system.

INTRODUCTION

The COVID-19 pandemic has affected human health in many countries, including Indonesia. The World Health Organization (WHO) states that since March 27, 2021, there have been 125,781,957 confirmed positive cases globally (WHO, 2021). The increasing number of cases appears to be a problem experienced by many elemental communities, including the government (Baharuddin et al., 2022; Mustari et al., 2021). COVID-19 then triggered various responses from governments worldwide, both in terms of handling and policies in combating the pandemic (Greer et al., 2020). This situation encourages efforts, especially as a result of overcoming the impact of the problems caused by the COVID-19 pandemic, in the aspect of fulfilling public health services (Fu et al., 2021; Wang et al., 2021; Budd et al., 2020).

COVID-19 is a threat to global health that has been recognized since December 2019 (Chakraborty & Maity, 2020). The infection caused is in the form of clinical symptoms consisting of fever, cough, nasal congestion, fatigue, and other signs of respiratory tract infection (Velavan & Meyer, 2020; Zhou et al., 2020; Sudre et al., 2020). This situation then continues with suggestions to anticipate the spread of the virus by using masks as essential protective equipment, social distancing, or other forms of activity restriction in public spaces (Greenhalgh et al., 2020; Baharuddin, Jubba, et al., 2022). In general, COVID-19 affects many aspects of life, including the health, economy, education, and other socio-political sectors (Prawoto et al., 2020; Aristovnik et al., 2020; Baharuddin, Sairin, et al., 2022).

This situation has influenced the government's work plan to be actively involved in taking a participatory role. The government's involvement is an effort to anticipate the increasing number of cases that are getting bigger and impact many other sectors. The government's role is an aspect that is considered quite dominant in a crisis (Zaremba et al., 2020; Toshkov et al., 2021). The government's presence is an essential response to the COVID-19 pandemic situation in Indonesia to ensure that public services continue to run well, especially public health services. Public health services by the government are also an opportunity to reach the general public; of course, this is supported by collaboration with several other sectors such as hospitals, health practitioners, and medical professionals (Atkins et al., 2019; Gao & Yu, 2020; Lee & Lee, 2021).

So far, many studies on COVID-19 have been carried out, but there are still few research results that relate to the problems and the role of local governments regarding the fulfillment of public health services; plus, there are not many studies that analyze the prospects of public health services after the crisis due to the pandemic. However, at least some trends from previous studies can be mapped. First, the government's performance is slow and not optimal in a pandemic (Pierre, 2020; Joyce, 2021; Aminah et al., 2021). Second, worldwide policy responses aim to reduce and limit the number of transmissions of COVID-19 infections (Bargain & Aminjonov, 2020; García & Cerda, 2020; Stewart, 2021). Third, the government supports public health by calling for national vaccinations, telehealth, telemedicine, and other more adaptive policy approaches (Baharuddin, Sairin, Qodir, et al., 2022; Anthony Jnr, 2021; Bahtiar & Munandar, 2021; Hizbaron et al., 2021).

The purpose of this paper is to try to complement the shortcomings of previous studies by taking an analytical approach by looking at the involvement of local governments in ensuring that public health services continue to run well in a pandemic situation. Based on this, three questions are formulated in this paper: (a) How is the government's response to maximizing public health services in the COVID-19 situation? (b) What are the factors that hinder the government's performance in maximizing public health services? (c) What are the prospects of public health services after the crisis due to the pandemic? From the answers to the three, a way out can be used as material for further evaluation of better service, especially in the aspect of public health.

The reason for choosing the case study in Makassar is because the area is included in South Sulawesi Province, which is categorized as one of the provinces in Indonesia designated as an area with a high rate of spread of COVID-19 based on population data confirmed positive for COVID-19. Data at the beginning of June 2020 shows an increase in positive cases of COVID-19, which has reached more than 100 people in a matter of days. This tendency is the reason for choosing the case study in Makassar to be interesting to explore more deeply to find out how the local government responded in the early days of the pandemic, especially its attachment to public health services. Making Makassar a case study is also an effort to fill the gap left by other researchers or previous researchers who have explored more areas, provinces in Java, or others. Based on this, this study considers that Makassar is quite representative.

RESEARCH METHOD

This study uses a qualitative approach with descriptive analysis, data obtained from documents, and internet studies. Document and internet studies were chosen because these aspects are sufficient to contain relevant information and allow for further analysis. The data retrieval uses Ncapture (Google Chrome). The analysis tool used also utilizes analysis software, namely Nvivo 12 Plus. The use of Nvivo 12 Plus was chosen because it can code research data and visualize data.

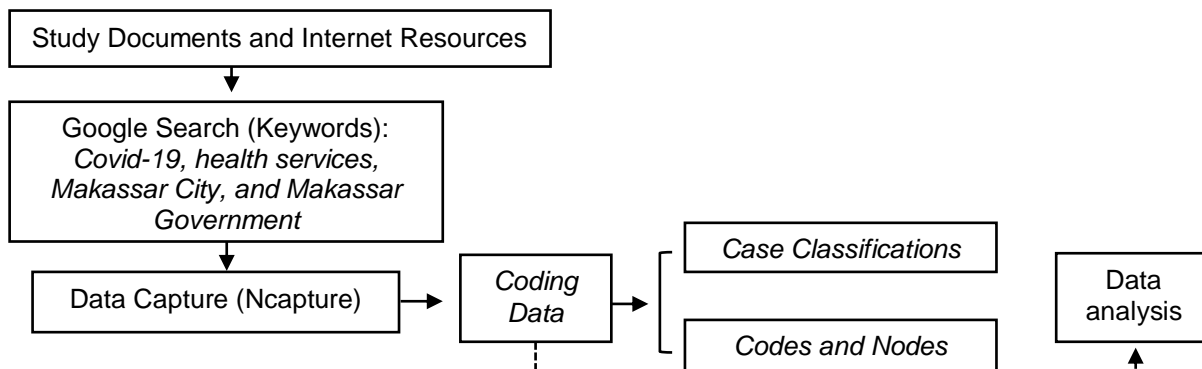


Figure.1 Research Data Analysis Process

Source: Edited by the author (2021)

Data retrieval is carried out on any related information available on online news sites by paying attention to search terms that are more relevant to the use of specific keywords such as; Covid 19, Makassar City, Health Services, Makassar City, and Makassar government. The information that has been obtained is then retrieved using Ncapture on Google. The data obtained were transferred to the Nvivo 12 Plus analysis tool. After that, data coding is done by maximizing the *Case Classifications* and *Codes-Nodes* analysis features. *Case Classifications* help to classify specific cases to represent several cases, such as government organizations with their actions or government authorities with other departments. This helps map the interrelationships between many sectors in finding answers to research questions about public health services. *Codes and Nodes* function to represent themes or topics in the data and record the relationship between one project item and another. The coding results on the data are then described and analyzed in depth to answer research questions.

RESULT AND DISCUSSION

Government response: Public health services in Makassar

The case study was chosen in Makassar because the area is included in South Sulawesi Province, which is included in one of the provinces in Indonesia designated as an area with a high rate of spread of COVID-19 based on population data confirmed positive for COVID-19. Makassar is prone to the spread of COVID-19 infection, so this situation encourages the response of many parties, including local governments, regarding public health services. This situation encourages the government to be alert and responsive in providing and ensuring that public health services continue to run well, especially in the early phase of COVID-19. This case study's selection differs from others that mostly explore areas outside the Makassar area, such as Java and other areas. So this study appears as an effort to fill the gap left by previous researchers. The Makassar government's response in the early phase of the pandemic is as follows:

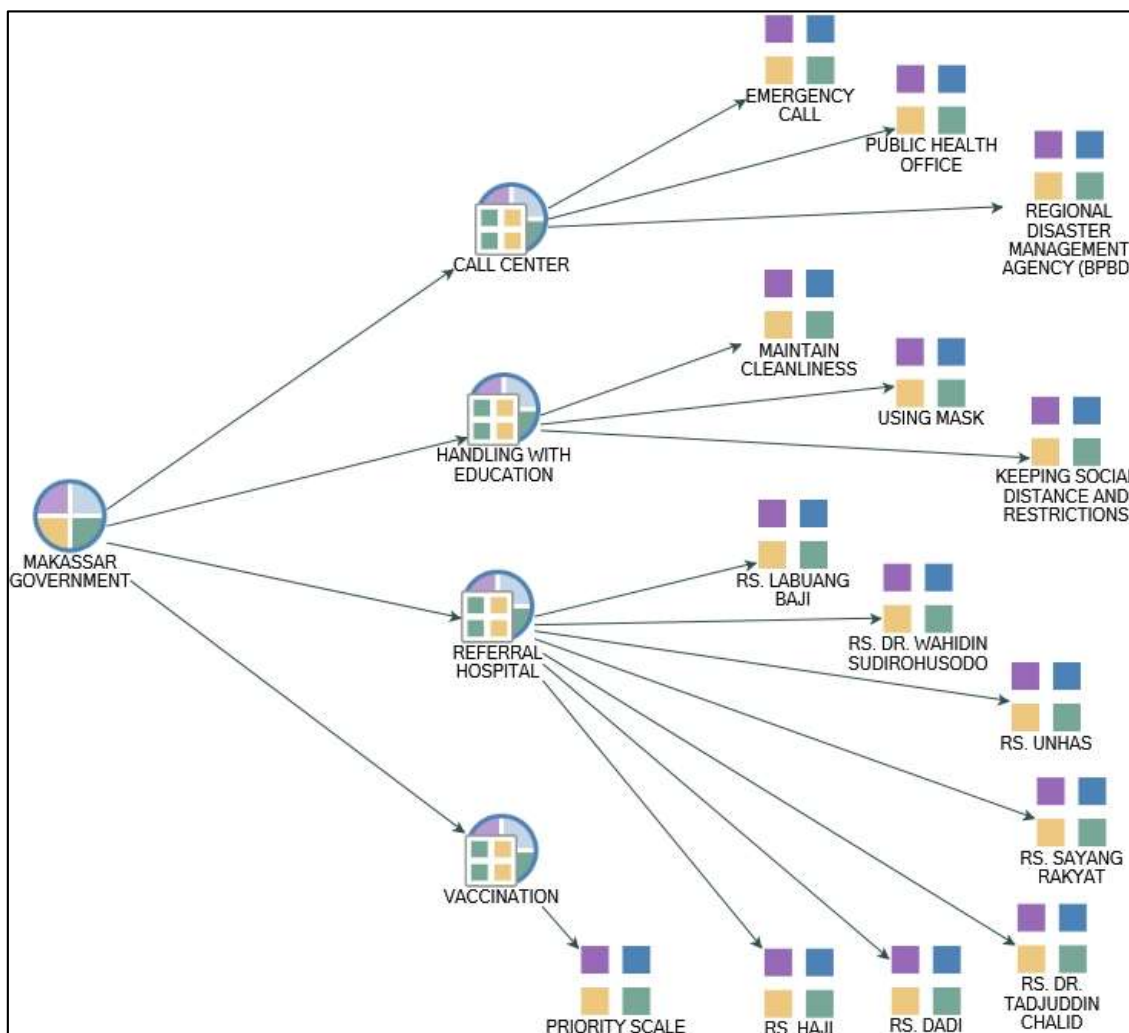


Figure.2 Government Response to Public Health Services
 Source: Processed by researchers using Nvivo 12 Plus (2021)

In Figure 2, it is known that the Makassar City Government continues to take several anticipatory steps to reduce the increasing number of cases and, simultaneously, strives to continue providing health services. Health services are supported by the availability of adequate facilities, such as the availability of hospitals. The availability of hospitals is an essential aspect of the current pandemic situation because this aspect also determines the addition and reduction of the number of infection cases (Romani et al., 2021). The availability of hospitals (RS) in Makassar City includes RS. Labuang Baji, RS. DR. Wahidin Sudirohusodo, RS. Unhas, RS. Sayang Rakyat, RS. DR. Tadjuddin Chalid, RS. Dadi, RS. Haji.

The availability of this hospital (RS) can also be accessed or confirmed by telephone or call center. The availability of call center services also contributes to information about services, education, and other emergency aspects. This call center facility is also used to measure the effectiveness of services in crises (Khaerah et al., 2019; Park et al., 2020). So in this situation, communication is also seen as part of health services. However, the obstacle often experienced is still difficulty accessing due to overload or excess capacity. This situation is often the case in many other cases, but at least it can be minimized by estimating the diffusion or flow of information directly (Garnett et al., 2002).

Communication on the health aspect is quite important, especially in the current pandemic situation. The pandemic has allowed every activity to be carried out in a limited manner, so technology-based communication is also an option. Communication helps to encourage broader patterns of campaigns and evaluations and influences the community to deal with health crises effectively (Ataguba & Ataguba, 2020; Wong et al., 2021). This aspect also supports educative handling steps. In this aspect, the Makassar City Government also continues to carry out socialization to maintain cleanliness, use masks and maintain distance. This is done to reduce the risk of the impact of the spread of COVID-19 infection in Makassar.

Public health services continue to be carried out to the point of providing vaccines in several areas in Indonesia, including Makassar City. The provision of vaccines is expected to contribute to health services and at the same time cut off the increasing number of infection cases. Vaccines are a method currently being considered in many countries to reduce the risk of COVID-19 infection (Baharuddin, Sairin, Qodir, et al., 2022). In terms of vaccine distribution, the Makassar City Government continues to coordinate with the Central Government. The stages of vaccination are carried out with a priority scale approach to certain individuals or groups. In addition to government readiness, this vaccination also considers public awareness and participation in supporting the vaccination.

Accordingly, the parties supporting this health service are the Mayor of Makassar, the Makassar City Health Office, the Makassar City Communication and Information Office, the Ministry of Health, the Ministry of Communication and Information Technology, and other relevant authorities. So in supporting public health services in Makassar City, collaborative patterns and collaboration between other agencies are also needed. The pattern of cooperation involving several parties is carried out to reduce the risk of getting bigger (Djalante et al., 2020). This cooperative relationship is essential to ensure that public health services run optimally.

Based on the trends in the data and arguments above, it is known that the Makassar government is trying to respond to changes that have occurred due to the COVID-19 pandemic. The government's response is to prepare facilities and infrastructure, follow national policies, collaborate between institutions, and continue to carry out socialization that decreases the number of cases while ensuring that public health services can continue to run. However, several factors hinder public health services from being less than optimal at the beginning of COVID-19. This study describes these factors in the following explanation section.

Factors inhibiting public health services in Makassar

During the COVID-19 pandemic, public health services in Makassar continued to be carried out with various maximizing efforts by involving many parties and coordination between the central government and local governments. However, several aspects are still problematic, so they also hinder or affect public health services in Makassar. Based on the data obtained, we mapped these problems, including; public awareness, access to information, regulations, and infrastructure (health care facilities).

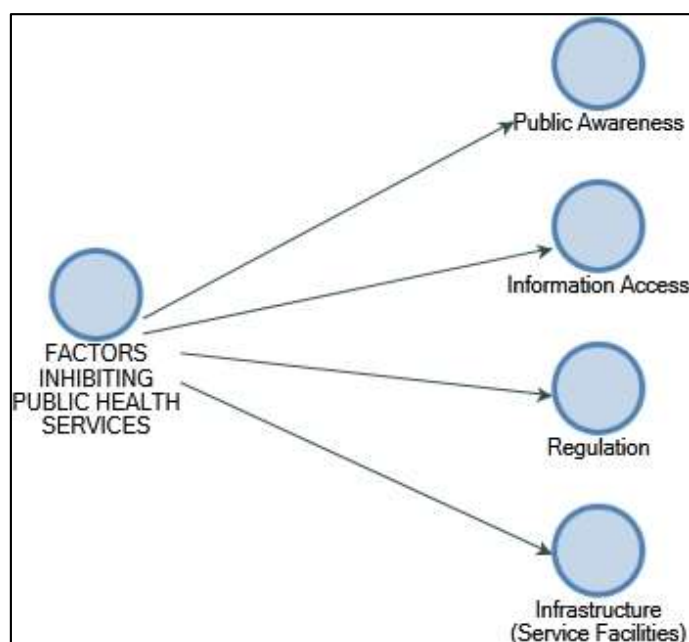


Figure.3 Factors Inhibiting Public Health Services
 Source: Processed by researchers using Nvivo 12 Plus (2021))

In Figure 3, it is known that in a pandemic situation, public health services are still constrained by the lack of public awareness in supporting the efforts of the Makassar government. This aspect is not something that arises, but it is also strongly influenced by public

fears and concerns during a crisis. This concern does not only come from the community but also health practitioners (Rosyanti & Hadi, 2020). In addition, the COVID-19 pandemic, in general, has also influenced people's behavior in many other countries (Jun et al., 2021). The emergence of COVID-19 has dramatically influenced the perspective of many people to take action and gather as much information as possible. However, in considering public services from the government, there are still people who are apathetic and prefer information from other sources. This then pushes the service to be not optimal because prevention efforts through the service system prepared are not supported by public awareness of the competent authority in this field. As a result, it is difficult for the government to reduce the number of cases, and the public is trapped in unreliable information or hoaxes.

Another problem is the uneven distribution of information; there is still much less accurate confirmed information (Hoax). The spread of hoaxes also hindered health services in Makassar. Such as information about symptoms, drugs, impacts, costs, and other health facilities. In a pandemic situation, news or information that is less accurate is often found (Hoax), affecting government performance and public response (Imhoff & Lamberty, 2020; Luengo & García-Marín, 2020). This unreliable information has prompted the public to take independent or preventive actions that may conflict with the government's idea of public health. In addition, access to information about public services from the government has not been entirely successful in reaching the wider community. This may be influenced by inadequate infrastructure such as the internet and technology that allows communication between the community and the health care provider authorities to be hampered. The government needs to consider access to information with a digitalization approach that allows for engagement between the relevant authorities and the general public. This helps the idea of health services during the transition period and public services in the future.

In addition to public awareness and access to information, regulation is also an influential aspect of public health services in Makassar. These regulations or rules are still frequently changing to change the pattern of relationships in implementing the health service itself. In some cases, some regulations or rules overlap and contradict the Regulation of the Minister of Health (Buana, 2020; Baharuddin, Jubba, et al., 2022). So in this aspect, regulations also influence the public to contribute to supporting health services, especially in Makassar. The regulatory aspect has been prepared since the beginning of the emergence of COVID-19, but changes in social activities and lifestyles due to the pandemic have prompted relevant policy changes. Such policy changes are considered adequate, but the public needs adaptation time to change their attitudes and actions during the transition from one policy to another.

Other aspects include the inadequate infrastructure related to public health facilities and services. This aspect is constrained by the fulfillment of facilities and limitations of health facilities, especially regarding the availability of the number of rooms or isolation rooms considered minimal. However, this seems to have been influenced by the situation at the beginning of the pandemic. The unpredictable number of patients also influences this aspect, and the government's concentration is divided into other aspects. This condition occurs in many other areas, so certain aspects such as fulfilling health facilities and services are also disrupted. Through this initial phase, it seems that the government in many regions, especially Makassar City, has participated in evaluating and making better efforts to maximize it. Another infrastructure that needs to be considered is the issue of access to health, especially services that connect patients and the general public with the available medical authorities and personnel. Infrastructure that needs to be improved includes online-based services such as telehealth or telemedicine. However, it is necessary to consider other aspects, such as the availability of internet networks and other resources, especially the availability of health workers. This approach certainly requires an adaptive government response.

Prospects of public health services after the pandemic crisis

During the pandemic period, health services are an important sector to support the idea of preventing and overcoming the pandemic so that it can be minimized immediately. Of course, this opportunity requires a responsive government. This study highlights how local governments are still constrained in accessing services, especially at the beginning of the pandemic. The findings in this study note several prospects that certainly need to be improved.

This study is essential to learn from the situation during the pandemic so that access and public health services can reach many parties.

The government should examine the national health system, especially the universal changes and underlying patterns of solidarity that underpin future public health care reforms. This may be learned from any impacts or phenomena that arise during the crisis due to the pandemic. Several other studies in various countries, such as Italy, Spain, Portugal, and Greece, have also previously focused on reform efforts (Petmesidou et al., 2020). This may be an example of how regions in Indonesia, especially in areas such as Makassar, have taken the same action by considering measurable and planned aspects.

Supporting future public health services after the crisis caused by the pandemic has prompted several studies to conclude that there is a need to study crisis management. This may require government support. Crisis management can be measured by knowing several phases, namely the pre-crisis, crisis, and post-crisis phases. The last phase is crucial to see the prospects for continuous improvement. The post-crisis phase is critical to learn from the crisis and to protect public health in the future. Government and community synergy is needed (Sapoutzis et al., 2021). Aspects of leadership, preparation, planning, collaboration, and crisis communication are also considered necessary, especially in the post-pandemic adaptive period (Sriharan et al., 2022).

Other prospects also indicate the need for competency development for health workers. This may encourage preparedness for similar crises or emergencies in the future. It also encourages involved parties to think about innovation, transformative capacities, competencies, and policies. The idea of infrastructure development, especially internet technology and the good digital process, such as improving the quality of telehealth or telemedicine, is also essential to encourage public health services to reach many parties and be easily accessed in the future (Czabanowska & Kuhlmann, 2021; Monaghesh & Hajizadeh, 2020; Thomas et al., 2022).

Many countries, including regions in Indonesia, have experienced drastic social changes and shifts in people's lifestyles. This situation also encourages adaptive efforts from the public health service sector to respond to changes. From the beginning to the post-pandemic, regions in Indonesia such as Makassar continued to do their best and improve the quality of their services, including implementing relevant national policies and programs. Makassar is in an excellent position to learn from the experience of the crisis due to the pandemic by evaluating previous performance, studying work experience and readiness from other regions, and building strong commitment and leadership from the central and local governments.

CONCLUSION

COVID-19, at the beginning of its emergence, did not only affect health services for patients infected with the virus but also affected and hampered public health services. Some of the findings in this study indicate that public health services during the COVID-19 period are strongly influenced by low public awareness, access to information, regulation, and fulfillment of health facilities. At the very least, the Makassar Government continues to make efforts to improve and improve public health services during the crisis period due to the pandemic. Some crucial aspects needed are an encouragement to learn from experience and try a more adaptive approach. This may require the government's response to building adequate infrastructure, including innovative and relevant policies. The results of this study may stimulate prospects for a better future, especially in the public health service sector. The substance of this study contributes in the form of recommendations to improve public health services after the crisis due to the pandemic. The limitation of this study lies in the research method that only uses specific data sources. This study suggests that further studies should be conducted to explore other data sources, especially by using an observation approach and interviews. This could better map research results and better understand the future complexities of aspects of public health services.

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