
**THE POLICY DIRECTION OF THE REGIONAL HOUSE OF
REPRESENTATIVES OF ACEH TENGAH REGENCY IN THE DISCUSSION OF
THE 2025 REGIONAL REVENUE AND EXPENDITURE BUDGET IN THE
HEALTH SECTOR IN ACEH TENGAH REGENCY**

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Abstract

This study aims to analyze the policy direction of the Regional House of Representatives of Aceh Tengah Regency (DPRK Aceh Tengah) in the discussion of the 2025 Regional Revenue and Expenditure Budget (APBK) in the health sector in Aceh Tengah Regency. The focus of the study is directed at the policy process of the DPRK in carrying out its budgeting function, as well as the internal and external factors that hinder the implementation of such policies. This study employs a qualitative approach with a descriptive method. Data collection techniques were carried out through interviews, observations, and documentation involving parties directly engaged in the discussion of the APBK, both from legislative and executive elements. The results of the study indicate that the policy of DPRK Aceh Tengah in the discussion of the 2025 APBK in the health sector has basically been implemented in accordance with the prevailing laws and regulations; however, in practice, it still encounters various obstacles. Internal inhibiting factors include limited human resources, differences in understanding among DPRK internal bodies, and weak technocratic capacity of some DPRK members. Meanwhile, external factors include executive dominance in budget management, limited space for public participation, and the dynamics of political interests in the budget discussion process. Efforts undertaken to overcome these obstacles include enhancing the capacity of DPRK members, strengthening coordination between the legislative and executive branches, and optimizing the supervisory function of the DPRK so that budget policies in the health sector are more oriented toward public interests.

Keywords: Policy Direction; DPRK; APBK; Health Sector; Aceh Tengah Regency

INTRODUCTION

The implementation of the budgeting function is one of the strategic functions of the Regional House of Representatives of Aceh Tengah Regency (DPRK) as an element of regional governance. This function is realized through the discussion and approval of the Regional Revenue and Expenditure Budget (APBK) together with the regional government. In the context of public services, particularly in the health sector, budget policy plays an important role in ensuring the fulfillment of basic community needs and improving the quality of health services in the region.

Theoretically, public policy is understood as a series of actions with specific objectives carried out by government actors to resolve public problems. Friedrich (1963) defines policy as a series of actions directed toward achieving certain goals within an environment that faces various constraints and opportunities. Furthermore, Anderson (1975) states that public policy is a purposive course of action followed by an actor or set of actors in dealing with a problem or matter of concern, emphasizing that policy is not merely a decision but also encompasses the entire process and actions undertaken. This view is reinforced by Dye (2017), who defines public policy as whatever government chooses to do or not to do, meaning that both government actions and inactions have policy implications for society.

In relation to the budgeting function, the DPRK serves as a partner of the regional government in formulating and determining budget policies. The budgeting function not only acts as a financial planning instrument but also as a mechanism for oversight and control of regional fiscal policies. Therefore, the quality of budget policy is strongly influenced by the capacity of legislative human resources, understanding of budget substance, and working relations between the legislative and executive branches.

From a regulatory perspective, the position and authority of the DPRK are regulated by Law Number 23 of 2014 concerning Regional Government, which affirms that regency/municipal DPRD is regional representative institutions and elements of regional governance. Furthermore, Law Number 9 of 2015 states that the DPRK has the authority to discuss and approve draft regional regulations concerning the APBK proposed by the regional head. In the health sector, regional budget policies are based on Law Number 17 of 2023 concerning Health and Government Regulation Number 28 of 2024, which regulate the provision of health services and financing of the health sector in the regions.

However, in practice, APBK discussions are often characterized by political interest dynamics and imbalances in relations between the legislative and executive branches. Sanit (1985) and Marijan (2019) argue that the implementation of legislative functions is influenced by the integrity and capacity of legislative members, institutional organizational structures, patterns of relations with the public, and reciprocal relations between the legislature and executive. Imbalances in these factors may weaken the role of the DPRK in optimally performing its budgeting function.

Several previous studies indicate that the quality of executive–legislative relations greatly determines the effectiveness of regional budget policies. Tunggal (2013) concludes that harmonious relations between the executive and legislative branches are a key prerequisite in APBD formulation so that budget policies can be implemented effectively and favor public interests. Meanwhile, Nuraini (2006) finds that differences in

understanding of authority between the legislative and executive branches often lead to conflicts of interest that negatively affect the quality of budget discussions.

Based on empirical phenomena, theoretical foundations, regulatory frameworks, and previous research findings, this study is important to examine the policy direction of DPRK Aceh Tengah in the discussion of the 2025 APBK in the health sector. This research is expected to provide a comprehensive overview of the implementation of the DPRK budgeting function, factors inhibiting policy implementation, and efforts undertaken to realize more effective health budget policies oriented toward the interests of the people of Aceh Tengah Regency.

REVIEW OF LITERATURE

Health Sector Policy

Policy is understood as an agreement or consensus regarding a particular issue aimed at achieving predetermined objectives. Policy serves as the primary guideline in the implementation of government actions to regulate and manage public interests. In the context of public policy, policy is not limited to formal decisions but also includes concrete actions and processes undertaken by the government in responding to evolving societal issues.

Health policy is part of public policy that specifically regulates the provision of health services to the community. Health policy is viewed as an integral component of the health system encompassing resources, organizational structures, management, and various supporting elements. The objective of health policy is to design and implement health programs at both central and regional levels to sustainably improve public health status. Health policy also focuses on the interests of service users, health workers, and health service management.

Stages of Health Policy

The process of health policy formulation is complex as it involves various actors, interests, and policy variables. Therefore, health policy is implemented through several interrelated stages. In this study, the policy stages are understood as follows: identification of policy problems, formulation of policy alternatives, policy decision-making, policy enactment, policy implementation, and policy evaluation. These stages form the basis for analyzing the policy direction of DPRK Aceh Tengah in the discussion of the 2025 APBK in the health sector.

Implementation of Health Service Activities

Policy implementation represents the stage at which established policies are executed. Implementation is understood as a dynamic process in which policy implementers carry out various activities to achieve policy goals and objectives. In practice, policies that have been established may not always be implemented optimally, thus requiring coordination and commitment from all policy implementers.

The implementation of regional health services is related to the capacity of regional government resources to provide health services to the entire community. Health service implementation is conducted based on Minimum Service Standards (SPM) as a reference for delivering public health services. These standards function as a guide for local

governments in delivering appropriate health services and as a tool for the public to monitor government performance in the health sector.

Health service implementation includes promotive, preventive, curative, and rehabilitative efforts carried out by health service facilities, including community health centers and regional hospitals. The success of health service implementation is strongly influenced by budget availability, human resources, health facilities, and support from budget policies established by the DPRK in collaboration with the regional government.

Theory of the DPRK Budgeting Function

The budgeting function is one of the main functions of the DPRK in regional governance. This function grants the DPRK authority to discuss and approve the Regional Revenue and Expenditure Budget (APBK) together with the regional government. Through this function, the DPRK plays a role in determining the direction of regional development policies, including health sector policies.

In performing the budgeting function, the DPRK has the authority to approve budget allocations, oversee budget utilization, and determine regional budget priorities. The budgeting function also enables the DPRK to reallocate budgets to respond to urgent health service needs. Thus, the budgeting function serves as an important instrument for ensuring that health budget policies are formulated and implemented effectively, efficiently, and in favor of public interests. This function is inseparable from the legislative and supervisory functions, as all three functions are interrelated and determine the quality of regional budget policies.

RESEARCH METHOD

This study employs a qualitative approach with a descriptive method aimed at describing and analyzing the policy direction of the Regional House of Representatives of Aceh Tengah Regency (DPRK Aceh Tengah) in the discussion of the 2025 Regional Revenue and Expenditure Budget (APBK) in the health sector. The qualitative approach was chosen because the study focuses on understanding policy processes, actor roles, and institutional dynamics influencing the formulation and implementation of health budget policies.

The research was conducted in Aceh Tengah Regency involving institutions directly engaged in the discussion and implementation of the health sector APBK, namely DPRK Aceh Tengah, the Regional Development Planning Agency, the Regional Financial Management Agency, and Datu Beru Regional General Hospital. Informants were selected purposively based on their involvement and understanding of health budget policies.

Data collection techniques included in-depth interviews, observations, and documentation related to the APBK discussion process in the health sector. Data were analyzed qualitatively through data reduction, data presentation, and conclusion drawing. Data validity was ensured through source and technique triangulation. The entire research process was conducted in accordance with the context and regulations applicable to the discussion of the 2025 APBK in Aceh Tengah Regency.

RESULTS AND DISCUSSION

Policy Analysis of the Regional House of Representatives of Aceh Tengah Regency on the Discussion of the 2025 Regional Revenue and Expenditure Budget in the Health Sector in Aceh Tengah Regency

The discussion of the 2025 Regional Revenue and Expenditure Budget (APBK) in the health sector in Aceh Tengah Regency shows that the Regional House of Representatives (DPRK) has carried out its budgeting function through a joint discussion mechanism with the regional government. The DPRK is involved in discussing the draft APBK proposed by the regional government, particularly in determining budget allocations for the health sector.

In practice, the DPRK pays attention to health budget policies by considering community health service needs and regional financial capacity. However, the research results indicate that the discussion of the health budget has not been fully optimal, as it is still influenced by regional fiscal constraints and the dynamics of relations between the legislative and executive branches. This condition results in not all proposed health budgets being realized in accordance with actual health service needs.

To analyze this policy, public policy theory proposed by William N. Dunn is applied, which views public policy as a series of interrelated stages. These policy stages include policy problem identification, formulation of policy alternatives, decision-making, and policy adoption.

Policy Problem Identification

Policy problem identification is the initial stage in the policy process, namely the process of recognizing and formulating public problems that require government intervention. This stage aims to ensure that the policies formulated genuinely address the problems faced by the community.

Based on the research findings, the DPRK of Aceh Tengah has identified major problems in the health sector, such as limited health service facilities, the need to improve service quality, and limited regional health budgets. This problem identification serves as the basis for the DPRK in providing input during the discussion of the 2025 APBK in the health sector.

Formulation of Policy Alternatives

The formulation of policy alternatives is the stage of preparing various policy options that can be used to resolve identified problems. At this stage, policymakers consider various options that may be implemented according to regional conditions and capacities.

The research results show that in the discussion of the health sector APBK, the DPRK together with the regional government formulated several budget policy alternatives, such as adjusting health budget allocations, prioritizing basic health services, and supporting the operation of regional hospitals. However, the formulated policy alternatives remain constrained by regional financial capacity and the needs of other development sectors.

Policy Decision-Making

Policy decision-making is the stage of selecting policy alternatives deemed most appropriate for implementation. This stage involves discussion, negotiation, and agreement among policy actors.

In the discussion of the 2025 APBK in the health sector, the research findings indicate that policy decisions were made through agreement between the DPRK and the regional government. These decisions represent a compromise between health service needs and regional budget limitations, resulting in not all formulated policy alternatives being fully accommodated.

Policy Adoption

Policy adoption is the final stage in the policy process, namely the formal ratification of policies so that they can be implemented. At this stage, the agreed budget policies are enacted as part of the APBK.

The research results show that the health budget policies that were discussed and agreed upon were subsequently enacted in the 2025 APBK of Aceh Tengah Regency. This policy adoption serves as the basis for implementing health service programs and activities in the region, although limitations remain in fully meeting health budget needs.

Internal and External Factors Hindering the Policy of the DPRK of Aceh Tengah in the Discussion of the 2025 APBK in the Health Sector

Internal Factors

Based on the research findings, internal factors hindering the policy of the DPRK of Aceh Tengah in the discussion of the 2025 APBK in the health sector originate from the internal institutional conditions of the DPRK itself. Limited understanding among some DPRK members regarding the substance and technical aspects of health sector budgeting causes budget discussions to not be fully based on actual health service needs. In addition, uneven human resource capacity among DPRK members in planning and budgeting also affects the quality of health budget policy discussions.

Another internal factor is the existence of differing political interests among DPRK members, which influences the decision-making process in APBK discussions. These differences often create dynamics and political bargaining that impact the process of determining health budget policies. Furthermore, limited time for APBK discussions also constitutes an internal constraint, as health budget discussions cannot be conducted in a thorough and comprehensive manner.

External Factors

External factors hindering the policy of the DPRK of Aceh Tengah in the discussion of the 2025 APBK in the health sector originate from the environment outside the DPRK. One major factor is limited regional financial capacity, which requires health budget allocations to be adjusted to regional fiscal capacity. This condition restricts the DPRK's ability to optimally advocate for increased health budgets.

In addition, the dominant role of the executive branch in drafting the budget also affects DPRK policy in APBK discussions. Budget drafts prepared by the executive limit the DPRK's room to make significant changes to health budget allocations. Other external factors include the large number of other development sectors that are also regional priorities, causing the health sector budget to compete with these sectors. Social and economic conditions of the community also influence the determination of regional budget policy priorities, which in turn affect health budget allocations in the 2025 APBK.

CONCLUSION

Based on the results of the research and discussion, it can be concluded that the Regional House of Representatives of Aceh Tengah Regency (DPRK Aceh Tengah) has implemented its budgeting function in the discussion of the 2025 Regional Revenue and Expenditure Budget (APBK) in the health sector through joint discussions with the regional government. The DPRK has been involved in the health budget policy process from problem identification and formulation of policy alternatives to the enactment of health budget policies within the APBK.

The policy direction of DPRK Aceh Tengah in the discussion of the 2025 APBK in the health sector is essentially aimed at supporting improvements in public health services. This is reflected in the DPRK's attention to health budget allocations for health service facilities and regional hospital operations. However, the implementation of the budgeting function has not yet been optimal due to limitations in regional fiscal capacity and the dynamics of executive-legislative relations during the budget discussion process.

Furthermore, the study identifies internal and external factors that hinder the policy of DPRK Aceh Tengah in the discussion of the health sector APBK. Internal factors include limited understanding and capacity of DPRK human resources in health budgeting, differences in political interests among DPRK members, and limited time for budget discussions. Meanwhile, external factors include regional fiscal constraints, executive dominance in budget planning, and the existence of other development priorities requiring regional financing.

Thus, it can be concluded that the policy of DPRK Aceh Tengah in the discussion of the 2025 APBK in the health sector has been implemented in accordance with its authority; however, improvements are still needed in planning, coordination, and institutional capacity strengthening so that health budget policies can be more effective, efficient, and oriented toward public health service needs..

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