



Integrating Educational Management into Tuberculosis Control Program Implementation: A Strategy for Strengthening Primary Health Care Performance

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ABSTRACT

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This study analyzes the implementation of the Tuberculosis (TB) Control Program at Community Health Centers (Puskesmas) using George C. Edward III's policy implementation model, which includes four key variables: communication, resources, disposition, and bureaucratic structure. Employing a descriptive qualitative approach through interviews, observations, and document analysis, the research found that the TB program has been implemented effectively, supported by clear national guidelines, standardized operating procedures, adequate laboratory facilities, and a well-functioning SITB reporting system. Strong commitment from program implementers further contributes to its success. However, several challenges persist, including limited human and financial resources, high staff workload, and suboptimal intersectoral coordination. From an educational management perspective, the study highlights the importance of strengthening capacity-building initiatives, continuous professional development, and leadership training among health workers to enhance program sustainability. Integrating management education principles—such as effective communication, collaborative leadership, and strategic planning—into public health practice can improve organizational performance and service delivery in primary care settings. This study contributes to bridging the gap between educational management and public health policy implementation, emphasizing the need for adaptive, learning-oriented management approaches to achieve long-term TB control goals in community-based health systems.

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INTRODUCTION

Tuberculosis (TB) remains one of the most persistent global public health challenges, with significant implications for social and economic development. According to the World Health Organization (WHO, 2024), an estimated 10.6 million people worldwide suffered from TB in 2023, resulting in approximately 1.3 million deaths. Indonesia ranks second after India in global TB burden, contributing over one million cases annually. These figures underscore that TB control is not merely a medical issue but also a governance and policy concern (Fauzi et al., 2025; Romzy et al., 2025; Zaini et al., 2024). The persistence of high TB prevalence indicates that effective public health management, community engagement, and the proper implementation of national health policies are essential for sustainable disease control. Therefore, understanding the dynamics of TB program implementation at the local level—particularly within primary health care facilities—is vital for improving public health outcomes and achieving the national target of TB elimination by 2030.

Despite the existence of comprehensive policies, the implementation of TB control programs in Indonesia continues to face major obstacles. The Ministry of Health has established Regulation No. 67/2016 emphasizing the TOSS TB strategy (Temukan, Obati Sampai Sembuh)—a framework intended to ensure early detection, continuous treatment, and intersectoral collaboration (Kemenkes RI, 2023). However, challenges such as limited human resources, inadequate funding, and fragmented coordination among health institutions have hindered optimal implementation. These barriers reveal a gap between policy formulation and execution, particularly at the primary care level. In many regions, local governments and health centers struggle to translate national directives into effective operational practices (Abdul et al., 2022; Qusairi, 2023; Zaini, 2023). Consequently, this mismatch between policy intent and field realities undermines the achievement of TB elimination targets and highlights the need for research that examines how policy implementation theories can help bridge this gap in local health governance (Elatiwi et al., 2023; Hasanah et al., 2023; Husnol Khotimah et al., 2024).

The city of Padang, the capital of West Sumatra Province, exemplifies the complex realities of TB control at the local level. Data from the Padang City Health Office (2024) estimate that 4,838 people were affected by TB in 2024, yet only 2,900 cases were detected by mid-year. In 2023, there were 3,800 registered cases, revealing a case detection rate below the expected prevalence. Although the treatment success rate reached 90.4%, around 5.4% of patients discontinued therapy and 3.5% died. Among Padang's health centers, Lubuk Buaya stands out as a facility with a high TB burden, located in Koto Tangah District with a population density of 25,035 people per 3.67 km². The center achieved 92 out of 125 targeted cases (73%) in 2024, demonstrating progress but falling short of

official goals. Despite available diagnostic tools such as the Molecular Rapid Test (TCM) and sufficient drug supply, implementation remains constrained by limited workforce and operational funds for outreach, counseling, and contact tracing.

Several scholars have investigated the complexity of TB policy implementation across different Indonesian regions. Nurzannah et al. (2023) assessed the TOSS-TB program in Sukabumi's Selabatu Health Center using five policy accuracy dimensions and concluded that effectiveness depends heavily on local adaptation and implementer involvement. Rifki (2024) evaluated TB control at the Padang Health Office using the CIPP model, identifying resource management and monitoring processes as major challenges. Similarly, Sasmita et al. (2024) highlighted weak DOTS strategy implementation in Beselutu Health Center due to insufficient active case finding and political support. These studies collectively reveal that while policy design and frameworks are robust, implementation quality is uneven and context-dependent (Diana & Zaini, 2023; Fatahillah et al., 2023; Hidayat & Suryadi, 2023). They provide valuable insights but often focus on structural and procedural aspects without deeply analyzing the behavioral and managerial dynamics influencing field-level success.

Recent studies have begun employing implementation models to explain TB program performance variations. Sayudi et al. (2024) applied George C. Edward III's framework in Ponorogo's Badegan Health Center, identifying communication, human resource capacity, and bureaucratic structure as critical factors. Putri (2025) examined intersectoral coordination under Presidential Regulation No. 67/2021 in Surabaya's Kalijudan Health Center, emphasizing the importance of implementers' attitudes. However, research specifically analyzing TB policy implementation using Edward's model in densely populated urban areas like Lubuk Buaya remains scarce. Moreover, prior studies tend to neglect the role of educational management and capacity-building among health workers as strategic levers for improving program sustainability. This gap highlights the need for more integrative research that combines public policy implementation theory with educational management perspectives to strengthen frontline health governance.

This study presents a novel contribution by focusing on the intersection between policy implementation and educational management within the context of TB control at the primary care level. Unlike previous research that mainly emphasizes clinical or administrative aspects, this study explores how communication, resources, disposition, and bureaucratic structure—as proposed by George C. Edward III—interact with leadership practices, professional development, and organizational learning among health workers. The research underscores that successful implementation requires not only

compliance with national guidelines but also the empowerment and continuous education of implementers. By integrating management education principles such as strategic communication, participatory leadership, and adaptive problem-solving, this study introduces an interdisciplinary approach that bridges public health management and educational leadership. The findings are expected to inform both policymakers and health educators in designing more sustainable and responsive health governance systems.

Given the persisting challenges in TB program implementation, this study seeks to analyze how Edward III's four variables—communication, resources, disposition, and bureaucratic structure—shape the effectiveness of TB control at Lubuk Buaya Health Center, Padang City. The central research problem concerns the extent to which these factors facilitate or hinder policy realization in a resource-constrained environment. It further questions how managerial and educational factors contribute to overcoming implementation barriers. The study argues that insufficient human resource capacity and bureaucratic rigidity may reduce the program's responsiveness, while strong commitment and effective communication can enhance outcomes. By systematically identifying enabling and limiting conditions, this research aims to propose actionable recommendations for improving TB control implementation and optimizing local health governance.

The study posits that effective TB control at the primary care level requires not only adequate medical infrastructure but also a well-managed educational and administrative environment. Strengthening staff competencies, fostering intersectoral collaboration, and simplifying bureaucratic procedures are key to ensuring sustained policy implementation. Through the application of Edward III's implementation model, this research provides an analytical framework to evaluate policy execution from both managerial and behavioral perspectives. Its contribution lies in integrating public policy theory with educational management principles, offering practical insights for improving organizational learning and accountability within health systems. Ultimately, the study contributes to global TB elimination efforts by highlighting that successful public health policies depend on adaptive, knowledge-based management practices capable of transforming limited resources into effective community health action.

RESEARCH METHOD

This study employed a qualitative descriptive approach aimed at exploring and analyzing in depth the implementation of the Tuberculosis (TB) Control Program at the Lubuk Buaya Community Health Center (Puskesmas), Padang City. The qualitative descriptive design was selected because it enables a comprehensive understanding of how policies are executed at the level of

primary health care, encompassing the social, administrative, and policy dynamics that influence implementation outcomes (Putri, 2024; Wijaya et al., 2023; Zaini & Hamidah, 2023). Such an approach is particularly relevant in public institutions like Puskesmas, where the interaction between implementers, communities, and regulatory frameworks is a critical determinant of program success.

The research was conducted at Lubuk Buaya Health Center, located in Koto Tengah District, one of the most densely populated areas in Padang with a relatively high TB incidence. The site was chosen purposively because Lubuk Buaya serves as one of the fastest reporting units in the Tuberculosis Information System (SITB) and functions as a key referral point for surrounding densely populated neighborhoods. This setting provides a rich context for examining how national TB policies are translated into operational practices at the community level.

Participants were selected using a purposive sampling technique, focusing on individuals directly involved in implementing the TB control program (Syatori, 2024). The informants included the Head of the Lubuk Buaya Health Center, the TB program coordinator, laboratory technicians, TB community cadres, patients, and the Sub-Coordinator of Communicable Disease Prevention and Control (P2PM) at the Padang City Health Office. This combination ensured a comprehensive perspective, capturing policy-level insights, field-level technical experiences, and patient viewpoints as program beneficiaries.

Data collection utilized three primary techniques: in-depth interviews, direct observation, and document review. Semi-structured interviews allowed flexibility to probe emerging issues while maintaining focus on the study's objectives. Observations were carried out within the health center to examine diagnostic procedures, SITB reporting processes, and educational or screening activities related to TB. Documentary analysis included reviewing national and local policy documents such as Minister of Health Regulation No. 67/2016, Padang City Regulation No. 36/2017, and various annual and quarterly TB performance reports. These documents provided institutional context and programmatic benchmarks that supported triangulation of field findings.

To ensure data validity and reliability, the study employed triangulation of sources and methods. Source triangulation was achieved by cross-verifying information obtained from different stakeholders—including health staff, community cadres, and local health authorities—while method triangulation combined interview, observation, and documentation data (Adhinugraha et al., 2024; Basri et al., 2024; Zaini, 2024). This strategy minimized potential bias and strengthened the credibility and dependability of the findings, which are essential for qualitative inquiry.

Data analysis followed the interactive model of Miles and Huberman, consisting of three main stages: data reduction, data display, and conclusion drawing. During data reduction, information was selected and organized according to key themes relevant to TB policy implementation. The reduced data were then presented in narrative form, supported by tables and direct quotations from informants to illustrate patterns and relationships among variables. The final stage involved continuous interpretation and verification of findings to ensure consistency between empirical evidence and the analytical framework of George C. Edward III's policy implementation model.

Ethical considerations were rigorously upheld throughout the research process. Prior informed consent was obtained from all participants before interviews were conducted. The confidentiality and anonymity of informants were strictly maintained, and all data were used exclusively for academic purposes. These ethical safeguards were implemented to ensure that the research adhered to the principles of scientific integrity, transparency, and professional accountability.

RESULT AND DISCUSSION

Result

The study results indicate that the implementation of the Tuberculosis (TB) Control Program at the Lubuk Buaya Community Health Center in Padang City has been quite successful, although it has not yet fully achieved the targets set by the Padang City Health Office. This program is guided by Minister of Health Regulation No. 67 of 2016, with the TOSS TB (Find, Treat, and Cure) strategy, which focuses on early detection, complete treatment, and prevention of transmission through community involvement. By 2024, the program's key achievements showed varying results, as shown in the following table.

Table 1. Table of Main Achievements of the TB Control Program of the Lubuk Buaya Community Health Center in 2024

Indicators	National Target (%)	Lubuk Buaya's Achievements (%)	Interpretation
Suspected TB SPM	100	111	Early detection is very good
Treatment Coverage	≥90	86	Still below the national target
Positivity Rate	12-15	6,8	Case screening is not yet selective
Enrollment Rate	≥90	96	Positive patients are treated immediately

Source: 2024 Annual Report of the Sub-Directorate for TB Control and Enrollment, Padang City Health Office

The graph above shows that the SPM and Enrollment Rate have exceeded national targets, while Treatment Coverage and Positivity Rate still require improvement. This data indicates that program implementation has been successful, but there is still a gap between planning and implementation results in the field.

Implementation Analysis Based on the Edward III Model

George C. Edward III's policy implementation theory explains that the success of policy implementation is influenced by four main factors: communication, resources, implementer disposition, and bureaucratic structure. The following analysis outlines how these four factors play a role in the implementation of the TB program at the Lubuk Buaya Community Health Center.

Communication

The communication aspect of TB program implementation at the Lubuk Buaya Community Health Center is running quite well through the implementation of Standard Operating Procedures (SOPs) and technical instructions issued by the Ministry of Health. Instructions and work guidelines are communicated hierarchically from the Padang City Health Office to program managers and implementing staff.

However, the process of delivering policy updates from the Health Office to field implementers sometimes experiences delays, particularly regarding adjustments to targets and the SITB reporting format. This situation results in inconsistent adaptation of new policies across all staff. This situation aligns with Edward III's view that clarity, consistency, and a smooth flow of communication are essential prerequisites for effective policy implementation.

Resources

In terms of resources, the Lubuk Buaya Community Health Center has a laboratory equipped with Molecular Rapid Test (TCM) equipment and an adequate supply of anti-TB drugs. This support allows for early detection and rapid and accurate patient treatment. However, the number of implementing staff remains limited. Some staff are concurrently involved in other programs, increasing their workload and reducing focus on TB control activities. Furthermore, budget constraints have also reduced the intensity of off-site activities such as outreach and close contact tracing.

This situation illustrates that human and financial resources are crucial factors in policy implementation. Even if the policy direction is sound, limited resources can hinder effective implementation in the field.

Disposition (Attitudes of Policy Implementers and Beneficiaries)

The attitude and commitment of program implementers at the Lubuk Buaya Community Health Center are considered high. TB officers actively educate, monitor, and accompany patients throughout their treatment period. This demonstrates a alignment between the implementers' personal values and the policy's objectives.

However, challenges arise from the community. Some patients discontinue treatment before completion because they feel cured, while others are reluctant to seek medical attention due to the stigma associated with TB. These socio-cultural factors influence the program's success, given that community acceptance is a crucial component of Edward III's theory. Therefore, the effectiveness of implementation depends not only on policy implementers but also on the awareness and participation of the community as beneficiaries.

Bureaucratic Structure

The bureaucratic structure for implementing the TB program at the Lubuk Buaya Community Health Center has a clear division of tasks and a systematic reporting process. The implementation of the Tuberculosis Information System (SITB) reporting system has been an important innovation in accelerating the monitoring process by the Padang City Health Office.

However, cross-sectoral coordination, particularly with referral hospitals and village officials, remains suboptimal. Several cases have shown delayed feedback from hospitals, resulting in delayed tracking of referred patients. This demonstrates that the bureaucracy remains administrative in nature and has not fully adapted to the dynamics on the ground.

Discussion

The findings of this study indicate that the implementation of the Tuberculosis (TB) Control Program at the Lubuk Buaya Community Health Center (CHC) in Padang City has been moderately effective but has not yet achieved all program targets. Guided by the Minister of Health Regulation No. 67/2016 and the TOSS TB strategy (Find, Treat, and Cure), the program demonstrates commendable progress in case detection and patient enrollment, yet continues to face persistent challenges in treatment coverage and case selectivity. This section discusses these findings in light of George C. Edward III's implementation theory, which identifies four interrelated variables—communication, resources, disposition, and bureaucratic structure—as determinants of policy success.

Communication: The Importance of Clarity and Feedback Mechanisms

Effective communication is a cornerstone of successful policy implementation. The results show that communication within the TB control hierarchy—between the Padang City Health Office, program coordinators, and field staff—is generally structured through Standard Operating Procedures (SOPs) and official circulars. This vertical communication ensures that national directives and technical guidelines are disseminated to local implementers, consistent with Edward III's emphasis on clarity, consistency, and transmission accuracy. However, intermittent delays in the dissemination of updated information—particularly regarding reporting formats and new target indicators—have hindered synchronization among implementers.

This communication lag can lead to inconsistencies in data reporting and program evaluation. Studies by Sayudi et al. (2024) and Putri (2025) have similarly noted that delayed feedback and unclear directives often result in uneven implementation performance across health centers. Therefore, while the communication structure in Lubuk Buaya CHC is functionally established, it still lacks a continuous feedback mechanism that enables two-way communication between the Health Office and field implementers. The inclusion of periodic coordination meetings and digital communication platforms could enhance message clarity and accelerate adaptation to policy changes.

Resources: Balancing Technical Capacity and Workforce Limitations

The resource dimension strongly influences program execution. The presence of adequate laboratory infrastructure—especially the Molecular Rapid Test (TCM)—and the availability of anti-TB drugs demonstrate the government's commitment to strengthening diagnostic and treatment capabilities. This aligns with national priorities to expand access to early detection and effective therapy (Kemenkes RI, 2023). Nonetheless, the limited number of health workers dedicated to TB control, coupled with overlapping responsibilities, has constrained program intensity.

Human resource shortages are a recurrent issue in developing countries, where primary health centers often rely on multi-tasked staff (Rifki, 2024). This condition reduces program continuity, particularly for outreach activities such as community education and contact tracing—key pillars of the TOSS TB strategy. Additionally, limited operational funds impede field visits and cross-sectoral engagement. These findings reinforce Edward III's argument that even well-formulated policies cannot succeed without sufficient human and financial resources. Enhancing staff capacity through training, workload redistribution, and stronger budget allocation is therefore essential to ensure the program's sustainability and effectiveness.

Disposition: The Role of Commitment and Community Acceptance

Disposition, referring to the attitudes and motivation of implementers, significantly shapes policy outcomes. The TB officers at Lubuk Buaya CHC exhibit high levels of dedication and alignment with the policy's objectives. Their proactive role in patient education and treatment supervision reflects a strong internalization of the program's goals. This confirms Edward III's proposition that implementers' commitment can compensate for some structural weaknesses, such as resource scarcity.

However, the findings also highlight community-level challenges that hinder program success. The persistence of TB-related stigma and misconceptions about the disease often lead to treatment discontinuation or delayed health-seeking behavior. Similar findings by Nurzannah et al. (2023) indicate that socio-cultural barriers can significantly undermine the effectiveness of TB programs, despite strong institutional commitment. Addressing these behavioral factors requires integrating educational management strategies into TB control efforts. Continuous health education, community empowerment, and culturally sensitive communication campaigns could foster better understanding and patient adherence, transforming beneficiaries from passive recipients into active participants in public health policy.

Bureaucratic Structure: Efficiency and Intersectoral Collaboration

The bureaucratic structure at Lubuk Buaya CHC supports policy implementation through a clearly defined hierarchy and standardized reporting via the Tuberculosis Information System (SITB). The system enhances data transparency and allows the Padang City Health Office to monitor progress in real time. Nevertheless, the study found that cross-sectoral coordination, particularly with referral hospitals and village authorities, remains weak. Delayed feedback from hospitals hampers contact tracing and follow-up treatment, undermining the continuity of care.

Edward III's framework underscores that rigid bureaucratic arrangements often impede responsiveness and adaptability. The findings here resonate with Sasmita et al. (2024), who reported similar challenges in inter-agency collaboration in other regional health centers. Strengthening horizontal coordination—through integrated data sharing, cross-sectoral task forces, and decentralized decision-making—could improve efficiency and responsiveness. Furthermore, embedding collaborative leadership principles within bureaucratic structures would enhance inter-organizational trust and accountability, leading to a more cohesive TB control system.

Integrating Educational Management into Policy Implementation

A notable insight from this study is the critical intersection between educational management and health policy implementation. The program's partial success demonstrates that managerial competence and continuous learning among health workers are as vital as structural support. Integrating educational management practices—such as ongoing professional training, participatory leadership, and reflective supervision—can build adaptive capacity among implementers. This approach aligns with Creswell and Poth's (2014) argument that qualitative improvement in human capital determines institutional resilience.

By fostering a learning-oriented organizational culture, the Lubuk Buaya CHC could transform implementation challenges into opportunities for innovation. This educational management perspective extends Edward III's framework by emphasizing the development of human and organizational competencies as dynamic resources for policy execution. In the broader context, such integration contributes to sustainable public health governance in resource-limited settings, offering a model that can be replicated across other regions in Indonesia and beyond.

Implications for Policy and Practice

The findings have several implications for both policy and management practice. First, enhancing two-way communication channels and policy dissemination speed is essential for alignment across all program levels. Second, investment in human resources and operational funding should be prioritized to maintain program momentum and improve field outreach. Third, community-centered education and stigma reduction must become integral components of TB control strategies. Lastly, strengthening cross-sectoral coordination and adopting collaborative, educationally informed management approaches will enhance policy adaptability and sustainability.

Overall, this study reaffirms that effective TB control requires more than compliance with regulations—it depends on the interplay of technical resources, human commitment, and managerial learning. The Lubuk Buaya experience illustrates how policy implementation theories can be practically applied to analyze and improve local health governance. Through a combination of structured communication, adequate resources, supportive attitudes, and adaptive bureaucracy, TB elimination targets can become more attainable within Indonesia's primary health care framework.

CONCLUSION

This study reaffirms George C. Edward III's policy implementation theory, emphasizing that the success of public policy execution depends on the synergy of four fundamental components: effective communication, adequate resources, strong implementer disposition, and an adaptive bureaucratic structure. The implementation of the Tuberculosis (TB) Control Program at the Lubuk Buaya Community Health Center in Padang City demonstrates a relatively effective performance, even though it has not yet reached full optimization. The program operates in alignment with national guidelines, supported by the Tuberculosis Information System (SITB) and a high level of commitment among health workers.

Nevertheless, several challenges remain, particularly the shortage of human resources, limited intersectoral coordination, and low community participation in TB control activities. These obstacles illustrate that policy effectiveness in the health sector is not solely determined by the quality of policy formulation but also by the local capacity to interpret, adapt, and implement national directives within specific socio-administrative contexts.

Academically, this study contributes empirical evidence that effective public health policy implementation requires not only structural and procedural compliance but also managerial competence, participatory leadership, and continuous professional learning at the grassroots level. Practically, it underscores the need to strengthen human resource support, foster cross-sectoral collaboration, and simplify bureaucratic mechanisms to ensure that TB control programs at the primary care level are more effective, efficient, and sustainable.

In a broader perspective, these findings suggest that integrating educational management principles—such as capacity building, reflective supervision, and adaptive communication—can enhance the resilience of public health institutions. By bridging the gap between policy design and field execution, this approach offers a viable pathway toward achieving Indonesia's national target of TB elimination by 2030 and contributes to the global agenda for equitable and sustainable health governance.

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