

## REGIONAL GOVERNMENT POLICY STRATEGY IN IMPROVING LIFE EXPECTANCY NUMBERS IN NUSA TENGGARA BARAT

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### ABSTRACT

*This research tries to analyze the government's policy strategy as an effort to increase life expectancy in the province of West Nusa Tenggara. This study uses a qualitative approach using literature studies. Achievement of HDI figures gives important meaning to human-centered development. Four indicators have been established to measure the level of progress in three dimensions of human well-being. These three dimensions in fact affect each other. A healthy person will be able to achieve a high education and obtain a good income level. The program carried out by the provincial government in collaboration with private parties is collaboration with private hospitals in serving Public Health Insurance patients.*

Keywords: policy, life expectancy, strategy

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### INTRODUCTION

Experts have developed various ways and measures to measure the achievement of people's welfare, but most are only focused on the level of income of a region. The United Nations (UN) annually measures the effect of economic policies on quality of life, using the Human Development Index (HDI). The 1990 Human Development Report states that humans are the true wealth of the nation. The main objective of development is to create an environment that allows people to enjoy longevity, health and live productive lives. This seems to be a simple fact but this is often forgotten by various short-term activities to collect wealth and money. Until now, HDI is still believed to be a more comprehensive indicator assessing people's welfare because it does not only measure from one side, namely the economy or the level of income.

In Indonesia, the HDI is also a strategic data because in addition to being a measure of government performance in human development, the HDI is also used as one of the allocators for determining the General Allocation Fund (DAU). HDI is an indicator to measure the quality of human life from three dimensions, namely social, health and economic dimensions. The social dimension of its manifestation is the level of "knowledge", with indicators of long school expectations (HLS) and average length of schooling (RLS). The manifestation of health dimension is "long and healthy life", with an indicator of life expectancy at birth (AHH). The economic dimension of its embodiment is "decent life", measured by an indicator of adjusted real expenditure per capita (Purchasing Power Parity) or purchasing power. The three components are in fact related to one another. An increase in one component will cause an increase in HDI.

The 2014 Human Development Report entitled "Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience", released by the United Nations Development Program (UNDP) comprehensively explains the performance of countries in maintaining the welfare of their citizens. Indonesia's HDI rank in 2014 has not changed compared to the previous year, namely in the 108th position. ASEAN member countries other than Singapore (rank 9), Brunei (rank 30), Malaysia (rank 62) and Thailand (rank 89), are ranked lower from Indonesia, namely Myanmar (rank 150), Laos (rank 139), Cambodia (rank 136), Vietnam (rank 121) and the Philippines (rank 117). Nationally, the Indonesian HDI shows an increase, but the increase is still in a very small amount that is an average of 0.59 per year or around 0.89 percent per year.

Almost the same situation occurs at the provincial level. Each province experienced an increase in HDI, but there was no significant increase in HDI from year to year. Data from the Central Statistics Agency (BPS) shows that the HDI conditions in each province in Indonesia from 2010 to 2014 have increased with an average increase of 0.6 per year. District / municipal HDI levels generally increase but in less than an encouraging amount of 0.62 per year on average. The status of autonomy owned by the region should make the regional government have the authority to regulate their own regions and make development run faster. Regional autonomy is expected to bring government services closer to the community, make it easier for the community to monitor and control the management of the Regional Budget (APBD), and create healthy competition between regions and encourage innovation. APBD allocation is a reflection of the policy direction taken by the Regional Head. Which areas are the priorities of the development of a region at certain times can be seen through the budget allocation.

Discrepancies between the number of APBD and HDI occur in some regions. A high APBD should indicate that the region is increasingly rich in resources. The greater the ability of the region to improve the welfare of the community is shown by the increasing HDI rate. But in reality, this does not always happen. The average percentage increase in regional income at the provincial level in 2012-2013 was 17.8 percent, very far compared to the percentage of HDI increase in 2013-2014 of 0.76 percent. It is assumed that this year's budget will affect the HDI the following year. Several factors support the writing of this paper, one of which is related to the government's obligation to improve the quality of life of its population, starting with meeting its basic needs, namely clothing, food, shelter, education and health. Basic needs are very important and often are emergency because they involve life and death that require government assistance to immediately meet them namely health needs. The regional government, through the allocation of the health budget, seeks to meet the health needs of the community, among others in the form of providing health infrastructure, experts and medicines. But in reality, the amount of the budget allocated for health in some areas is relatively small even below the minimum amount stipulated in the law including the Province of West Nusa Tenggara and some districts / cities in the Province of West Nusa Tenggara. According to Law number 36 of 2009 concerning Health, the amount of the budget for health affairs in the regions is ten percent of the total APBD excluding salary. Until 2014, there were still many regions that could not fulfill the provisions of the law, including the Province of West Nusa Tenggara.

West Nusa Tenggara Province is the province with the 14th largest population in Indonesia. Data from the results of the population census in 2018 conducted by BPS showed that the population of West Nusa Tenggara Province was around 4,955,600 inhabitants or 1.9 percent of the total population of Indonesia. Improving the health status of the population of West Nusa Tenggara will have a profound effect on the health status of the Indonesian population. In addition, the geographical location of the Province of West Nusa Tenggara should make it easier for residents to access better health services. In fact, from year to year from 2013 to 2018, the sequence of HDI of the Province of West Nusa Tenggara has not moved, which ranks 29th out of 34 provinces in Indonesia. The West Nusa Tenggara Province's HDI also has remained in the "medium" category from 2013-2018. There were no significant developments in the West Nusa Tenggara Province HDI. NTB Province's HDI has increased from 66.58 in 2017 to 67.30 in 2018. The NTB Province's HDI is still in the medium achievement category. NTB HDI growth in 2018 reached 1.08 percent. NTB HDI growth rate is the seventh fastest compared to other provinces in Indonesia. The regency / city HDI in West Nusa Tenggara Province is also relatively stable or stagnant. AHH West Nusa Tenggara Province in 2013-2018 is in a position above the average AHH of other provinces in Indonesia. The position of AHH West Nusa Tenggara Province is quite good on a national scale (AHH Indonesia in 2014 reached 70.9), but AHH of West Nusa Tenggara Province can still be improved to a better direction because when compared to other countries, AHH Indonesia is still lagging behind. According to BPS data, several ASEAN member countries whose HDI ranks below Indonesia even have AHH higher than Indonesia such as Cambodia (AHH71.6) and Vietnam (AHH75.9).

The budget for health affairs as stated in the Regional Budget of Revenue and Expenditure (APBD) of West Nusa Tenggara Province in 2010-2014 consisting of direct expenditure and indirect expenditure has fluctuated from year to year but with an increasing trend. Fluctuations in the health budget do not cause fluctuations in AHH. AHH West Nusa Tenggara Province is increasing from year to year. The health budget in the APBD consists of a budget for direct expenditure and a budget for indirect expenditure. In more detail the direct expenditure budget consists of the budget allocated for employee expenditure, goods and services expenditure, and capital expenditure in the health sector. Indirect health expenditure is usually in the form of employee expenditure. Often the composition available for each allocation is felt to be less balanced. In one region there is a greater portion of employee expenditure, while in other regions the focus is on capital expenditure, namely improving health infrastructure. Fulfilling public health needs cannot be left entirely to the private sector because it is a basic human need that is the responsibility of the government. Appropriate health budget allocation is expected to improve health services by the government and facilitate the public in accessing health services so as to improve the quality of public health. Thus, human development in the regions can run better, among others, with an increase in AHH indicators.

## METHODOLOGY

This study uses a qualitative approach using literature studies. Achievement of HDI figures gives important meaning to people-centered development. Four indicators have been established to measure the level of progress in three dimensions of human well-being. These three dimensions in fact affect each other. A healthy person will be able to achieve a high education and obtain a good income level. A high level of education will also open up one's chances of earning a higher income and influencing a healthier lifestyle. The high level of income will also make it easier for someone to get access to education and health services both provided by the government or the private sector. As has been stated by experts, health is very closely related to the development of human resources because health is one of the basic assets owned by humans.

## RESULT AND DISCUSSION

### 1. Government Expenditures on Health in West Nusa Tenggara 2009-2018

Based on the results of data collection and the District / City Health Profile of West Nusa Tenggara Province, health funding is sourced from government funds, private funds and donor funds. The largest funding comes from government funds which include the Regency / City APBD, Special Allocation Funds (DAK), Foreign Loans / Grants (PHLN), Askeskin, Provincial APBD + UPTD and others (WSLIC II, Deconcentration, Assistance Task). Health funding for deconcentration funds sourced from the inter-program / satker APBN with varying achievements. Topping the program / satker Drugs and Health Supplies (99.84 percent), Programs / satker Health Promotion and Community Empowerment (95.85 percent), following the program / satker Community Nutrition Improvement (93.92 percent), but the lowest realization namely the program / work unit Public Health Efforts (79.33 percent). The absorption of deconcentrated funds from the West Nusa Tenggara Provincial Health Office only reached 87.44%, the absorption of funds did not reach 100 percent because operational activities began at the end of 2010. NTB Province health development financing in 2012 was obtained from various sources, namely district / city APBDs in NTB, NTB Province APBD, APBN (Deconcentration Funds, Co-administered Tasks (TP) including Hospital TP and Health Operational Assistance (BOK), Jamkesmas and Jampersal), Foreign Loans / Grants (PHLN), other government sources, private and community. In 2013 the NTB Province's health budget was recorded at Rp. 1,131,074,509,208 or Rp. 243,326 per capita / year. When compared with WHO's statement that the ideal health budget to guarantee the implementation of essential health programs / services is US \$ 34 / capita or around Rp.340,000 / capita (1 US \$ = Rp. 10,000), it means that the health budget in districts / cities is still far away under the benchmark about the adequacy of the health budget in the district / city. The health budget comes from the district / city APBD as much as Rp.597,297,173,082 (56.04 percent of the total health budget in the whole NTB Province). Law number 36 of 2009 mandates that the budget for the health sector is 10 percent of the regional budget excluding salaries. If Direct Expenditure from district / city APBD is Rp. 256,066,428,315 and the total APBD of regencies / cities in NTB Province in 2013 was Rp.6,895,116,967,809 meaning the budget for the health sector outside of salary was only 3.84 percent.

NTB Province health development financing for 2017 was obtained from various sources, namely district/city APBDs in NTB, NTB Province APBD, APBN (Deconcentration Fund) and Foreign Loans / Grants (PHLN). In 2017 the NTB Province's health budget was recorded at Rp 2,236,402,197,786 or Rp.451,468 per capita / year. When compared with WHO's statement that the ideal health budget to guarantee the implementation of essential health programs / services is US \$ 34 / capita or around

Rp.461,040 / capita (1US \$ = Rp.13,560), it means that the health budget in the district / city is still below the benchmark about the adequacy of the health budget in the district / city. The health budget comes from the district / city APBD, namely from the Health Office and the Regional Hospital as much as Rp.2,128,264,016,904 (95.16 percent) of the total health budget in the Province of NTB. Law number 36 of 2009 mandates that the budget for health is 10 percent of the regional budget excluding salaries. If Direct Expenditures from the Regency / Municipality and Province APBD in 2017 amount to Rp.1,647,064,599,127 and the total District / City and Province APBD in 2017 is Rp.20,809,194,366,283 means the budget for the health sector outside of salary does not meet the target ie around 7.92 percent.

## 2. Policy Program for Increasing Life Expectancy in West Nusa Tenggara

In order to increase Life Expectancy, the Regional Government of West Nusa Tenggara Province has formulated and implemented a policy program as follows:

### a) Nutrition Improvement

The Community Nutrition Improvement Program in West Nusa Tenggara Province is directed to support the acceleration of achievement of the RPJMD target, namely the reduction in the prevalence of malnutrition, through community nutrition education activities, prevention of malnutrition both macro and micronutrients, nutritional surveillance with a community empowerment approach. Cases of malnutrition found in NTB Province during the last 5 years are still quite large, but from 2013 to 2015 showed good development, where the number of cases of malnutrition found decreased, although in 2016 cases of malnutrition again increased to 403 cases. But in 2017, malnutrition cases that were found again declined to 266 cases. If predicted based on the results of the PSG in 2017, the prevalence of malnutrition is 4.30% of the number of children under five reported in NTB Province, which is approximately 500 thousand children under five. So that it can be predicted that around 21 thousand cases of malnutrition children under five in NTB Province, the findings of reported malnutrition cases are still very low, meaning there are still many cases of malnutrition that are not found or monitored by health workers. Thus it is necessary to carry out activities that can improve the discovery of cases of malnutrition in the community such as optimizing the growth of children in the Posyandu and feeding children according to standards.

### b) School Health Efforts (UKS)

One of the strategic efforts to improve the quality of human beings in NTB Province is education and health efforts, and this effort is most precisely carried out through educational institutions. School as a place for the process of teaching and learning must be a "Health Promoting School" meaning "a school that can improve the health status of school residents". All of these will be achieved if the school and its environment are fostered and developed through School Health Efforts (UKS). UKS is carried out through the Trias UKS program covering aspects of health education, health services and the promotion of healthy environment schools. The health service aspects of the UKS are general health checks and oral and dental health of elementary school students and at the same level and through health screening for grade 1 students in primary schools. Coverage of health screening for grade 1 students

Elementary school / equivalent in NTB Province in 2017 was 90.54 percent so that there were some elementary school students / grade who did not receive health services. There are no districts / cities in NTB Province that have 100% provided health services / screening for Grade 1 students / grade and the lowest coverage is Dompu District. The average coverage of health screening for 1st grade / equivalent students in NTB Province in 2017 increased slightly compared to the coverage in 2016. Health services for school children also include dental and oral health services. Dental health education needs to be instilled early on, including when children get basic education. School-age children have a fairly high contribution to visits in dental poly with cases of tooth decay resulting in the tooth being removed. Dental and oral health education aims to break the chain of cases of tooth decay and reduce the number of teeth pain. Even though dental health service activities in schools in the UKGS program have been running for a long time, the impact of the UKGS program on the dental health status of elementary school students has not been satisfactory. In addition to student dental examinations (curative), the UKGS program is also oriented towards mass and individual preventive and promotive activities such as joint toothbrush demonstrations. The joint toothbrush demonstration activities conducted by elementary school students in 2016 in NTB Province were only reported by 7 districts / cities.

### c) Dental and Oral Health Services

Health development is directed to improve the overall level of public health including dental and oral health services in primary health care facilities that are widely used by the community. Dental patient visits from year to year also increased significantly. Tooth extraction is still the most common case at the Puskesmas. Permanent tooth extraction is a curative and rehabilitative measure, the action is carried out because there are no other alternatives, this is because dental care is not done properly early. Dental health services especially permanent tooth extraction in 2017 decreased compared to 2016. Unlike in 2016, in 2017 the rate of tooth restoration is higher than the permanent tooth extraction rate, but the rate of permanent tooth extraction in 2017 is still high. This needs to be a concern, because most people choose to pull teeth instead of maintaining, so it is necessary to educate about good dental care as early as possible. The ratio of fixed tooth lift compared to permanent tooth extraction increased from 0.70 in 2016 to 1.16 in 2017. Almost all regencies / cities in NTB Province, the number of permanent tooth extractions is higher than fixed tooth extraction, only West Lombok Regency, The city of Mataram and the Regency of Bima which have a fixed gear greater than permanent tooth extraction. That is because most people still pay less attention to oral health and the low promotion of oral health.

d) Elderly Health Services

The increase in life expectancy makes the population of the elderly group even greater. However, improvements in elderly health services have not been a concern. Elderly who get health services in 2017 only 39.39% of the total elderly. This illustrates that districts / cities in NTB Province have not paid attention to health services for the elderly who are at risk age groups.

e) Health Promotion

Health counseling is an educational activity carried out by spreading the message, instilling confidence, so that the community is aware, knows and understands, wants and can do a suggestion that has to do with health. Health education is a combination of various activities including home visits and dissemination of health information.

### 3. Policy Strategy for Increasing Life Expectancy in West Nusa Tenggara

The policy strategies that have been implemented by the Regional Government of West Nusa Tenggara Province in an effort to increase numbers and life expectancy are as follows:

a) Providing financial assistance to district / city governments in accordance with budget allocations that are on target, on time and in the right amount accompanied by supervision of its implementation with the main focus of reducing mortality rates. The Provincial Government has so far provided financial assistance in the form of general assistance and special assistance to the municipal district government. General assistance is non-binding, whereas special assistance is binding. In distributing special assistance in the health sector, district / city governments are bound by the provisions contained in the technical instructions. This technical guideline was prepared by the Office of Health as the coordinator and arranged according to the type of program / activity. Technical Guidelines are prepared every year by describing the aims and objectives of activities, targets of activities, mechanisms for implementing activities, mechanisms for managing financial assistance including the amount of assistance, and reporting. Referring to Osborne and Gaebler (1992) who tried to rediscover governance by developing the concept of entrepreneurial government, government bureaucracy is no longer oriented towards culture of centralization, structuring, formalization of patistic funds but on decentralization of empowerment, partnerships, functionalization and democratization. The function of a modern government strategy must be directed to the carrying capacity and driving force to increase the participation of the community in the policy process, governance and development implementation. Many people believe that government should be run like a business. But government and business are different institutions. Therefore government cannot be run like a business. But of course that does not mean that the government is not biased in an entrepreneurial style. The relationship between the provincial government and the regency / city, with regional autonomy embracing decentralization, can be in the form of partnership. District / city governments can utilize the assistance received from the provincial government to carry out health improvement programs by involving community participation. Some programs that can be carried out include:

- 1) General financial assistance programs, for example for medical equipment procurement activities.
- 2) Special financial assistance programs, for example for activities to pay health insurance and delivery guarantees.

b) Increase cooperation with the private sector. Local governments can work together with the private sector in serving public health so that the quality of health services can be better. The program carried out by the provincial government in cooperation with the private sector is a collaboration program with private hospitals in serving Public Health Insurance (Jamkesmas) patients in the form of activities such as improving the quality of health services at private hospitals in serving Jamkesmas patients.

c) Improve overall health development planning. Health development does not only involve DPOs that deal with health problems. Many other parties are involved if they want to achieve their goals optimally, for example involving the Public Works Agency for infrastructure, involving the Road Traffic and Transport Agency for public transportation, and other parties. In formulating the RPJMD indicators, they must be comprehensive and pay attention to their interrelationships. The health service management program can be carried out with activities in the form of a revised RPJMD and RKPD to synchronize activities between DPOs, especially related to health services.

d) Improve coordination with district / city governments in an effort to improve the quantity and quality of health workers and to make equal distribution in the distribution of health workers. The provincial government coordinates with the municipal district government to increase the quantity of health workers, determining how many additional workers are needed to meet health service standards. The provincial government can recruit health workers needed to be evenly distributed to municipal districts that need them. Quality relates to competence, and competence relates to an ability that must be possessed by someone in the form of quality consisting of expertise and skills (Osborne & Gaebler, 1992). Provincial health promotion programs can be run by the provincial government in the form of:

- 1) Reallocation of expenditure on goods becomes employee expenditure for recruitment of health workers.
- 2) Providing education and training for health workers who want to improve their competence.
- 3) Equitable distribution of health distribution.

e) Increase the role of the private sector in utilizing technology that can improve the quality of health infrastructure facilities. The private sector has equipment with more sophisticated technology than equipment owned by the government. Health actors who come from the private sector usually also apply strict quality standards for health workers to support the use of sophisticated technology. The provincial government can utilize the technology of health infrastructure facilities owned by the

private sector by establishing cooperation. The referral health service improvement program can be implemented with activities in the form of a MoU on health service collaboration between the provincial government and the private sector.

f) Increase the promotion of healthy living behavior in the community and create a healthy environment and include health human resources in education and training (training) related to budget management. The provincial government can utilize the available health budget to carry out health efforts programs aimed at promoting the promotion of healthy living behaviors and healthy environments (PHBS) that involve active participation from the community. The provincial government can use the available budget by including health human resources in budget management training so that their knowledge of budget management increases.

g) Utilize health infrastructure facilities that are owned to increase the reach of the community, especially those that can reduce maternal and infant mortality rates. The government can utilize the potential and existing resources in the community in an effort to increase the scope of health services to the community. The health infrastructure facility improvement program is implemented through community-based health efforts (UKBM) including Posyandu (Integrated Service Posts), Polindes (Village Polyclinics), Toga (Family Medicinal Plants), POD (Village Medication Posts) and so on. Existing Puskesmas can be upgraded to Puskesmas that serve the community for 24 hours by becoming a PONEK Puskesmas (Basic Neonate Obstetric Service). Likewise, the hospital is a hospital with PONEK (Comprehensive Emergency Neonatal Obstetric Service).

h) Improve coordination with district / city governments in implementing health programs that involve public participation, increase the quantity and quality of health workers and budget management. Provincial governments, through coordination activities, can play a greater role in helping district / city governments serve their communities in the health sector. Coordination is a simple form of interaction, but in its implementation it is very difficult to do. The provincial government can coordinate with the district / city government to carry out community empowerment programs in the health sector for example through posyandu and village standby activities.

## CLOSING

### 1. Conclusions

Based on the results and discussion that have been described to answer the problems that have been formulated, the following conclusions can be drawn:

- a) The Government of West Nusa Tenggara Province has not been able to allocate a budget for health at least 10 percent of the total APBD excluding salaries. Health expenditure budget for the period 2010-2017, on average is allocated for goods and services expenditure, capital expenditure, indirect expenditure, and employee direct expenditure.
- b) The type of expenditure on health affairs at the district / city level either indirect expenditure, employee direct expenditure, and the ratio of capital expenditure to service goods expenditure has a positive effect on Life Expectancy.
- c) An alternative strategy that ranks first priority that can be carried out by the Government of West Nusa Tenggara Province is the strength-opportunity strategy with its small strategy, namely:
- d) Providing financial assistance to district / city governments in accordance with budget allocations that are on target, on time and in the right amount accompanied by supervision of its implementation with the main focus of reducing mortality rates. Some programs that can be carried out include programs to provide general financial assistance (for example for the procurement of medical equipment) and special financial assistance (for example for activities to pay for health insurance and maternity insurance).
- e) Increase cooperation with the private sector. The program carried out by the provincial government in collaboration with private parties is collaboration with private hospitals in serving Public Health Insurance (Jamkesmas) patients with activities such as improving the quality of health services in private hospitals in serving Jamkesmas patients.

### 2. Suggestion

Based on the conclusions, it can be recommended that a policy proposal in which the Government of West Nusa Tenggara Province needs to increase the amount of the budget, especially personnel expenditure in the health sector, can be channeled through financial assistance to municipal districts with a focus on reducing mortality (mortality). Supervision of the implementation of the budget and partnership relations with the district / city government continues to be carried out by the West Nusa Tenggara Provincial Government so that financial assistance provided to the district / city can be utilized optimally to improve health services.

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