

Improving Tuberculosis Patient Adherence Through Collaborative Governance and Public Values In Palembang City

Fenty Aprina*, Al Fitri, Muhammad Husni Thamrin, Sriati Sriati

Universitas Sriwijaya, Indonesia

Email: fentyaprina.unsri@gmail.com

ABSTRACT

Tuberculosis (TB) remains one of the most significant public health issues globally, with high morbidity and mortality rates. The City of Palembang, Indonesia, has been identified as a high-burden area for TB, which poses challenges in achieving the national and global elimination targets by 2030. This study explores the roles of collaborative governance and public value in enhancing patient adherence to TB treatment in Palembang. Using qualitative research methods, including in-depth interviews and focus group discussions (FGD) with TB patients, healthcare providers, and stakeholders, this research aims to understand how collaborative governance structures and patients' perceptions of public value influence treatment adherence. The study finds that effective collaboration between government agencies, healthcare facilities, and non-governmental organizations (NGOs) plays a critical role in improving TB service delivery and treatment adherence. However, challenges remain in the areas of data sharing, coordination, and resource allocation, which hinder the full potential of collaborative governance. Furthermore, the research reveals that patients' adherence to treatment is significantly influenced by their perception of public value, such as feeling respected, having access to equitable healthcare, and trusting the healthcare system. Patients who feel valued and treated with dignity are more likely to adhere to their treatment regimen, while stigma and discrimination remain significant barriers to adherence.

Keywords: Tuberculosis, Collaborative Governance, Public Value, Treatment Adherence, Healthcare System, Palembang

KEYWORDS

Tuberculosis, Collaborative Governance, Public Value, Medication Compliance, Health System, Palembang



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INTRODUCTION

Tuberculosis (TB) remains a significant global health problem, with a high burden of illness and death, as well as a large economic impact on households. Globally, TB affects millions of people each year, causing more than 1.25 million deaths in 2023, and is the highest cause of death from infection, surpassing COVID-19 (World Health Organization, 2024; 2025). Beyond mortality, TB represents a critical challenge to global health security due to low treatment adherence rates, which contribute to prolonged transmission, treatment failure, and the emergence of drug-resistant strains. According to WHO (2024), approximately 18% of TB patients globally do not complete their treatment regimen, directly undermining elimination efforts. This global pattern of suboptimal adherence is particularly pronounced in high-burden countries like Indonesia, where structural, social, and systemic barriers intersect to impede consistent treatment completion. Therefore, understanding and addressing the determinants of

treatment adherence—the dependent variable of central concern—is essential for achieving the 2030 TB elimination targets.

Indonesia has issued Presidential Regulation No. 67 of 2021 concerning Tuberculosis Control which mandates the implementation of a cross-sectoral strategy to accelerate TB elimination through strengthening detection, prevention, treatment, financing, and data governance (President of the Republic of Indonesia, 2021). The government also emphasized the importance of strengthening basic services through Permenkes No. 6 of 2024 which regulates technical standards for TB screening, diagnosis, management, and referral (Ministry of Health of the Republic of Indonesia, 2024). However, although Palembang City has shown progress in achieving several therapy quality indicators, such as the Treatment Success Rate (TSR) which was recorded at 91% in 2023, there is still a significant gap in the coverage of case discovery (81.4% in 2024) and the prevention of latent infections with TB Preventive Therapy (TPT) which is only 7.13% of the national target of 68% (Palembang City Health Office, 2024). This data shows that although detection and treatment have improved, major challenges remain in the compliance and linkage-to-care aspects.

Palembang City has the highest burden of TB in South Sumatra Province and one of the largest contributors to cases in western Indonesia. The high prevalence of TB in areas with high population density, such as Kemuning, West Ilir, and Kertapati, adds to the complexity of this problem, indicating a close relationship between socio-economic, environmental, and TB spreads. On the other hand, despite the increase in service capacity with the presence of 42 health centers and Molecular Rapid Test (TCM) facilities, the level of patient adherence to long-term treatment is still low, which exacerbates the potential for an increase in multidrug-resistant TB cases (Palembang City Government, 2025). This shows that in addition to clinical factors, the main problem in TB management in Palembang is the limitations in governance involving various related sectors, as well as the low participation of patients and the community in supporting the sustainability of therapy.

Collaborative governance and public value represent two theoretical frameworks increasingly recognized as critical to effective public health management, particularly in complex, chronic disease contexts such as tuberculosis control (Ahmad & Esposito, 2025; Geeraert & van Bottenburg, 2025; Pandey, 2024). Collaborative governance emphasizes the importance of shared decision-making between governments, the private sector, and communities to achieve broader public goals. The principles of openness, equal roles, and two-way communication in collaborative governance allow each party to become not only an implementer, but also a policymaker who can make an active contribution to TB control programs (Ansell & Gash, 2008; Garner, 2025; Getha-Taylor et al., 2019; Jumanah et al., 2022). In the context of the City of Palembang, collaboration between the government, health facilities, community organizations, and the private sector is essential to create an effective network to detect and treat TB, as well as to ensure patient compliance through integrated social and economic support.

Belrhiti et al. (2024) further demonstrate that collaborative governance in health services can overcome service fragmentation by strengthening referral coordination, clarifying role distribution, enabling cross-program financing, and facilitating inter-facility data exchange—all dimensions highly relevant to urban TB control programs. Their framework identifies several operational dimensions critical to success: clarity of inter-agency roles, effective

coordination mechanisms, collaborative leadership, adequate financing and resource allocation, systematic data sharing, and robust accountability and monitoring systems (Bryson et al., 2015; Hysing & Tegmark, 2022). These institutional design elements determine whether collaborative governance translates into tangible improvements in patient outcomes.

Meanwhile, the creation of public value also plays a crucial role in ensuring the success of TB control policies. Public value is reflected in the public and patients' perceptions of the benefits obtained from TB control programs, equity of access, and transparency of services provided (Moore, 1995; Bryson et al., 2014). When people feel engaged and benefit directly from policies, they are more likely to support and comply with existing health programs. Research shows that increased perception of public value is positively correlated with the level of patient adherence to treatment and program sustainability (Head & Alford, 2015). Therefore, building public trust and increasing the value that patients feel towards healthcare services is an important step in improving the level of compliance with TB treatment in Palembang.

Despite the growing body of literature on collaborative governance in health systems and public value in patient care, significant gaps remain in understanding how these two concepts interact to influence health behaviors in specific contexts. First, while collaborative governance has been studied extensively in developed health systems, limited empirical research examines its implementation and effectiveness in resource-constrained urban settings in Southeast Asia, particularly Indonesia. Second, although public value theory has been applied to various public services, its specific application to infectious disease management and treatment adherence remains underexplored. Third, no previous studies have systematically integrated both collaborative governance and public value perspectives to understand TB treatment adherence in a metropolitan Indonesian context. This study addresses these gaps by examining how governance structures and patient-perceived value jointly shape adherence behaviors among TB patients in Palembang City.

Several studies related to collaborative governance show that success in achieving public policy objectives, including in the health sector, is strongly influenced by the ability of various actors to work together effectively. In the context of TB control, international studies show that programs that involve collaboration between various sectors such as health, social, and education have a greater positive impact compared to approaches that rely only on the health sector (Purdy, 2012; Weible et al., 2020). For example, in some countries, collaboration between governments, NGOs, and local communities has succeeded in improving the early detection and treatment of TB, as well as reducing the stigma attached to the disease.

Collaborative governance in health services, according to Belrhiti et al. (2024), can overcome service fragmentation by strengthening referral coordination, role sharing, cross-program financing, and inter-facility data exchange, which are highly relevant in TB control. In this case, the relevant operational dimensions for urban TB programs include clarity of inter-agency roles, coordination mechanisms, collaborative leadership, financing and resources, data sharing, and accountability and monitoring. Adequate resources, as well as a transparent data management system and good interoperability, are decisive factors in the success of this collaborative governance (Bryson et al., 2015; Hysing & Tegmark, 2022). This emphasizes the importance of institutional design that supports the involvement of key actors in sustainable TB management.

Public value, on the other hand, includes the quality of benefits felt by citizens for services provided by the government, such as ease of access, a sense of dignity, and procedural fairness. In the context of healthcare, public value includes patients' perceptions of equity of access, information transparency, and humane service experiences, all of which affect patients' levels of adherence to TB treatment (Meynhardt, 2020; Osborne et al., 2016). In the health sector, public value is compounded with the people-/patient-centered care paradigm, which emphasizes the importance of patient experience, equity of access, and trust as determinants of care engagement (World Health Organization, 2025).

The urgency of this research is underscored by three critical factors. First, Indonesia faces an accelerating timeline toward the 2030 TB elimination target, with Palembang City representing one of the highest-burden metropolitan areas requiring immediate intervention. Current adherence rates fall significantly short of what is needed to meet national and global targets. Second, suboptimal treatment adherence is directly linked to the emergence of multidrug-resistant TB (MDR-TB), which poses exponentially greater clinical, economic, and public health challenges. With Palembang already showing signs of increasing MDR-TB cases, addressing adherence gaps is a matter of urgent priority. Third, despite existing policy frameworks (Presidential Regulation No. 67/2021; Permenkes No. 6/2024), implementation gaps persist, particularly in governance coordination and patient-centered care delivery. Evidence-based insights into the mechanisms linking governance structures and patient values to adherence outcomes are critically needed to inform policy refinement and program optimization in Palembang and similar urban contexts across Indonesia.

This study makes three distinctive contributions to the existing literature. First, it integrates two previously separate theoretical lenses—collaborative governance and public value theory—to provide a comprehensive analytical framework for understanding TB treatment adherence. While previous research has examined these concepts independently, their interaction and combined influence on patient health behaviors remain largely unexplored. Second, this research focuses on an understudied geographical and institutional context: metropolitan Palembang, a high-burden TB area in Indonesia where unique socio-cultural, economic, and health system factors shape disease management. Unlike studies conducted in more resource-rich or culturally distinct settings, this research provides context-specific insights critical for informing policy in similar Southeast Asian urban environments. Third, the study employs a qualitative phenomenological approach to capture the lived experiences and subjective perceptions of TB patients, healthcare workers, and stakeholders—moving beyond quantitative indicators to understand the nuanced, contextual factors that shape adherence behaviors. This methodological approach reveals the mechanisms through which governance and public value operate, providing actionable insights for intervention design.

This study aims to explore how collaborative governance and public value affect the compliance of pulmonary TB patients in Palembang City, as well as understand the dynamics involved in the success or failure of treatment adherence. With a qualitative approach, this study will explore the perceptions, experiences, and challenges faced by patients, health workers, and other stakeholders in implementing TB control programs. The findings are expected to provide deeper insights into the factors that affect patient compliance, as well as how governance involving various actors and the creation of public value can strengthen the success of TB programs. The results of this study are expected to provide evidence-based

policy recommendations that can strengthen cross-sector coordination and support the sustainability of treatment for TB patients in Palembang City.

RESEARCH METHOD

This study uses a qualitative approach to explore the dynamics that affect the compliance of pulmonary TB patients in Palembang City, focusing on the role of collaborative governance and public value. The qualitative approach was chosen because it allowed researchers to delve deeply into the experiences, perceptions, and views of relevant actors including patients, health workers, and other stakeholders in implementing TB control programs, as well as the factors influencing their adherence to long-term treatment.

This study uses a case study design with a phenomenological approach, which aims to understand the subjective experiences of the participants regarding collaborative governance in TB control and how public values play a role in shaping patient compliance. This approach allows researchers to assess not only individual feelings and perspectives but also social interactions that occur in the context of TB management in Palembang City.

The informants in this study consisted of three main groups: (1) Pulmonary TB Patients: Individuals who are undergoing or have undergone TB treatment, (2) Health Workers: Doctors, nurses, and other health workers involved in TB treatment services at health centers and hospitals in Palembang City, and (3) Other Stakeholders: Officials from the Palembang City Health Office, members of civil society organizations, as well as the private sector involved in TB control. The selection of informants is carried out using the purposive sampling technique, where individuals who have knowledge and experience relevant to the phenomenon being studied are selected deliberately (Creswell, 2014).

Data were collected through in-depth interviews and focus group discussions (FGDs) to gain more comprehensive insights into participants' perspectives on collaborative governance and public value in TB treatment. Interviews were conducted using semi-structured interview guidelines that allowed flexibility in delving deeper into the topic, but still within the framework of the research objectives (Kvale, 2007). The focused group discussion will provide an overview of the dynamics of interaction between actors in the health system in Palembang City.

Data analysis was conducted using thematic analysis theory that identified key patterns and themes in interview and FGD data (Braun & Clarke, 2006). This process involves coding data, grouping themes, and interpreting the meanings of various elements related to collaborative governance and public values. The collected data will be analyzed inductively, taking into account the local context of Palembang City and the socio-economic characteristics of the local community.

To ensure the validity and validity of the data, this study will use a triangulation technique that involves collecting data from various sources, namely interviews, FGDs, and related policy documents (Denzin, 1978). In addition, member checking is done by asking participants to double-check temporary findings to ensure that the interpretation made by the researcher is accurate and reflects their views (Creswell, 2014).

This study adheres to ethical principles in qualitative research, including informed consent of all participants who declare that they participate in the study voluntarily, as well as ensuring the confidentiality of their personal data. All participants were informed of the

purpose of the study, the procedures to be performed, as well as their right to withdraw from the study at any time without consequences (Cohen & Crabtree, 2006).

RESULT AND DISCUSSION

This section presents and analyzes findings from in-depth interviews and focus group discussions (FGDs) to provide a comprehensive understanding of how collaborative governance and public values influence treatment adherence among pulmonary TB patients in Palembang City. The analysis integrates empirical findings with theoretical frameworks of collaborative governance (Ansell & Gash, 2008; Emerson & Nabatchi, 2015) and public value (Moore, 1995; Meynhardt, 2020), examining the dynamics, barriers, and facilitating factors that shape patient and healthcare worker experiences within Palembang's TB service system.

Patient Experience in Undergoing TB Treatment

Most of the patients interviewed in the study revealed that their adherence to TB treatment was influenced by a variety of interrelated factors, involving social, psychological, and practical aspects. These findings reflect the complexity of the TB treatment process that involves not only the medical aspect, but also the interpersonal dynamics and social environment of the patient.

Social and Family Support

For many patients, family and community support is a key factor in motivating them to undergo treatment regularly. Patients who feel emotionally supported by their families, as well as receiving attention from the community, tend to be better able to undergo treatment well even though the process takes a long time. Most of the patients interviewed revealed that their families played an important role in maintaining their adherence to treatment. One patient revealed, "My family always reminds me to take medication, they understand how important this medication is for my recovery. Without their support, I might have stopped. For some patients, family not only plays a role in reminding them to take medication, but also in providing the psychological support needed during a challenging period of treatment. Emotional dependence on family gives them a sense of security and motivation to survive a long and sometimes exhausting treatment.

Challenges for Patients Without Strong Social Support

However, a major challenge arises in patients who do not have a strong support system. Patients who live in remote areas or who do not have family or close friends to support them often have greater difficulty maintaining adherence to treatment. These patients report that they feel more isolated, both emotionally and socially, which makes it easier for them to lose motivation to continue treatment. One of the patients who lives in rural areas said, "The distance to the health center is far, sometimes I have to wait a long time to get medicine, this makes me sometimes lazy to come again."

In addition, some patients reported great difficulty in accessing health facilities due to transportation and time constraints. Patients who live far from health care centers often find it difficult to come to health centers or hospitals on a regular basis, especially if they do not have

private vehicles or easy access to public transportation. One of the patients revealed, "Sometimes I have to leave early in the morning to get to the health center, it takes a long time, sometimes I feel tired and end up canceling my control appointment." These long distances and transportation limitations increase the difficulty of patients in getting medication regularly and undergoing follow-up examinations.

Economic Issues and Health Access

Not only geographical limitations are a challenge, but also economic factors play a role in reducing patient compliance. Some patients revealed that although they tried to stay on top of treatment, they faced economic constraints, such as transportation costs and lost income during their long-term treatment. A patient who works as a day laborer said, "I have to work every day to earn money. If I have to go to a health center or hospital, I lose my income, and that becomes an additional burden on my family." This condition exacerbates the inability of some patients to follow treatment regularly.

Drug Side Effects and Psychological Effects

In addition to social and economic factors, the side effects of TB drugs are also a big obstacle for some patients. Although many patients understand that TB treatment takes a long time and is full of sacrifices, the side effects of the medications they take often make them want to stop treatment. Some patients report nausea, dizziness, fatigue, and serious indigestion as very bothersome side effects. One patient who experienced severe side effects said, "There are a lot of medications, and sometimes the side effects make me very nauseous and dizzy. It made me want to stop, but I knew I had to keep going to treatment to get better."

These side effects not only affect the patient's physique, but also impact their psychological state. Many patients feel frustrated and anxious when they do not feel positive changes after some time of treatment. One patient said: "Sometimes I feel hopeless, because even though I have been on medication for several months, my condition has not improved. I felt nauseous constantly, and it made me wonder if I would ever really recover." This suggests that TB treatment not only affects the body, but also the mental state of the patient, which can influence their decision to continue treatment.

The Importance of Education and Counseling

One of the important findings from the interview is the importance of education and counseling carried out by health workers. Patients who are clearly informed about the importance of treatment, the side effects of the medication, and how to deal with it, are more likely to continue their treatment. For example, patients who are given information on how to manage nausea and other side effects feel better prepared for treatment. One patient who received intensive education on TB treatment said, "After I was told how to deal with the side effects, I felt better and more confident to continue treatment."

This counseling also includes strengthening an understanding of the consequences if treatment is stopped, which helps patients understand how important it is to complete their treatment in full. Clear and in-depth information regarding TB treatment can be an important factor in improving patient adherence.

Health Workers' Perception of Collaboration in TB Services

From the perspective of health workers, collaboration between health facilities including health centers, hospitals, and non-governmental organizations is considered a very important element in improving the effectiveness of TB treatment services in Palembang City. Many health professionals state that cross-sector collaboration not only improves early detection capabilities, but also speeds up the treatment process and increases the success of therapy. One of the doctors at the referral hospital said, "We often hold cross-facility coordination meetings, this helps in speeding up patient handling and minimizing errors in the treatment process." This statement reflects the understanding that good coordination between various parties can reduce the potential for errors in treatment and increase the speed of response to patient conditions.

Coordination Between Health Facilities

Most of the health workers interviewed highlighted the importance of regular meetings between health centers, hospitals, and non-governmental organizations to discuss patient development, especially TB patients who require intensive treatment. In interviews, participants reported that good coordination helped speed up case referrals and ensured patients received the right treatment at the right time. A head of the health center explained, "Regular coordination between the health center and the hospital makes it easier for us to handle more complex patients, especially in the case of drug-resistant TB. We can also directly refer patients who need further treatment without any delay."

However, the biggest challenge in the implementation of this collaboration is the separate information system between health facilities. Although there is an information exchange mechanism between health centers and hospitals, health workers reveal that data is often received late or incomplete, which affects the smooth handling of patients. A nurse from the health center revealed, "Sometimes patient information does not arrive on time, this affects the follow-up of their treatment. We need a more integrated data system to be faster and more accurate." This suggests that while collaboration is ideologically accepted, technical implementation in terms of information sharing still needs to be improved to make the process more efficient.

Limited Resources and Financing

Another obstacle faced by health workers in carrying out effective collaboration is limited resources and financing. Although health workers recognize the importance of coordination and collaboration in improving TB services, many of them feel that limited funding is a major barrier to carrying out these collaborations effectively. One of the program managers at the health center said, "We want to provide more support to patients, but limited funds prevent us from providing incentives to health cadres and to provide adequate facilities." This budget constraint also has an impact on the lack of training and capacity building of health workers in dealing with the more complex challenges of TB treatment.

In addition, many health workers complain about the lack of adequate financial incentives for health workers directly involved in handling TB, such as health cadres or officers who treat TB patients in the field. This inadequate incentive reduces their motivation to work optimally and impacts the quality of services provided to patients. One of the TB officers at

the health center said, "Many of us work harder to treat TB patients, but sometimes there are not enough rewards or incentives. This makes us feel burdened and lacking enthusiasm in providing the best service."

Challenges in Improving Collaboration Between Sectors

In addition to financing issues, another challenge faced in enhancing collaboration is the lack of a common understanding among various actors regarding their goals and roles in TB management. Although inter-facility coordination meetings are conducted, there are often discrepancies in understanding priorities and procedures to be followed. For example, although many actors in the health system are involved in TB control, not all of them fully understand their specific role in the broader context. A doctor at the hospital said, "Sometimes we feel that there is a difference of understanding between the hospital and the health center regarding treatment procedures. This could lead to confusion in the referrals and treatment given." However, the doctor also acknowledged the importance of joint discussion forums to equalize understanding.

The Role of Technology in Supporting Collaboration

Technology is an important aspect that is expected to support this cross-sector collaboration. Some health workers suggested that the health information system be more integrated so that patient data can be accessed more easily and on time. The use of digital technology in managing TB patient data and information exchange between facilities can accelerate the response to patient needs. One of the health workers at the referral hospital proposed, "A better digitization system between the hospital and the health center will greatly help us in monitoring the patient's condition in real-time, so that there are no more cases of patients missing or late getting treatment." However, while there is a push to adopt technology in health systems, not all healthcare facilities have access or resources to support the implementation of these systems. This is a challenge for some health centers located in remote areas, where digital infrastructure is inadequate.

Cross-Sector Collaboration in Improving Patient Compliance

Overall, health workers realize that the success of TB control depends not only on health facilities, but also on the involvement of other sectors, such as non-governmental organizations (NGOs), the private sector, and the community itself. They consider that inter-sector collaboration is essential to expand the reach of TB detection and treatment. An officer at an NGO focused on TB control stated, "Collaboration between the health sector and NGOs is very helpful in reaching previously underserved communities, especially in terms of TB education." NGOs play an important role in providing health information to the public and driving behavioural change that supports the success of TB programmes.

Health professionals also suggest that to achieve better outcomes, it is important to ensure there is a clear division of tasks between different actors in TB management, as well as an effective evaluation system to monitor the results of these collaborations. A well-organized monitoring system allows for more effective collaboration, ensuring that each actor is accountable for their part in the treatment process.

Public Value in Patient Experience and Medication Adherence

Public value plays a very important role in determining the level of patient adherence to TB treatment. Public values here include various dimensions, such as a sense of respect, fairness in access to services, and trust in the existing health system. The results of interviews with pulmonary TB patients showed that those who felt valued and treated with respect by healthcare workers tended to be more compliant with the treatment they underwent. This positive experience is directly related to the patient's sense of security and confidence in undergoing long-term therapy that requires full commitment.

Most patients who have good relationships and open communication with healthcare professionals report that they feel more supported and motivated to continue their treatment. One patient revealed, "The doctor always explained very well about the medication I was taking and the side effects. It made me more confident and not afraid to continue treatment." This shows the importance of clear, open, and empathetic communication from healthcare workers in building patients' trust in their treatment process.

The Effect of Transparency and Trust on Compliance

Transparency in communication between patients and healthcare workers is one of the important aspects in creating positive public value. Patients who feel they have clear information about their treatment including how to manage side effects are more likely to adhere to treatment. One of the patients who received a full explanation of the treatment and the potential side effects said, "The doctor not only told me about the medication, but also what would happen if I didn't follow the schedule. It gives me a sense of responsibility to continue treatment." When patients feel that they have more control over their treatment process thanks to clear information and good understanding, they feel more confident and motivated to follow the treatment schedule. The clarity of this information reduces the patient's fear or confusion, which is often the main reason for non-compliance.

Social Stigma and Its Impact on Compliance

However, not all patient experiences are positive experiences. Some patients express negative experiences related to the stigma they feel as a result of their TB disease. This stigma often comes from the surrounding community who still have a negative perception of TB disease, so patients feel embarrassed to open up about their condition. One patient said, "I was scared if people found out I had TB. It embarrasses me and sometimes I don't come for control." Social stigma is a major obstacle in maintaining patient adherence to treatment. Shame and fear of being perceived as a social burden make some patients reluctant to continue their treatment. The fear of judgment or social rejection often outweighs the sense of responsibility for their health, which causes treatment to not be continued until it is completed. This suggests that the stigma inherent in TB can damage patients' relationship with the health system, reduce their confidence, and prevent them from continuing treatment.

Justice in Access to Health Services

Fairness in access to health services is also a determining factor in shaping the perception of public value among patients. Many patients report that they feel more valued when they are provided with fair health care, without discrimination. Patients who feel that they are getting

equal treatment and equal access to healthcare have higher levels of adherence. One patient revealed, "I felt prioritized because the doctors and nurses didn't differentiate me from other patients, even though I lived in a fairly remote area."

However, some patients feel that their access to healthcare is limited due to their location far from healthcare facilities. This is especially the case in patients who live in rural areas or areas with limited access to adequate medical facilities. One patient said: "I had to travel long distances to get treatment, and sometimes the facilities were inadequate. It makes me feel less cared for." These limitations in terms of access reduce the sense of justice that patients feel towards healthcare, which ultimately affects their level of adherence to treatment.

The Importance of Respect for the Dignity of Patients

In addition to fairness and transparency, respect for the dignity of patients is also one of the important components in creating positive public value. Patients who feel respected in every interaction with healthcare workers are more likely to continue their treatment more diligently. They appreciate care that not only pays attention to the medical aspect, but also treats them with empathy and respect for their personal condition. For example, one patient said, "The doctor always treated me with respect, asked how I felt, and gave me space to speak. It makes me feel important."

Respect for the dignity of patients is also included in the way healthcare workers handle patients' personal and social issues, as well as safeguard their privacy. Patients who feel that they are not seen as a burden or problem are often more motivated to adhere to treatment, because they feel valued as individuals.

Collaboration Dynamics and Public Value Perception in Patient Compliance

The dynamics between collaborative governance and public value show a mutually reinforcing relationship in improving patient adherence to TB treatment in Palembang City. Findings from interviews and focus group discussions (FGDs) show that these two elements: collaboration between actors involved in healthcare and the public value perceived by patients play a crucial role in shaping patients' motivation to continue their treatment. On the one hand, effective collaboration between governments, healthcare facilities, and the private sector is able to create a supportive environment for patients to complete their treatment. On the other hand, the perception of high public value, which is reflected in a sense of respect and respect, gives patients a sense of control and responsibility towards their health, which ultimately drives their adherence to TB treatment.

Cross-Sector Collaboration and Medication Compliance

Good collaboration between various sectors, both government, health facilities, and the private sector, has been proven to have a positive impact in increasing patient adherence to TB treatment. Several health workers interviewed revealed that coordination between health centers, hospitals, and NGOs has created a stronger network in supporting patients, both in terms of early detection and ongoing care. One of the doctors at the referral hospital stated, "Collaboration between these health facilities is very important. We often hold cross-facility coordination meetings, this helps in speeding up patient care and minimizing errors in the treatment process."

The importance of this collaboration is also reflected in the ability of various actors to share relevant information and data about patients. Effective collaboration requires a fast and transparent data exchange mechanism between healthcare facilities so that the treatment provided is timely and in accordance with the patient's needs. However, despite the mechanism, some health workers expressed challenges in terms of the speed and accuracy of information received between facilities. One of the nurses at the health center explained, "Sometimes patients' data is received late or incomplete, which affects their treatment. We need a more integrated and efficient information system to be able to provide better services."

On the other hand, while inter-sector collaboration is an important factor in improving service quality, challenges in terms of financing and clear division of tasks between actors remain obstacles to the optimal implementation of collaboration. One of the program managers at the health center said, "We want to work better together, but limited funds and resources prevent us from doing more collaborative activities that can help improve patient adherence." Therefore, it is important for governments to increase budgets and support to facilitate more effective collaboration between various health actors.

Perception of Public Value in Patient Compliance

In addition to collaboration, the perception of public value that patients feel also greatly affects their level of adherence to treatment. Many patients report that they feel more motivated to pursue treatment when they feel valued and treated with respect by healthcare professionals. High public values, reflected in trust, fairness in access to services, and respect for the dignity of patients, strengthen patient involvement in the treatment process. An example that comes up in interviews with patients is when they feel involved in their treatment process. One patient said, "The doctor always gave me a clear explanation of the medication I was taking and what I should do if there were any side effects. This makes me feel valued and more confident to continue treatment."

When patients feel that they are part of the treatment process and have control over their medical decisions, they tend to be more responsible for their treatment. For example, one of the doctors at the health center said, "Collaboration between health workers and patients is very important. When patients feel valued and involved in medical decisions, they are more likely to follow their treatment well." Trust built through open and transparent communication allows patients to feel more comfortable undergoing long-term treatment that requires full commitment.

Patient Trust and Compliance Dynamics

One of the important elements of public value is trust, both in health workers and in the healthcare system as a whole. Patients who feel that they can trust their healthcare workers and that the health system treats them fairly tend to be more compliant with their treatment. On the other hand, patients who feel that they are being treated unfairly or are not receiving enough attention, both from health care workers and from the health care system, often have difficulty continuing their treatment.

One patient said, "I feel appreciated because the doctor has always patiently explained every stage of my treatment. They also always make sure I understand what to do. It made me feel more confident in them and more willing to follow the treatment." These positive

experiences show that collaboration built with high trust between patients and healthcare workers is essential to create an environment that supports treatment success.

However, a major challenge arises when patients feel discriminated against or treated unfairly. An example was given by patients who felt that the stigma towards their TB disease was hindering their involvement in treatment. One patient said, "I'm afraid people know I have TB, and sometimes it makes me not want to come to the health center for a checkup. The shame is very heavy." This fear of social stigma can reduce a sense of trust in the health system and cause patients to discontinue their treatment. Therefore, creating a stigma-free environment is essential to reinforce public values in TB treatment.

CONCLUSION

This study aims to explore the dynamics of collaborative governance and public value in improving the compliance of pulmonary TB patients in Palembang City. Based on the findings obtained through in-depth interviews and focus group discussions (FGDs), several key conclusions can be drawn. (1) Good collaboration between various actors in the health system, be it health centers, hospitals, government, and the private sector, is very important in improving the quality of TB treatment services. Effective coordination between healthcare facilities allows for faster information exchange, more timely treatment, and more efficient case handling. However, despite progress in coordination, the biggest challenges lie in data integration between facilities that are not yet fully efficient and constraints on limited resources, such as financing and incentives for health workers. (2) Public values felt by patients, including a sense of respect, fairness in access to services, and trust in health workers play a significant role in improving medication adherence.

Patients who feel valued and treated with respect by healthcare professionals are more likely to continue their treatment. In contrast, social stigma against TB remains a major obstacle to improving patient adherence, especially for those who feel unfairly or discriminated against. (3) The dynamics between collaborative governance and the perception of public value have been proven to be mutually reinforcing in creating an environment that supports patient compliance. When patients feel involved and valued in the treatment process, as well as when they feel an effective collaboration between the actors involved, their level of adherence to treatment increases. The success of TB treatment relies heavily on these two elements working simultaneously.

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