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## IMPLEMENTATION OF CONTROL POLICY OF DIPHTHERIA OUTBREAK AND OUTBREAK RESPONSE IMMUNIZATION (ORI) IN KOTA DEPOK, 2017

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**Abstract.** Diphtheria is a contributor to an outbreak (KLB) for some regions in Indonesia, included West Java Province. Diphtheria cases had increased through 2015 - 2016, the cases increased from 59 cases to 153 cases. Depok City became one of the contributors of diphtheria cases that have fluctuating incidents. Disease trends have decreased in 2013-2015 but then increased in 2016 to 8 cases. This study discusses policy implementation, viewed from policy sources, resource arrangements, the characteristics of implementing agencies, bureaucratic structures, communications, the influence of dispositions and socio-economic and political circumstances in control of Diphtheria Outbreak and Outbreak Response Immunization (ORI) in Depok City in 2017. This type of research is qualitative research with descriptive design, through in-depth interviews and document review. The results showed that the limited resources, especially human resources, the lack of cross-sectoral concern and social environment factors, including the rejection of some community for vaccination, became a challenge in controlling the Diphtheria Outbreak and Outbreak Response Immunization (ORI) in Depok City. It is expected that policy implementers can commit to working together, and taking into the influential factors in policy implementation, as well as government support in providing halal and safe vaccines and research on bioterrorism can also be done as solving cases of diphtheria fluctuating annually.

**Keywords:** Diphtheria, Outbreak, Outbreak Response Immunization (ORI)

**Abstrak.** Difteri menjadi penyumbang kejadian luar biasa (KLB) bagi sebagian wilayah di Indonesia, tidak terkecuali wilayah Provinsi Jawa Barat. Kejadian difteri pada tahun 2015 dan 2016 terekam naik, yakni meningkat dari 59 kasus menjadi 153 kasus. Kota Depok menjadi salah satu penyumbang kasus yang memiliki angka kejadian yang fluktuatif. Tren penyakit sempat menurun pada 2013-2015, namun kemudian naik pada tahun 2016 menjadi 8 kasus. Penelitian ini membahas tentang implementasi kebijakan, dilihat dari sumber kebijakan, pengaturan sumber daya, karakteristik instansi pelaksana, struktur birokrasi, komunikasi, pengaruh disposisi dan keadaan sosial-ekonomi dan politik dalam pengendalian Kejadian Luar Biasa (KLB) difteri dan Outbreak Response Immunization (ORI) di Kota Depok tahun 2017. Jenis penelitian ini adalah penelitian kualitatif dengan desain deskriptif, melalui wawancara mendalam dan telaah dokumen. Hasil penelitian menunjukkan bahwa masih terbatasnya sumber daya terutama SDM, kurangnya kepedulian lintas sektor dan faktor lingkungan sosial, yakni adanya penolakan dari masyarakat untuk vaksinasi, menjadi tantangan dalam pengendalian Kejadian Luar Biasa (KLB) difteri dan Outbreak Response Immunization (ORI) di Kota Depok. Diharapkan, kepada implementor kebijakan dapat berkomitmen untuk bekerja sama dengan baik, dan memperhatikan faktor-faktor yang berpengaruh dalam implementasi kebijakan, serta dukungan pemerintah dalam menyediakan vaksin yang halal dan aman serta penelitian mengenai bioterorisme juga dapat dilakukan sebagai pemecahan kasus difteri yang fluktuatif setiap tahunnya.

**Kata kunci:** Difteri, KLB, Outbreak Response Immunization (ORI)

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### INTRODUCTION

Diphtheria is an infectious disease caused by the bacterium *Corynebacterium diphtheriae* which attacks the tonsils,

pharynx, nose, and sometimes mucous membranes and skin. This disease attacks children and can cause death.<sup>1</sup> Diphtheria can be prevented by immunization. The incidence of Diphtheria globally decreased after the

discovery of the vaccine. Data showed a decrease in cases from nearly 10,000 annual incidents during 2000-2004 to 5288 cases during 2005-2009. Southeast Asia had an increase in the incidence of Diphtheria, especially in 2005, which is inversely proportional to the decline in cases occurring in Europe and Africa. India, Indonesia, and Nepal are three countries with the highest incidence of Diphtheria in the world.<sup>1</sup>

WHO noted that there were around 7.347 cases of Diphtheria and 7.217 of them (98%) came from member countries of the WHO South East Asian Region (SEAR).<sup>1</sup> In contrast to the decreasing prevalence of diphtheria in the world, diphtheria in Indonesia is one of the infectious diseases with a number of sufferers continue to fluctuate and even tend to increase every year. In 2015, there were 252 cases and the number of deaths was 5 cases with a CFR of 1.98%. The highest cases were found in West Sumatra, as many as 110 cases, and East Java as many as 67 cases (Ministry of Health, 2016). The following year, 2016, the incidence of diphtheria soared to 415 cases, the number of deaths was 24 cases with a CFR of 5.8%. It is noted, East Java is the province with the highest cases (209 cases) and West Java (133 cases) (Ministry of Health, 2017). Finally, there were 593 cases of diphtheria during January to November 2017, spread in 95 districts/cities in 20 provinces, which resulted in 32 people died.<sup>1</sup>

During the last few years, diphtheria had become a contributor to an outbreak (KLB) for some regions, including the West Java Province. Diphtheria cases were rising in 2015 and 2016.<sup>1</sup> Diphtheria cases increased from 59 cases to 153 cases. <sup>1</sup> Depok is one of the case contributors that have fluctuating rates. The disease trend had decreased in 2013-2015 (from 1 case to 0 cases), but then rose in 2016 to 8 cases.<sup>1</sup> The incidence of Diphtheria in Depok in 2017 was determined to be an Outbreak (KLB) by the Head of the Depok City Health Office because of the increase of diphtheria findings in the Depok City area. <sup>1</sup> According to Permenkes No. 1501/MENKES/PER/X/2010, Diphtheria is included in certain types of infectious diseases that can cause an outbreak. Outbreaks are defined as the incidence of infectious diseases in the community with the number of sufferers increasing significantly at certain times and regions which cause havoc. Whereas the outbreak is an increase in the incidence of morbidity/death that is epidemiologically meaningful in certain periods and regions that lead to an outbreak. Outbreaks are carried out in an integrated manner by the government, regional government and the community.<sup>1</sup>

Some important things are explained in Permenkes No. 1501/MENKES/PER/X/2010 covering the determination of certain types of diseases that can cause outbreaks, procedures for stipulating and revoking the outbreak area, handling and reporting procedures. Other matters regulated in this Permenkes are resources (funding, workforce, infrastructure), guidance, and supervision.

Besides Permenkes No. 1501/MENKES/PER/X/2010, there are still other regulations about outbreak prevention activities according to the needs and conditions of each region. This is intended as an activity to prioritize problems according to the value and impact on the limited resources and values of each region. <sup>1</sup> Therefore, it is necessary to know more about the implementation of the policy to control the cases of Diphtheria Outbreak and Outbreak Response Immunization (ORI) in Depok City, both at the Depok City Health Office and its network (puskesmas).

## THEORETICAL REVIEW

### Diphtheria: Prevention Strategies and Control of Diphtheria Outbreaks

Diphtheria is defined as a disease caused by toxins by *Corynebacterium diphtheriae* which is potentially deadly and can attack all ages. The most common case of diphtheria attacks children who have not received an immunization.

The Indonesian Ministry of Health's Prevention and Control Directorate issued a guideline for prevention and control of Diphtheria Outbreaks. The following is a strategy issued by the Indonesian Ministry of Health (2017):

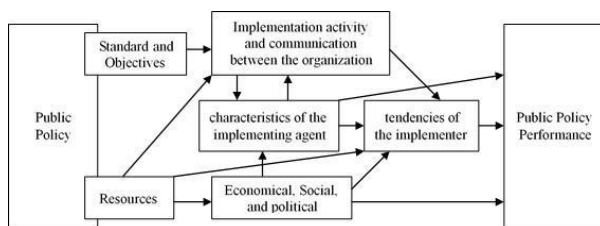
1. Encourage the routine Diphtheria immunization according to the national immunization program.
2. The discovery and early management of Diphtheria cases.
3. All cases of Diphtheria must be carried out in epidemiological investigations.
4. All cases of Diphtheria were referred to the Hospital and treated in isolation rooms.
5. The collection of specimens from the close contact cases and cases were sent to the Diphtheria reference laboratory for culture or PCR examination.
6. Stop transmission of Diphtheria by giving prophylaxis to contacts and carriers.
7. Conduct Outbreak Response Immunization (ORI) in the area of Diphtheria Outbreak.

### Public Policy

Public policy is defined as a series of government actions, both directly or through intermediaries (agents) because it affects the lives of citizens. This can be described as interrelated decisions taken by political actors or groups of actors concerning the objectives and ways of achieving them, where in principle the decision should be within the authority of the actors to achieve it. In short, public

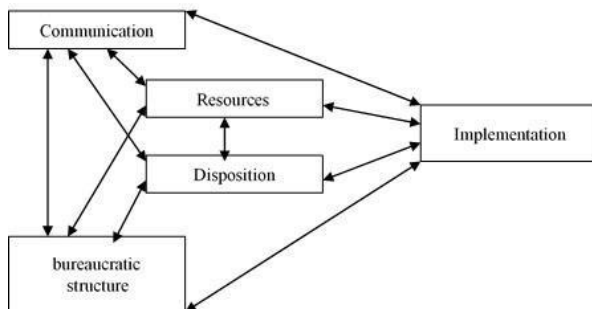
policy is the choice for the government to do or not to do what it has chosen<sup>1</sup>

Donald Van Metter and Carl Van Horn (1975) in A model of The Policy Implementation states that there are six components that influence public policy performance, namely: size and objectives of the policy, resources, characteristics of implementing agents, implementing attitudes, communication between organizations and implementing activities, and the economic, social, political environment.



Picture 1. The Policy Implementation Process Approach (Donald Van Metter and Carl Van Horn, 1975) (Agustino, 2014)<sup>1</sup>

Another opinion was expressed by George Edward III, who argued that the lack of attention to the issue of the implementation of public policy is a major issue of public policy. Without effective implementation, policymakers' decisions will be difficult to implement. There are four components that concern Edward in determining the success of policy implementation, namely communication, resources, disposition, and bureaucratic structure.



Picture 2. Implementation Model of Public Policy George Edward III (1980)

**METHODS**

This research used a qualitative descriptive study and is intended as an excavation of the issue of the experience of people who have a relationship with a problem or event<sup>1</sup>, which in this case, related to the handling of the incidence of diphtheria outbreaks in Depok City. This research used primary data obtained from in-depth interviews and secondary data from documents and library studies.

The characteristics of the selected informants were those who directly handled diphtheria outbreaks in Depok, starting from the City Health Office to implementing ORI activities in several Depok City health centers. As the key informants, the Head of the Section for the Prevention and Control of Infectious Diseases, the Surveillance Coordinator, and the coordinator of the ORI program (Outbreak Response Immunization) of the Depok City Health Office. The rest were supporting informants from the puskesmas in the epidemic and non-epidemic diphtheria regions.

**RESULTS AND DISCUSSION**

**Policy Sources**

Public policy is defined as a policy made by government agencies and political actors to solve public problems.<sup>1</sup> Public policy is a government action to deal with problems.<sup>11</sup>

Outbreak (KLB) have been regulated in the law and various derivatives. The KLB is regulated in Law No. 4 of 1984 about outbreaks of infectious diseases, in Health Law No. 36 of 2009 and in Permenkes No. 1501 / MENKES / PER / X / 2010.

Health Law No. 36 of 2009, article 156 point three states that efforts to deal with outbreaks, eruptions, or extraordinary events are carried out by the government, regional government, and the community.

Permenkes No. 1501 of 2010 describes the types of diseases that can cause outbreaks, procedures for determining and revoking outbreaks, procedures for dealing with outbreaks, procedures for reporting outbreaks, resources, and guidance and supervision of outbreaks. plague. Article 13 of the outbreak prevention section stated that the procedures for dealing with outbreaks were carried out in an integrated manner by the government, regional government and the community.

Basically, ORI (Outbreak Response Immunization) itself is one of the countermeasures in controlling the spread of diphtheria. As is the case expressed by the following informants:

*"There was a notification from the Ministry of Health to areas in Jabodetabek, that there was an outbreak and the region must do ORI. This is from the Ministry of Health's circular letter, about regions that will do ORI ... "*

ORI activities are one of the outbreak prevention and control strategies (Ministry of Health, 2017). ORI activities are based on Permenkes No. 12 of 2017 concerning the implementation of immunization and the Minister of Health Regulation No. 1501 of 2010

concerning certain types of diseases that can cause outbreaks and countermeasures. In addition, there are other policies that underlie the ORI activities, including the Ministry of Health's Circular Letter No. SR. 02.06 / II / 3149/2017 about the Prevention of Outbreak (KLB) Diphtheria, Circular Letter of the Ministry of Health No. SR .02.06 / II / 3150/2017 about the Technical Implementation of Diphtheria Response Immunization (ORI), issued on December 6, 2017, and followed by the Ministry of Health's Circular Letter No. UM / 05.05 / 3274/2017, with regard to Dealing with Diphtheria Outbreak (KLB) issued on December 21, 2017.

Whereas, for the implementation of surveillance, policy sources and SOPs are contained in RI Law No. 4 of 1984 concerning Outbreaks of Infectious Diseases, Decree of the Minister of Health No. 1479 / Menkes / SK / X / 2003 concerning Guidelines for Implementing Integrated Epidemiological Surveillance for Infectious and Non-Infectious Disease, Minister of Health Regulation No. 1501 of 2010 concerning certain types of diseases that can cause outbreaks and countermeasures, and Minister of Health Regulation No. 45 of 2014 concerning the Implementation of Health Surveillance. The implementation of health surveillance by the district / City Service covers the entire sub-district, village / kelurahan or area within a district/city.

Determination of KLB in Depok City, determined by the Head of Depok City Service through a Decree of the Head of Depok City Health Service No. 440/00225 / KPTS / XII / 2017. This is in line with the Minister of Health Regulation No. 1501 of 2010 concerning the procedures for the determination and revocation of outbreak areas, which found an increase in epidemiologically suspected Diphtheria and included in the category of Outbreak (KLB).

The policy regarding KLB in Depok City was strengthened with the support of the Depok City government who issued the Circular of Mayor No. 440/0608 - Health Office about the support in the implementation of 2017 Diphtheria ORI, and also cross-sector support in the form of circular letter from the Depok City Education Office, namely the issuance of Circular Letter No. 421/11729 - Disdik / XII / 2017, which contains an appeal for ORI Activities in education units (PAUD / TK, SD, SMP) that coordinate with Puskesmas, as explained by the following informants:

*“There are Permenkes, the mayor's circular letter, the MUI circular letter, and then strengthened by the circular letter of the MUI Depok, then the decree of the head of the office, and further strengthened by the UPT chief's decree”*

The existence of policies supported by cross-sectors shows that the policy regarding the handling of diphtheria outbreaks in Depok City has a strong law. However, preventive activities should be evaluated again

outside the KLB period. Like the opinion of the informant below:

*“Cross-sector cooperation, cross-institutional collaboration, then it's true, preventing is better than treating, I don't want this to happen again. The campaign was a mass activity, I prefer a routine, but the achievement is good. We can still try to minimize children who are not vaccinated and educate pregnant women, about immunization as well”*

### **Resources (energy, funds, infrastructure)**

The availability of resources is very influential to implement a policy. No doubt this is a factor of success in implementation. In the outbreak prevention activities in Depok City, the majority still experience limited human resources. The surveillance staff at the Health Office is only 1 person who must reach approximately 2 million residents of Depok City. Not only that, but the surveillance staff also deals with the surveillance of Hajj and leprosy, as revealed by one of the following informants:

*“Yes, human resources, because the surveillance in the health office is only one person. In fact, I have to take care of surveillance, Hajj, and leprosy, and maybe another one which I still don't know... Jackpot. Most of our budgets can be backed up”*

The lack of power is not only from surveillance but also in the implementation of the ORI program. This was revealed by one of the following informants:

*“Imagine that we have to inject 27,000 children within a maximum of 2 weeks if I'm not wrong, the human resources is battered.”*

Apart from human resources, the resources that are also taken into account are funds and infrastructure. They have difficulties in the disbursement of the operational funds because it's the end of the year, where the budget cannot be changed anymore. This is explained by the following informant:

*“The 2017 program wasn't included in budgeting, but the 2018 program was included. Those in the puskesmas can use BOK, BLUD.”*

The Ministry of Health has prepared the infrastructure facilities but the logistic delayed. Information obtained from informants is as follows:

*“Even if the vaccine is empty, it's because the vaccine is still on the way. We had experienced a delay because of Christmas. Because of the technical delivery, initially, we had 20 containers and then reduced to 5*

*containers, so yes, we automatically had to wait a little bit”*

Obstacles and challenges in terms of resources faced by the Health Office and the Puskesmas are very diverse. This requires them to solve the problem in several ways, as explained by the following informants:

*“Yes, we work first, the health office already has the funds and people in the puskesmas can use BLUD which can be shifted. We tried as much as possible to suffice our own human resources, as well as coordinating with others. The puskesmas got assistance from the private sector, as well as midwifery students.”*

The challenge regarding resources can be solved well in handling diphtheria outbreaks in Depok City. This can be seen from the problem-solving at various levels of agencies, both with cross-program, cross-sectoral, and even cross-regional backups. In Permenkes No. 1501 in 2010, it was explained that the funding to handle KLB was charged to the regional budget. Depok City Health Office has budgeted a total of Rp.187,950,000 for disease observation programs, with activity indicators in the form of the number of outbreak potential cases investigated, the number of cases handled by TGC, the number of observations of potential outbreaks in hospitals and the number of observations and health checks pilgrim candidates at the puskesmas service.<sup>1</sup>

### **Organizational Structure**

According to George Edward III, the bureaucratic structure is one of the determinants for successful implementation. This relates to SOP (Standard Operating Procedures) and also the distribution of basic tasks and functions as well as implementer responsibilities (fragmentation) in implementing policies. On the other hand, SOP is defined as a routine activity that allows executors to carry out their activities. The SOP in handling KLB itself is related to the ORI program and Surveillance. The activities to prevent Diphtheria Outbreaks in Depok, especially the Depok City Health Office, do not have a special structure for diphtheria outbreaks. This was revealed by the following informants:

*“there is no special organization structure form the health office...”*

However, the Health Office has a Rapid Motion Team (TGC) which is formed based on the Decree of the Head of Depok City Health Office No. 440/0048 / KPTS 2018. This team not only handles Diphtheria Outbreaks, but also deals with outbreaks, disasters, food poisoning, and PD3I.

The Rapid Motion Team owned by the Depok City Health Office has a composition of members from across the program within the Health Office, who are given

assignments in the context of prevention of outbreaks/disasters/food poisoning, including a) epidemiological investigations, b) management of patients, including examination, treatment, care, and isolation of patients including referrals, c) prevention and immunization, d) destruction of diseases, e) counseling to the public, and f) other countermeasures.

Unlike the puskesmas, the organizational structure still uses the hierarchy of the respective puskesmas institutions. But in fragmentation, they already have a UPT decree that is useful for explaining their respective duties and authorities in the program. An explanation of the organizational structure is expressed by the following informants:

*“Yes, we have a UPT SK, we make a team, then PrimPro, and SK. After the SK, we make an SOP. After that, I authorized to make the implementation timeline ...”*

The fragmentation process in the implementation of policies was also strengthened by the existence of a letter of assignment which became a legal umbrella for members in carrying out their duties. The Puskesmas did not issue an SK regarding the organizational structure directly, they only issued a letter of assignment, as described by this informant:

*“Yes there is, but there was no SK yesterday, just an assignment letter...”*

The presence or absence of an organizational structure has little effect on the implementation of the Diphtheria Outbreak policy, because each agency, both the Health Office and the Puskesmas, has its own way of disseminating the main tasks and functions as well as implementing responsibilities (fragmentation).

### **Communication between organizations**

All things that become goals and objectives, as well as technical implementation, must be transmitted to all those who play a role in the implementation of the policy, including the target group. Good communication is not only internal (between staff) but also with cross-related sectors, as well as coordinating programs across agencies in realizing the policy objectives themselves. Communication between staff is dominated by direct communication (briefings, coordination meetings) and through indirect communication (through the WA application). Regarding communication, explained by the following informants:

*“There are several WA group, some are specifically for diphtheria counselors, and there is also the KLB WA group for puskesmas”*

*“Wa group, then coordinating with cadres, we have a posyandu team, with the principal, and then there are roadshow too”*

From the point of view of the level of information clarity and information consistency, so far both the Health Office and the Health Center have harmonization. There is no change in information about policies, SOPs, and other things. Whereas for challenges and obstacles encountered in cross-sector communication. Not all cross-sectors think that the prevention of diphtheria outbreaks should be an important priority, as stated by the following opinions of informants:

*“Communication is important. If we can establish a good relationship, our goal will come. Our communication with our network is good but we got a long response in cross-sectoral because not all people understand the KLB”*

In handling KLB itself, it requires the help of many parties, including across sectors and communities that are not too exposed to information about health. A unique communication strategy is needed so that all society can actively participate in handling outbreaks. Such communication is implemented by one of the puskesmas by holding a briefing with the cadres, as expressed by the informants as follows:

*“When there is socialization, we collect the cadres, build their team and insert socialization between them, so they can understand and spread the information too”*

### **Implementor Disposition**

The implementor's disposition is manifested in the personality and characteristics possessed by the implementor, such as commitment, honesty, and democratic nature. This is related to the appointment of bureaucrats who must come from people who have high dedication. George Edward also considered incentives as things that would influence the actions of policy implementers.<sup>14</sup> Impelentor disposition on the prevention of Diphtheria Outbreaks in Depok, has been quite good, judged by the attitude and response of staff in policy implementation. They have good commitment even though there is no incentive. This is explained by the informant:

*“Incentives have no effect, thank God. From the beginning, we have said that this project (ORI) is a joint project, which is unlikely to get incentives. So they don't expect too much”*

On several occasions, incentives are one of the techniques suggested to overcome the problem of the tendency of implementers, by manipulating incentives (Edward, in Agustino, 2014). This does not seem to apply to the implementation of the KLB control policy in Depok City. There are other things that influence the attitude of the implementing agency, as told by the following informants:

*“whether you like it or not you have to carry out, because this is an order from the above ”*

### **Social Environment, Economy, and Politics**

The Social, Economic and Political Environment is an external factor that has a large role in policy implementation. In Permenkes No. 1501 of 2010 article 3 states that "Determination in certain types of infectious diseases that can cause epidemics is based on epidemiological, socio-cultural, security, economic, scientific and technological considerations, and can cause havoc in society."

There are many things that related to outbreaks, especially diphtheria. It is not enough to look at only one point of view, but it can also be seen from several considerations. Likewise, the diphtheria outbreak that occurred in the city of Depok. The following information is summarized from one of the informants:

*“Very influential, very influential. So the policy of the mayor issued a circular letter is one of his political steps. So that the business world that had been ignorant followed up and mobilized their employees to the puskesmas. A policy/program without a legal umbrella and political support are weak, but once there is, it's like there is leverage. The economic environment is evenly distributed, usually, the anti-vaccine is the middle one”*

From the opinion of the informant, it can be concluded that the influence of the social and political environment dominated the implementation of policies related to the handling of diphtheria outbreaks in Depok City. Whereas the economy is not very influential because the economic status of a person is not influential in efforts to deal with diphtheria outbreaks in Depok City. In addition to the diversity of the community regarding their perspectives and understanding of immunization, both from a religious aspect, as well as information dissemination. The antivaccine group, which is considered a group that rejects vaccination activities, should be a concern for health workers. Communication, information, education, and religious approaches can be used as an option in embracing them in supporting the handling of diphtheria outbreaks in Depok City. The halal status of the vaccine must be clarified. According to the provisions of the MUI, the vaccines for immunization must use halal and sacred vaccines. This is certainly a challenge for Indonesia, especially in the field of research and technology to create a vaccine that is halal and safe. Research on bioterrorism can also be done as a solution to fluctuating diphtheria cases every year.

## CONCLUSION

Based on research that has been done at the Depok City Health Office and several puskesmas in Depok City related to the implementation policy of Diphtheria Outbreaks prevention in Depok City can be summarized as follows:

1. There is a strong legal umbrella that oversees efforts to combat Diphtheria Outbreaks in Depok City, marked by the existence of the Republic of Indonesia Health Law, Law on outbreaks, Minister of Health Regulation, Ministry of Health Circular Letter, Decree of Head of Health Office, Circular letter from the mayor, and a circular letter from the MUI, as well as a circular letter from the Education Office regarding ORI Activities.
2. In general, there is no specific organizational structure in the effort to combat Diphtheria Outbreaks in Depok City, both at the Health Office and the Puskesmas, but they have a fragmentation of tasks that are very good at carrying out their respective duties. The Health Office has a TGC (Rapid Motion Team) that not only handles diphtheria outbreaks, but also outbreaks, disasters, and food poisoning, while the Puskesmas divides tasks based on the duties and authority of the puskesmas staff, and the implementer is given a letter of assignment.
3. From the point of view of the level of information clarity and information consistency, so far both the Health Office and the Health Center have been good. There is no change in information about policies, SOPs, and other things. Whereas for challenges and obstacles encountered in cross-sector communication. Not all cross-sectors think that the prevention of diphtheria outbreaks should be an important priority. Effective health communication is needed to embrace various parties for handling diphtheria outbreaks in Depok City in an integrated manner.
4. Impelentor disposition on the prevention of Diphtheria Outbreaks in Depok is quite good, judging by the attitude and response of staff in policy implementation. They have good commitment even though there is no incentive.
5. Limited human resources are still a majority obstacle in controlling outbreaks in Depok. The obstacles and challenges of the resources faced by the Health Office and the Puskesmas are very diverse. This can be overcome by backup HR from the private sector and across sectors, while for funds using backup funds from other programs / using BLUD (Puskesmas).
6. The Influence of the Social and Political Environment dominates the implementation of policies related to the control of diphtheria outbreaks in Depok City. Social factors come from the understanding and awareness of the community in the participation of vaccinations, while politics, in the form of policies from the authorities in supporting the implementation of the diphtheria outbreak policy in the city of Depok.

## SUGGESTION

1. The existence of a strong legal umbrella is expected to trigger policy implementers to be able to maintain the sustainability of the implementation activities themselves. Do not let the policy only apply if there is only an outbreak. It needs continuous socialization and also enhances preventive efforts as an effort to prevent diphtheria outbreaks in Depok City
2. The organizational structure and clear dividing tasks really helped implementers in implementing diphtheria outbreaks in Depok City. Workload analysis can optimize staff performance in supporting the implementation of diphtheria outbreak policies in Depok City.
3. It is expected that health workers will implement effective health communication to embrace various parties in the handling of diphtheria outbreaks in Depok City in an integrated manner
4. It is expected that the Ministry of Health and the Health Office regarding readiness in handling diphtheria outbreaks in Depok City for the smooth implementation of activities in the field

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