

Dynamics of Strategic Power Interaction in Indonesia: An Analysis of Health Policy in Semarang and Makassar

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Received: 31 March 2026

Revised: 10 April 2026

Published: 11 April 2026

ABSTRACT

This study examines how local power contestation and institutional dynamics influence the sustainability of Healthy City governance in Indonesia, with a comparative focus on Semarang and Makassar. It explores how governance arrangements, political leadership, and civic participation shape patterns of policy sustainability. Drawing on a governance perspective that emphasizes state–society relations and institutional interactions, this study adopts a qualitative most-similar case approach. Data were collected through semi-structured interviews with government officials, health practitioners, civil society organizations, and academics, complemented by a review of policy documents.

The findings indicate that formal policies and institutional structures alone are insufficient to sustain Healthy City governance. Makassar demonstrates a more polycentric governance model, supported by a multi-stakeholder Healthy City Forum that enables cross-sector collaboration and long-term policy continuity. In contrast, Semarang exhibits a more top-down and sectoral governance pattern, which limits coordination and weakens sustainability. Additionally, weak accountability mechanisms and hidden power relations constrain meaningful community participation in both cities.

KEYWORDS

Healthy City governance; power contestation; urban governance; civic participation; Indonesia.

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INTISARI

Penelitian ini bertujuan untuk menganalisis bagaimana kontestasi kekuasaan lokal dan dinamika kelembagaan memengaruhi keberlanjutan tata kelola Healthy City di Indonesia, dengan fokus pada studi komparatif di Kota Semarang dan Makassar. Penelitian ini juga mengkaji bagaimana pengaturan tata kelola, kepemimpinan politik, dan partisipasi masyarakat membentuk pola keberlanjutan kebijakan. Dengan menggunakan perspektif tata kelola yang menekankan relasi negara–masyarakat dan interaksi kelembagaan, penelitian ini mengadopsi pendekatan kualitatif dengan desain most-similar case. Data dikumpulkan melalui wawancara semi-terstruktur dengan pejabat pemerintah, praktisi kesehatan, organisasi masyarakat sipil, dan akademisi, serta dilengkapi dengan analisis dokumen kebijakan.

Hasil penelitian menunjukkan bahwa kebijakan formal dan struktur kelembagaan saja tidak cukup untuk menjamin keberlanjutan tata kelola Healthy City. Kota Makassar menunjukkan model tata kelola yang lebih polisentris, didukung oleh Forum Kota Sehat multi-pemangku kepentingan yang memungkinkan kolaborasi lintas sektor dan keberlanjutan kebijakan jangka panjang. Sebaliknya, Kota Semarang menunjukkan pola tata kelola yang lebih top-down dan sektoral, yang membatasi koordinasi dan melemahkan keberlanjutan. Selain itu, lemahnya mekanisme akuntabilitas serta adanya relasi kekuasaan yang tersembunyi turut membatasi partisipasi masyarakat secara bermakna di kedua kota.

KATA KUNCI

tata kelola kota sehat; kontestasi kekuasaan; tata kelola perkotaan; partisipasi masyarakat; Indonesia.

Introduction

Urbanization in developing countries has placed increasing pressure on urban health systems, creating complex challenges that require integrated governance responses. It is estimated that by 2050, almost all global urban population growth will be concentrated in Asia and Africa (World Bank, 2023). This demographic transition intensifies public health challenges, which are often compounded by unequal access to healthcare services and essential environmental infrastructure (Oyeyemi et al., 2023). In countries such as Indonesia, rapid urbanization has contributed to overcrowding, sanitation problems, pollution, and the emergence of new and recurring diseases, thereby requiring urban health governance to become more adaptive and responsive (Rahaman et al., 2023).

Historically, public health and urban planning have operated in separate institutional and policy domains. However, the increasing complexity of urban challenges has rendered this separation increasingly untenable. The integration of health considerations into urban governance has therefore become an urgent necessity. Contemporary policy frameworks emphasize the need for governance strategies that incorporate health as a cross-cutting concern within urban development. One of the most prominent approaches is the concept of Health in All Policies (HiAP), which

promotes the integration of health objectives into decision-making processes across all sectors of governance. Multisectoral collaboration and policy integration are widely recognized as key mechanisms for improving urban well-being and reducing health inequalities (Granados et al., 2024; Tsouros, 2018).

The Healthy Cities initiative, introduced by the World Health Organization (WHO) in the 1980s, represents a practical manifestation of this approach. The initiative promotes local leadership, cross-sector collaboration, and community participation in addressing the social determinants of health. Within this framework, municipal governments are encouraged to move beyond rigid bureaucratic structures and actively engage civil society organizations (CSOs), academic institutions, and private actors in integrated urban health planning (Kapucu et al., 2024; Mesa-Vieira et al., 2023). The underlying premise is that health should be treated as a collective social objective embedded across all dimensions of urban governance, including transportation, housing, education, and environmental policy.

Indonesia has formally adopted the Healthy City concept as part of its national urban health strategy. Through government regulations, municipalities are required to establish intersectoral Healthy City Forums that bring together local government agencies, non-governmental organizations, academic actors, and community representatives for planning, coordination, and monitoring functions (WHO, 2022). The primary objective of this institutional arrangement is to embed multisectoral collaboration within urban governance and ensure that health considerations are systematically integrated into city-level development planning.

In practice, however, the implementation and sustainability of Healthy City governance across Indonesian cities have been highly uneven. Some local governments have demonstrated remarkable long-term success, consistently achieving national Healthy City qualifications and attaining the highest level of recognition in national Healthy City awards over the past decade. Makassar, for instance, is widely regarded as one of the most successful cases, characterized by sustained achievements and continuous policy commitment. In contrast, other cities have struggled to maintain the initiative. Semarang, despite being one of the early adopters of Healthy City governance and having implemented several pilot programs, has experienced repeated setbacks and slower progress in sustaining its initiatives.

These contrasting experiences present an important analytical puzzle. Why does a formally similar Healthy City governance framework succeed in one city but stagnate in another under comparable national conditions? In other words, what explains the contrast between Makassar's sustained success and Semarang's more fragmented and inconsistent outcomes in pursuing Healthy City objectives? This question becomes particularly relevant in the context of decentralization, where local governments are granted significant autonomy but also face varying institutional capacities and political dynamics.

One possible explanation lies in differences in local governance dynamics, particularly in terms of power relations and institutional structures. Although cities operate under the same national Healthy City guidelines, variations in political leadership, accountability mechanisms, administrative culture, and stakeholder engagement can produce significantly different outcomes. Previous research on public

policy suggests that long-term sustainability is more likely when policies are supported by strong political commitment and inclusive governance mechanisms, rather than relying solely on technocratic design (Gen & Wright, 2013; Lethbridge, 2000). In this context, the success of Healthy City governance may depend on whether city leaders are willing and able to distribute power among stakeholders or whether decision-making remains concentrated within a limited group of actors. Power inequalities may manifest in visible forms, such as mayoral dominance or inter-agency competition, as well as in hidden forms, such as the exclusion of certain groups from agenda-setting processes.

The issue of policy sustainability and institutional dynamics cannot be separated from the concept of power. Classical pluralist theory, as articulated by Dahl (1957), conceptualizes power as the ability of one actor to influence others to act in ways they would not otherwise choose, primarily focusing on observable decision-making processes. However, this perspective has been expanded by Lukes (1974), who introduced a three-dimensional view of power. According to Lukes, power operates not only in visible decision-making but also in hidden forms through agenda-setting (non-decisions) and in deeper, invisible forms that shape perceptions, preferences, and beliefs. This third dimension is particularly significant, as it influences how certain issues are framed, prioritized, or excluded from policy agendas, thereby shaping outcomes without necessarily generating overt conflict.

Building on these perspectives, Gaventa (2006) developed the “power cube” framework, which conceptualizes power across three dimensions: spaces, levels, and forms. Power may operate in closed, invited, or claimed spaces; at local, national, or global levels; and in visible, hidden, or invisible forms. This framework highlights that governance processes are shaped not only by formal institutional arrangements but also by underlying power relations that determine who participates, whose voices are heard, and which issues are prioritized. In the context of Healthy City governance, this implies that analyzing policy outcomes requires attention not only to formal coordination mechanisms but also to informal networks, cultural norms, and agenda-setting processes.

In parallel, governance theories emphasize how actors and institutions interact in collective decision-making processes. Collaborative governance, as defined by Ansell and Gash (2008), refers to a governing arrangement in which public agencies directly engage non-state actors in formal, consensus-oriented, and deliberative processes. This model involves government officials, civil society organizations, and private actors working together in structured forums to exchange information, solve problems collectively, and build trust over time. Key conditions for successful collaboration include facilitative leadership, balanced incentives for participation, and institutional arrangements that support sustained interaction and incremental achievements.

However, collaborative governance does not operate in a vacuum. Institutional structures—such as laws, regulations, and bureaucratic procedures—play a critical role in shaping the possibilities and limitations of collaboration. Institutional change theories, as developed by North (1990) and Mahoney and Thelen (2010), emphasize that institutions tend to be path-dependent and resistant to change. Significant transformation often requires either deliberate reform or gradual adaptation through

the layering of new practices. In urban governance contexts, this implies that the sustainability of policies depends on the ability of institutions to adapt and incorporate new actors, such as civil society organizations, without being constrained by entrenched bureaucratic routines.

The Healthy Cities movement itself reflects these theoretical insights in practice. Initiated by the World Health Organization (WHO) in the mid-1980s, the initiative aims to place health at the center of urban governance by promoting multisectoral collaboration and community participation. A Healthy City is defined as one that continuously creates and improves physical and social environments while strengthening community resources to support health and well-being. This approach aligns with broader global agendas, including the Sustainable Development Goals (SDGs), particularly those related to health, sustainable cities, and partnerships. Importantly, WHO guidelines emphasize that inclusive governance and meaningful community engagement are central to achieving sustainable health outcomes.

In the Indonesian context, the Healthy City program (Kota Sehat/Kabupaten Sehat) has been promoted since 1998 as a national initiative to integrate health considerations into urban development. The program requires local governments to establish multi-stakeholder forums involving government agencies, academia, and civil society. By 2021, hundreds of cities and districts in Indonesia had been recognized as Healthy Cities, indicating the widespread adoption of this program. However, empirical evidence suggests that the outcomes of these initiatives vary significantly across local contexts.

Civil society organizations (CSOs) play a crucial role in these governance dynamics. As highlighted in recent studies (Das et al., 2024), CSOs in Indonesia act as important agents of change by representing community interests, addressing service gaps, and supporting policy implementation. They contribute to urban governance through activities ranging from public health campaigns to community-based planning initiatives. However, their effectiveness is often constrained by unequal resources, limited institutional support, and power imbalances within governance structures. As a result, participation may become symbolic rather than substantive, thereby limiting its impact on policy outcomes.

Taken together, these strands of literature suggest that the sustainability of Healthy City governance depends on a complex interaction between power relations, institutional arrangements, and governance processes. However, existing studies tend to examine these elements in isolation, often focusing separately on institutional design, leadership, or participation without adequately capturing their interaction. As a result, the interplay between power contestation, institutional dynamics, and civic engagement remains insufficiently explored, particularly in the context of decentralized urban governance.

Building on this gap, this study examines how local power contestation and institutional dynamics influence the implementation and long-term sustainability of Healthy City governance in Indonesia. Specifically, this research focuses on two comparative cases—Semarang (Central Java) and Makassar (South Sulawesi)—which provide a relevant analytical setting due to their structural similarities and contrasting outcomes. Both cities operate under a decentralized governance system, share

comparable demographic and administrative characteristics, and are subject to the same national Healthy City governance framework. However, their governance trajectories differ significantly, with Makassar demonstrating a more collaborative and sustained approach, while Semarang exhibits a more centralized and fragmented pattern of implementation.

Based on this comparative framework, the analysis is guided by two main research questions: (1) how do local governance structures and power dynamics influence the implementation and long-term sustainability of Healthy City governance, and (2) in what ways does the involvement of civil society organizations and cross-sector partnerships shape policy outcomes at the city level? By addressing these questions, this study aims to contribute to a more comprehensive understanding of urban health governance by integrating perspectives on power, institutional change, and collaborative governance within a single analytical framework.

To address these questions, this study adopts a qualitative comparative case study design using a most-similar systems approach. Semarang and Makassar were selected because they share many structural similarities—such as administrative status, population size, and exposure to national policy frameworks—yet exhibit different levels of success in sustaining Healthy City governance. This approach allows the analysis to isolate the role of governance dynamics and power relations in shaping policy outcomes, rather than attributing differences to broader contextual variations (Przeworski & Teune, 1970).

Data were collected through semi-structured interviews with key stakeholders in each city, including municipal officials from health and planning departments, members of Healthy City Forums, representatives of civil society organizations, healthcare professionals, and local academics. In total, 25 interviews were conducted (13 in Semarang and 12 in Makassar), allowing for an in-depth exploration of governance practices, decision-making processes, and perceptions of policy sustainability. In addition, document analysis was conducted using a range of sources, including local regulations, Healthy City program reports, forum meeting records, municipal development plans (RPJMD), and relevant national policy guidelines. This combination of data sources enabled the study to capture both formal institutional arrangements and informal power relations shaping policy implementation.

The data were analyzed using thematic analysis, combining deductive and inductive coding approaches. Initial coding categories were derived from the theoretical framework, including dimensions of power, institutional arrangements, and collaborative governance processes, while additional themes emerged from the empirical data, such as local political dynamics and resource constraints. The analysis followed standard stages of thematic analysis, including coding, categorization, and refinement of themes, with particular attention to identifying similarities and differences between the two cases. To enhance the validity and reliability of the findings, triangulation of multiple data sources was employed by comparing interview data with documentary evidence and publicly available information. This approach ensured a more robust and comprehensive understanding of the governance dynamics underlying Healthy City policy sustainability.

Discussion

The findings of this study reveal substantial and multi-layered differences between Semarang and Makassar across several dimensions of governance in the implementation and sustainability of Healthy City governance. Although both cities formally operate under the same national policy framework and institutional mandates, the empirical evidence demonstrates that their governance practices, policy trajectories, and outcomes diverge significantly. These differences are particularly evident in political leadership, stakeholder participation, intersectoral coordination, and the role of civil society in shaping policy processes.

Among these dimensions, political leadership emerges as one of the most decisive factors influencing the sustainability of Healthy City governance. In Makassar, local administrations have consistently demonstrated a high level of commitment to the Healthy City agenda. Interviews with local officials and stakeholders indicate that successive mayors have maintained a clear and sustained policy orientation toward health-based urban governance. This continuity of leadership has ensured that Healthy City governance is not treated as a short-term program, but rather as a long-term policy commitment embedded within the city's development strategy.

This sustained commitment is reflected in Makassar's repeated achievements at the national level. Over the past decade, the city has received the highest level of Healthy City recognition, namely the Swasti Saba Wistara award, multiple times since 2007 (Sirajuddin et al., 2019). These achievements are not merely symbolic; rather, they indicate that Makassar has been able to maintain consistency in implementing multisectoral health policies, integrating them into urban planning, and ensuring measurable improvements in urban health indicators. More importantly, these outcomes suggest that Healthy City governance in Makassar has been institutionalized beyond individual political cycles, allowing the program to persist despite changing socio-political conditions.

In contrast, Semarang exhibits a more fragmented and inconsistent pattern of political leadership. Although the city has formally achieved recognition as a Healthy City—having received the Padapa classification and later the Swasti Saba Wistara award in 2019 (Kertati, 2017)—the continuity of its Healthy City governance appears to be heavily dependent on shifting political priorities. Interview findings suggest that different administrations have assigned varying levels of importance to the Healthy City agenda, resulting in fluctuating policy attention and inconsistent program implementation.

In practical terms, this inconsistency is reflected in the cyclical nature of Healthy City governance in Semarang. Programs are often initiated during periods of strong political support but tend to lose momentum when leadership priorities shift. This pattern indicates that Healthy City governance in Semarang has not been fully institutionalized and remains vulnerable to political change, rather than being embedded within stable governance structures.

This contrast becomes particularly evident during periods of crisis. During the COVID-19 pandemic, Semarang reportedly deprioritized its Healthy City agenda as

resources and attention were redirected toward immediate crisis management. While such a shift is understandable, it also highlights the limited institutional resilience in maintaining long-term policy commitments. In contrast, Makassar continued to pursue its Healthy City agenda despite the challenges posed by the pandemic, demonstrating a stronger integration of health governance within its broader policy framework.

From a governance perspective, these findings suggest that political leadership plays a dual role in shaping policy sustainability. First, leadership provides direction and legitimacy for policy initiatives, influencing how priorities are defined and resources are allocated. Second, leadership determines whether policies are institutionalized or remain dependent on individual actors. In Makassar, leadership functions as a stabilizing force that reinforces policy continuity, whereas in Semarang, leadership appears to be more episodic, resulting in discontinuities in governance practices.

These observations are consistent with broader theoretical discussions on governance and policy sustainability. The literature suggests that strong and consistent political commitment is essential for ensuring the long-term success of public policies, particularly those requiring cross-sector collaboration and sustained engagement. Without such commitment, even well-designed institutional frameworks may fail to produce durable outcomes.

In this regard, the contrast between Makassar and Semarang illustrates how leadership continuity and political will shape the trajectory of policy implementation. Makassar demonstrates how sustained leadership can create an enabling environment for collaborative governance, whereas Semarang highlights the risks associated with fragmented and inconsistent leadership in undermining policy sustainability.

Beyond political leadership, stakeholder participation emerges as another critical dimension that differentiates the governance of Healthy City governance between Semarang and Makassar. The findings indicate that the depth, breadth, and quality of stakeholder involvement significantly influence not only program implementation but also long-term sustainability.

In Semarang, stakeholder participation in Healthy City governance tends to be limited in both scope and substance. The implementation of the program is largely confined within formal bureaucratic structures, with participation dominated by government agencies and a relatively narrow segment of community organizations, particularly women's groups such as the Family Welfare Movement (PKK). While these groups play an important role in community mobilization, their involvement alone is insufficient to represent the broader spectrum of civil society.

Reports from local non-governmental organizations further highlight the limitations of participatory mechanisms in Semarang. Multi-sectoral Healthy City forums, which are intended to function as platforms for collaborative governance, are conducted only once or twice annually. Moreover, these forums lack clear operational guidelines and are not supported by dedicated funding, forcing participants to rely on ad hoc arrangements. As a result, these forums often function as procedural requirements rather than as substantive spaces for deliberation, coordination, and joint decision-making (PATTIRO Semarang, 2019).

This limited and formalistic participation has important implications for governance outcomes. Because participation is largely confined to invited actors within

formal institutional frameworks, it does not foster meaningful engagement or a sense of ownership among broader community groups. Civil society organizations outside these formal structures have minimal influence over policy processes, and their contributions are often restricted to symbolic roles. Consequently, stakeholder participation in Semarang can be characterized as “tokenistic,” where inclusion exists in form but not in substance.

In contrast, Makassar demonstrates a more expansive and dynamic model of stakeholder participation. Healthy City governance in Makassar involves a wide range of actors, including government agencies, civil society organizations, community leaders, and volunteers. Notably, women and local community leaders play active and substantive roles in implementing health programs, particularly at the subdistrict level. High levels of volunteerism and grassroots involvement contribute to both the operational effectiveness of the program and its social legitimacy.

The Healthy City Forum in Makassar functions as a genuinely collaborative platform in which multiple stakeholders actively participate in policy formulation, implementation, and evaluation. Unlike in Semarang, these forums are not merely procedural but serve as spaces for continuous interaction, negotiation, and collective problem-solving. Studies indicate that the Makassar Healthy City Forum involves not only bureaucratic actors but also NGOs and community groups, which contribute to shaping health policies and developing new initiatives (Sirajuddin et al., 2019).

This participatory approach has several important implications. First, it enables the integration of local knowledge and community needs into policy design, making programs more responsive and contextually relevant. Second, it fosters a sense of ownership among stakeholders, which enhances commitment and accountability. Third, it facilitates the development of innovative solutions by bringing together diverse perspectives and resources.

The contrast between the two cities highlights the importance of moving beyond formal participation toward substantive engagement. While both Semarang and Makassar have institutionalized mechanisms for stakeholder involvement, the effectiveness of these mechanisms depends on how they are implemented in practice. In Semarang, participation remains largely procedural and limited, whereas in Makassar, it is more inclusive, interactive, and impactful.

These findings can be further understood through the lens of collaborative governance theory. The literature emphasizes that effective collaboration requires not only the presence of multiple actors but also enabling conditions such as trust, facilitative leadership, and institutional support. In Makassar, these conditions appear to be more developed, allowing stakeholder participation to function as a driver of policy sustainability. In Semarang, however, the absence of these enabling conditions limits the effectiveness of participatory mechanisms.

At the same time, the findings also reveal that participation is shaped by underlying power relations. In Semarang, the limited role of civil society reflects a concentration of decision-making power within bureaucratic structures. In Makassar, although participation is more inclusive, it is not entirely free from power dynamics, as certain actors may still exert greater influence than others. This suggests that

participation should be understood not only in terms of inclusion but also in terms of how power is distributed among stakeholders.

Overall, the analysis of stakeholder participation underscores the importance of inclusive and meaningful engagement in sustaining Healthy City governance. It demonstrates that participation is not merely a procedural requirement but a fundamental component of governance that shapes policy outcomes. The experience of Makassar illustrates how active and diverse stakeholder involvement can enhance policy effectiveness and sustainability, whereas the case of Semarang highlights the limitations of formalistic and constrained participation.

Another critical dimension that shapes the governance of Healthy City initiatives in both Semarang and Makassar is intersectoral coordination, particularly the capacity of different government departments and non-state actors to collaborate in planning and implementing health-related policies. The findings indicate that while both cities formally recognize the importance of coordination, their practical experiences differ significantly in terms of effectiveness, consistency, and institutional support.

In Semarang, intersectoral coordination remains largely fragmented and inconsistent. Although formal coordination mechanisms exist—such as city-level working groups and Healthy City forums—these structures often fail to translate into effective collaboration in practice. Respondents consistently reported that government departments (Satuan Kerja Perangkat Daerah or SKPD) tend to operate within administrative silos, focusing on sector-specific targets rather than engaging in integrated planning processes. As a result, coordination tends to occur at a superficial level, often limited to periodic meetings without substantive follow-up actions.

This fragmentation is further reflected in the functioning of urban village health forums, which are intended to facilitate coordination at the grassroots level. Reports from local NGOs indicate that these forums are typically held only once a year and lack systematic evaluation mechanisms. Moreover, the absence of dedicated budgets for forum activities limits their effectiveness, as participation often depends on ad hoc arrangements rather than institutionalized support (PATTIRO Semarang, 2019). Consequently, coordination efforts in Semarang are largely reactive and episodic, rather than proactive and sustained.

The lack of effective coordination has several implications for policy implementation. Without strong interdepartmental collaboration, Healthy City governance in Semarang struggles to achieve integration across sectors such as sanitation, education, housing, and environmental management. This leads to duplication of efforts in some areas and neglect in others, ultimately weakening the overall coherence of urban health policies. Furthermore, the absence of follow-up mechanisms means that decisions made in coordination forums are rarely translated into concrete actions, thereby reducing the practical impact of these institutional arrangements.

In contrast, Makassar demonstrates a more developed, although not flawless, model of intersectoral coordination. The Healthy City Forum in Makassar serves as a central platform for facilitating interaction among various stakeholders, including government departments, NGOs, and community representatives. Unlike in Semarang, coordination meetings in Makassar are conducted more regularly and supported by

clearer institutional arrangements, enabling more consistent communication and collaboration.

However, coordination in Makassar is not without challenges. Some respondents noted that communication gaps still exist between certain departments, particularly in areas where responsibilities overlap, such as sanitation and education. These gaps occasionally lead to inefficiencies or delays in program implementation. Nevertheless, compared to Semarang, Makassar has established more functional coordination mechanisms that enable greater integration of policies and programs across sectors.

Closely related to intersectoral coordination is the role of civil society engagement, which further distinguishes the governance patterns of the two cities. In Semarang, civil society participation remains limited and largely confined to formal institutional settings. Although NGOs and community organizations are formally included in policy frameworks—such as through references in the Open Government Action Plan—their actual involvement in decision-making processes remains minimal.

Empirical evidence suggests that civil society organizations in Semarang are primarily engaged in consultative roles, providing input during formal meetings but having limited influence over policy outcomes. Their participation tends to be reactive rather than proactive, and they are rarely involved in program implementation or monitoring. This limited engagement reflects a governance model in which decision-making authority remains concentrated within government institutions, with civil society playing a peripheral role.

In contrast, Makassar exhibits a more active and embedded model of civil society engagement. NGOs, community groups, and academic institutions are involved in multiple stages of Healthy City governance, including program design, implementation, and evaluation. For example, collaborative activities such as community meetings on clean water, sanitation, and nutrition involve both government officials and civil society actors, creating opportunities for shared decision-making and joint problem-solving.

This level of engagement contributes to several positive outcomes. It enhances policy responsiveness by incorporating local knowledge, strengthens accountability through multi-actor monitoring, and fosters innovation by facilitating the exchange of ideas and resources across sectors. As a result, Healthy City governance in Makassar is more adaptive and better aligned with community needs.

The empirical differences observed between Semarang and Makassar can be more deeply understood through the lens of power relations and institutional theory. These perspectives allow the analysis to move beyond descriptive comparisons and uncover the underlying mechanisms that shape governance outcomes in Healthy City governance. In this regard, power is exercised not only through formal authority but also through less visible processes that influence decision-making, participation, and policy prioritization.

From a classical pluralist perspective, as articulated by Dahl (1957), power is understood as the ability of actors to influence decisions within formal political arenas. In both Semarang and Makassar, elected leaders such as mayors and senior bureaucrats play a dominant role in determining policy priorities, allocating resources, and shaping

institutional agendas. However, the key difference lies in the composition of the governing coalition. In Makassar, decision-making processes involve a broader coalition of actors, including civil society organizations, community leaders, and non-governmental stakeholders. This broader coalition enhances the inclusiveness of governance and allows a wider range of interests to be represented in policy processes.

In contrast, Semarang's governance structure appears to be more narrowly concentrated, with decision-making authority largely confined to a limited group of political and bureaucratic actors. Although formal mechanisms for participation exist, they do not significantly alter the distribution of power. As a result, governance remains predominantly top-down, with limited opportunities for non-state actors to influence policy outcomes. This narrower coalition reduces the diversity of perspectives in decision-making and contributes to the fragmented implementation of Healthy City governance.

While Dahl's framework helps explain the visible dimensions of power, it is insufficient to capture the more subtle dynamics observed in the two cities. Lukes (1974) offers a more comprehensive perspective by introducing the concept of three dimensions of power: visible, hidden, and invisible. This framework is particularly useful in understanding how certain issues are excluded from policy agendas and how participation is shaped by deeper social and political structures.

In Semarang, the operation of hidden power is evident in the limited attention given to critical health issues, such as sanitation in informal settlements. Despite their significance, these issues receive relatively little emphasis in planning processes. This suggests that agenda-setting power operates in ways that prioritize certain interests while marginalizing others. Such dynamics may be influenced by political considerations, economic constraints, or institutional inertia, all of which shape what is considered feasible or desirable within policy discussions.

Furthermore, the presence of invisible power can be observed in the perceptions of community members who feel excluded from decision-making processes. Interview findings indicate that some residents believe their concerns are not adequately represented, reflecting deeper socio-cultural dynamics that shape participation. These forms of power operate beneath formal governance structures, influencing how individuals perceive their roles and opportunities within policy processes.

In Makassar, although participation is more inclusive, power relations remain complex. Informal networks, patronage relationships, and long-standing social ties continue to influence decision-making processes. Some stakeholders noted that certain groups may benefit disproportionately from policy initiatives due to their proximity to political or administrative power. This suggests that even within more participatory governance systems, power inequalities persist and require critical examination.

Gaventa's (2006) "power cube" framework provides further insight into these dynamics by highlighting the interaction between different forms, levels, and spaces of power. Both Semarang and Makassar operate within the same national policy framework, representing the structural level of governance. However, at the local level, the spaces of participation differ significantly.

In Semarang, governance processes are largely confined to closed or invited spaces, where participation is limited to selected actors and tightly controlled agendas. These spaces provide limited opportunities for broader community engagement or for alternative perspectives to emerge. In contrast, Makassar has developed a combination of invited and claimed spaces, where community actors are able to initiate discussions, propose solutions, and actively engage in policy processes. These more open spaces contribute to greater inclusiveness and responsiveness in governance.

From an institutional perspective, these differences highlight the importance of how formal rules, organizational routines, and informal norms interact in shaping governance outcomes. Institutional theory, as developed by North (1990), emphasizes that institutions consist not only of formal regulations but also of informal constraints that structure human interaction. In the context of Healthy City governance, the establishment of formal structures such as Healthy City Forums represents an important step toward institutionalizing collaborative governance.

However, the findings suggest that formal institutional arrangements alone are insufficient to ensure effective implementation. In Semarang, entrenched bureaucratic routines and path-dependent practices limit the adaptability of governance structures. Government officials tend to rely on hierarchical reporting systems and sector-specific targets, which are not conducive to the flexible and collaborative approaches required by Healthy City governance. As a result, formal institutions often function as “empty shells,” existing in form but lacking substantive impact.

In contrast, Makassar demonstrates a more adaptive institutional environment. Healthy City principles have been incorporated into departmental planning processes, and efforts have been made to align institutional incentives with program objectives. External resources, including support from NGOs and development partners, have also contributed to strengthening institutional capacity. These factors support the development of a more dynamic and responsive governance system, although challenges remain.

Despite these differences, both cities face ongoing institutional constraints. In Semarang, limited authority and financial resources restrict the ability of Healthy City Forums to implement their recommendations. In Makassar, the sustainability of initiatives remains partially dependent on individual leadership and external support, indicating that full institutionalization has not yet been achieved. These findings are consistent with broader institutional change literature, which suggests that sustainable transformation requires not only formal structures but also supportive norms, incentives, and organizational practices (Mahoney & Thelen, 2010).

The governance dynamics identified in this study are closely related to broader debates on decentralization and urban health governance. Indonesia’s decentralization framework was designed to enhance local autonomy, allowing municipalities to respond more effectively to local needs, including public health challenges. However, the findings from Semarang and Makassar suggest that decentralization does not automatically lead to improved governance outcomes. Instead, its effects depend on how local power structures, institutional arrangements, and stakeholder relationships are configured in practice.

In Makassar, decentralization appears to have enabled innovation and experimentation in governance. The city has leveraged its autonomy to develop more inclusive and participatory approaches to Healthy City governance, involving a wide range of stakeholders in both planning and implementation. This has allowed local actors to adapt national policies to local contexts, resulting in more responsive and context-sensitive interventions. However, the success of these initiatives remains closely tied to strong political leadership and effective coordination mechanisms, indicating that decentralization creates opportunities but does not guarantee outcomes.

In contrast, Semarang illustrates some of the limitations of decentralization. Although the city has the formal authority to implement the Healthy City agenda, its governance practices remain constrained by bureaucratic fragmentation and limited stakeholder engagement. The persistence of siloed administrative structures and top-down decision-making processes reduces the effectiveness of decentralized governance, limiting its capacity to foster innovation and inclusiveness.

These findings reflect a broader tension in decentralization literature, which suggests that while local autonomy can enhance responsiveness, it may also reinforce existing power inequalities. As noted in previous studies, decentralization can enable local elites to consolidate control over resources and decision-making processes, potentially marginalizing vulnerable groups (Halabi, 2009). This dynamic is partially evident in both cities.

The study also highlights the importance of collaborative governance in sustaining urban health initiatives. The comparison between the two cities demonstrates that collaboration is not merely a formal requirement but a practical necessity for addressing complex policy challenges. In Makassar, stronger partnerships between government agencies, civil society organizations, and community groups have contributed to the continuity and effectiveness of Healthy City governance. These partnerships facilitate the sharing of knowledge, resources, and responsibilities, thereby strengthening governance resilience.

In contrast, the more hierarchical and fragmented governance model observed in Semarang limits the potential for collaboration. Although formal partnerships exist, they tend to be consultative rather than genuinely collaborative. Civil society organizations are often treated as external contributors rather than integral partners in governance processes, limiting innovation and reducing system adaptability.

The relationship between government and civil society emerges as a critical factor in policy sustainability. In Makassar, civil society organizations play an active role in co-producing policy outcomes, contributing to program design, implementation, and monitoring. This creates a sense of shared ownership that enhances accountability and long-term commitment. In Semarang, by contrast, civil society engagement remains limited and largely symbolic, weakening governance effectiveness and policy sustainability.

Ultimately, these findings underscore the importance of aligning political leadership, institutional capacity, and civic participation in sustaining Healthy City governance. Power relations shape who participates and whose interests are prioritized, while institutional dynamics determine whether collaborative practices can be sustained over time. Makassar illustrates how strong leadership and inclusive governance can

create a more adaptive and resilient system, whereas Semarang demonstrates how formal institutional frameworks, in the absence of meaningful participation and coordination, may fail to produce sustainable outcomes.

Taken together, these findings contribute to a more nuanced understanding of urban health governance in decentralized contexts. They highlight that policy sustainability is not solely determined by institutional design but emerges from the interaction between power, institutions, and participation. In this sense, Healthy City governance should be understood not merely as a technical program but as a governance process embedded within broader socio-political dynamics.

Conclusion

This study demonstrates that the sustainability of Healthy City governance in Indonesia cannot be explained solely by formal institutional arrangements, but is fundamentally shaped by the interaction between political leadership, institutional capacity, and civic participation. The comparative analysis of Semarang and Makassar reveals a clear divergence in governance dynamics. Makassar's success is driven by sustained political commitment, stronger intersectoral coordination, and more inclusive stakeholder engagement, which together foster a more adaptive and resilient governance system. In contrast, Semarang exhibits a more fragmented and top-down governance pattern, where limited participation, weak coordination, and shifting political priorities undermine long-term policy sustainability. These findings highlight that effective urban health governance requires not only regulatory compliance but also the institutionalization of collaborative practices, a more balanced distribution of power among stakeholders, and sustained commitment across political cycles.

From a theoretical perspective, this study contributes to the literature by integrating power relations, institutional dynamics, and collaborative governance into a unified analytical framework, demonstrating that governance outcomes are shaped not only by formal structures but also by underlying power configurations that influence participation and decision-making processes. From a policy perspective, the findings emphasize the need to strengthen multi-stakeholder governance platforms, enhance institutional coordination, and promote meaningful civic engagement to ensure that Healthy City initiatives move beyond procedural compliance toward substantive transformation. Future research should further explore the role of informal power networks and longitudinal policy dynamics in order to better understand how governance systems evolve over time in decentralized contexts.

Funding

The author did not receive any financial support for the research, authorship, and/or publication of this article.

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