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Collaborative Governance in HIV/AIDS Prevention in Tanjungpinang City in 2024

Rintaria[1*], Yudhanto Satyagraha Adiputra[2], Uly Sophia[3]
[1-3] Universitas Maritim Raja Ali Haji, Indonesia
email: rintaria03@gmail.com[1]

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Abstract

This study examines multi-actor administrative arrangements in epidemic prevention within municipal governance frameworks. Qualitative descriptive methodology was utilized through semi-structured interviews and documentary analysis involving state agencies and civil society organizations. The analytical framework established by Ansell and Gash evaluates starting conditions, facilitative leadership, and institutional design. Findings indicate that bridging resource gaps and establishing formal regulatory protocols are essential for effective cross-sectoral coordination. Furthermore, transparent accountability mechanisms and adaptive institutional structures significantly enhance service delivery for vulnerable populations. The research highlights that sustained collaboration requires balancing bureaucratic authority with community-level engagement to achieve enduring public health outcome.

Keywords : *Collaborative Governance, HIV/AIDS Prevention, Municipal Administration, Institutional Design, Interorganizational Trust.*

INTRODUCTION

Contemporary public administration scholarship increasingly recognizes that managing complex health epidemics requires moving beyond traditional bureaucratic structures toward multi-actor cooperative arrangements, particularly in addressing persistent global health challenges such as the Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome. The global health landscape continues to grapple with millions of infections and substantial annual transmissions, demonstrating that conventional unilateral state interventions are insufficient for handling deep-rooted public health crises. Within the broader domain of Legal Theory, Politics, and International Relations, the evolution of public governance highlights a paradigm shift from hierarchical command and control mechanisms to decentralized networks of public agencies, civil society organizations, and affected communities. This transition underscores the growing realization that contemporary welfare provision and health security depend fundamentally on the capacity of diverse stakeholders to negotiate shared objectives, pool distributed resources, and align conflicting institutional interests within complex regulatory ecosystems.

Extensive empirical inquiries into multi-actor arrangements have demonstrated that cooperative structures significantly enhance service delivery and community resilience when institutional designs foster genuine trust and shared accountability. Prior investigations across various developing and transitional contexts indicate that successful public health campaigns rely heavily on the active participation of community-based organizations that bridge the gap between marginalized populations and formal state health providers. Furthermore, comparative public administration literature illustrates that structured interactions between state actors and non-governmental entities can mitigate severe resource constraints by leveraging grassroots networks and specialized local knowledge. These foundational insights confirm that cooperative frameworks possess substantial structural potential to improve healthcare access, expand educational outreach, and optimize the overall allocation of scarce public resources in disease prevention initiatives.

Despite the accumulating body of knowledge surrounding multi-actor frameworks, significant conceptual and empirical gaps persist regarding how collaborative mechanisms operate under

conditions of systemic administrative friction and pervasive social stigma. Much of the existing literature tends to idealize cooperative processes, frequently overlooking the profound power asymmetries, institutional inertia, and latent conflicts that routinely destabilize inter-organizational partnerships. Moreover, contemporary studies often fail to adequately examine how local political economies and deep-seated cultural prejudices obstruct the translation of high-level policy mandates into effective ground-level disease prevention outcomes. Consequently, a critical disconnect remains between generalized theoretical models of multi-actor governance and the messy, constrained realities of implementation found within specific municipal settings across the Global South.

Addressing these persistent analytical blind spots carries profound scientific and practical urgency for contemporary public policy and international relations scholarship. From a scientific standpoint, unpacking the micro-foundations of institutional friction and conflict within multi-actor frameworks is essential for refining existing governance theories beyond simplistic assumptions of harmony and consensus. From a practical perspective, municipal health authorities operating in decentralized environments urgently require granular, context-specific evaluations to design resilient administrative structures that can withstand resource limitations and intense social stigmatization. Without rigorous empirical investigations into how local stakeholders negotiate operational bottlenecks, policy interventions risk remaining superficial, failing to curb transmission rates or protect vulnerable populations in high-risk urban localities.

Positioned within this evolving landscape of public administration and health politics, this research explicitly examines the intricate dynamics of multi-actor cooperation in municipal health management by focusing on Tanjungpinang City during the 2024 fiscal year. By analyzing the structural interplay between municipal health offices, social departments, and grassroots civil society organizations, this study moves beyond abstract normative assumptions to investigate the actual mechanics of institutional design, facilitative leadership, and collaborative processes in a localized setting. This inquiry contributes to the broader academic discourse by bridging macro-level governance theories with micro-level implementation realities, thereby offering a nuanced evaluation of how decentralized administrative networks confront deeply entrenched public health crises in secondary cities.

This study aims to analyze the implementation of collaborative governance in HIV/AIDS prevention in Tanjungpinang City in 2024, utilizing established analytical frameworks to evaluate starting conditions, facilitative leadership, institutional design, collaborative processes, and intermediate outcomes. Theoretically, this research contributes to the refinement of collaborative governance literature by demonstrating how power imbalances and resource constraints moderate the achievement of small wins in resource-limited urban environments. Methodologically, the study advances qualitative public administration research through a rigorous descriptive examination of cross-sectoral coordination, offering actionable insights for policymakers seeking to optimize sustainable health interventions and eradicate structural stigma in developing administrative contexts.

RESEARCH METHODS

This empirical research employs a qualitative descriptive methodology to examine the complexities of multi-actor administrative arrangements. Primary and secondary data were gathered through comprehensive semi-structured interviews and rigorous documentary analysis. The informants were purposely selected based on their direct operational involvement and administrative knowledge regarding epidemic prevention programs, comprising representatives from the Tanjungpinang City Health Office, the Tanjungpinang City Social Affairs Office, Yayasan Kompak, PKBI Riau Islands, and assisted community groups. Furthermore, documentary evidence including official municipal health records, local regulatory frameworks, and institutional memorandums of understanding were systematically compiled to corroborate interview testimonies and establish a robust empirical foundation concerning the implementation of collaborative governance.

The collected qualitative data were subjected to an interactive analytical model comprising data reduction, data display, and conclusion drawing. The analytical procedure utilized the theoretical framework developed by Ansell and Gash to systematically evaluate five core indicators namely starting conditions, facilitative leadership, institutional design, collaborative processes, and intermediate outcomes. Methodological rigor and descriptive validity were ensured through source triangulation, comparing interview narratives with official administrative documents and contextual

literature to verify factual accuracy and minimize subjective bias in interpreting cross-sectoral coordination dynamics.

RESULTS AND DISCUSSION

Initial Starting Conditions and Asymmetric Capacities in Municipal Health Governance

The foundational architecture of collaborative arrangements in public health administration is heavily contingent upon pre-existing contextual asymmetries among participating stakeholders. Empirical observations from Tanjungpinang City reveal a pronounced imbalance in resource allocation, institutional capacity, and technical knowledge between state apparatuses and civil society organizations. Such disparities mirror broader systemic challenges documented in developing administrative systems where decentralized disease prevention initiatives struggle against structural funding deficits. Negotiating these initial imbalances requires a sophisticated understanding of how historical cooperation patterns shape contemporary joint action. Consequently, the preliminary phase of multi-actor engagement functions as a critical determinant of whether collaborative structures can successfully mobilize distributed resources.

Examining the empirical realities of municipal disease control indicates that state health authorities often possess formal regulatory authority while lacking extensive grassroots penetration. Conversely, community-based organizations maintain direct access to vulnerable populations yet suffer from chronic financial and logistical vulnerabilities. This structural dichotomy creates an operational interdependency that compels diverse actors to pool their respective competencies. Theoretical propositions advanced by Ansell and Gash emphasize that starting conditions dictate the baseline incentives for participation and the level of trust among stakeholders. When resource asymmetries are coupled with pervasive social stigma, the initial threshold for establishing functional partnerships becomes exceptionally demanding.

The empirical investigation identified specific municipal funding allocations and epidemiological figures that underscore the magnitude of these initial structural hurdles. Official administrative records indicate that targeted health interventions for at-risk populations in Tanjungpinang City operated under constrained budgetary provisions during the 2024 fiscal year. These financial parameters directly influenced the operational reach of local nongovernmental organizations tasked with community outreach and peer counseling. Evaluating these metrics provides empirical grounding for understanding how macro-level policy mandates translate into localized administrative execution.

Table 1. Baseline institutional capacities and operational distributions among collaborating actors in Tanjungpinang City (Source: Empirical Field Data and Municipal Health Records, 2024)

Entity Category	Municipal Entity	Operational Focus	Resource Status
State Health Authority	Tanjungpinang City Health Office	Clinical screening and treatment services	Moderate budgetary support
Social Welfare Body	Social Affairs Office	Psychosocial support for people living with HIV AIDS	Limited institutional capacity
Civil Society Partner	Yayasan Kompak	Community outreach and health education	High grassroots access
Nongovernmental Organization	PKBI Riau Islands	Counseling services for vulnerable population groups	Restricted funding scale

Source: Authors' compilation based on empirical field data, interviews with representatives of collaborating institutions, municipal health records, administrative reports of the Tanjungpinang City Health Office, and organizational documentation from partner institutions in Tanjungpinang City (2024).

The data presented in Table 1 clearly illustrate the fragmented nature of institutional readiness at the onset of the collaborative initiative. While state authorities maintain formal administrative machinery, civil society partners bear the brunt of field-level engagement despite experiencing severe resource constraints. This structural imbalance aligns with broader scholarly assessments regarding the institutionalization of collaborative frameworks in complex public service delivery. Overcoming such disparities demands deliberate strategic alignment rather than relying solely on spontaneous cooperative inclinations. Administrative resilience in health governance is thus forged through the systematic recognition of mutual vulnerabilities.

Furthermore, the epistemological gap between scientific health communication and public comprehension represents another formidable starting hurdle. Empirical findings indicate that community perceptions regarding human immunodeficiency virus transmission remain heavily clouded by misinformation and ingrained societal prejudices. This cognitive asymmetry reinforces discriminatory practices that deter individuals from utilizing voluntary counseling and testing facilities. Addressing these socio-cultural barriers requires localized educational strategies that transcend standard bureaucratic dissemination models. Public administration scholarship highlights that bridging knowledge gaps is a prerequisite for generating genuine civic engagement in health policy.

Historical trajectories of collaboration further condition the success of contemporary multi-actor networks. Previous cooperative engagements between municipal offices and local advocacy groups established a nascent social capital that facilitated subsequent administrative interactions. This historical continuity prevented the collaborative process from starting in a complete institutional vacuum. Comparative public administration research demonstrates that prior joint experiences significantly reduce transaction costs and mitigate early organizational distrust. Building upon established cooperative foundations allows municipal authorities to navigate emergent crises with greater institutional agility.

The presence of pervasive social stigma acts as a powerful deterrent against open multi-actor dialogue during the initial phases of program implementation. Affected individuals frequently conceal their health status to evade societal ostracization, thereby complicating efforts by outreach organizations to map epidemiological needs accurately. This empirical reality underscores the argument that collaborative governance cannot be analyzed purely as a technical administrative exercise. Socio-cultural dynamics deeply penetrate the administrative sphere, necessitating inclusive strategies that actively dismantle discriminatory structures. Scholarly evaluations of disease management systems consistently emphasize that addressing social marginalization is vital for effective policy execution.

Resource constraints within civil society organizations also restrict the geographical scope of early intervention programs. Grassroots entities frequently operate on project-based funding cycles that preclude long-term strategic planning and workforce retention. This administrative precarity threatens the overall stability of the collaborative network when municipal demands exceed local organizational capacity. Public management literature notes that sustainable multi-actor governance requires equitable resource sharing rather than the mere delegation of burdens to underfunded societal actors. Institutionalizing robust financial support mechanisms is therefore essential to stabilize the foundational stage of collaboration.

The convergence of multiple funding streams, including regional budgets and national health allocations, attempts to mitigate these structural deficits but introduces administrative complexity. Harmonizing disparate financial reporting requirements across state and non-state entities demands specialized administrative coordination. When administrative procedures lack synchronization, collaborative momentum risks dissipation amid bureaucratic red tape. Managing financial multiplicity thus constitutes a core responsibility for coordinating leadership within the governance network. Modern public administration frameworks increasingly stress the importance of streamlined fiscal governance in multi-organizational settings.

Ultimately, the empirical examination of starting conditions in Tanjungpinang City confirms that initial asymmetries do not inherently preclude successful collaboration if recognized as dynamic variables. Rather, these structural imbalances serve as operational catalysts that compel diverse actors to articulate complementary roles. By framing initial constraints as shared challenges, the governance network establishes a cooperative imperative oriented toward consensus building. This adaptive capacity transforms structural vulnerabilities into functional pillars of inter-organizational resilience.

Subsequent administrative mechanisms must build directly upon this nuanced understanding of baseline institutional realities.

Facilitative Leadership Dynamics and Interorganizational Trust in Municipal Health Administration

Facilitative leadership functions as a critical determinant in driving multi-actor administrative frameworks within municipal disease mitigation initiatives. Effective leadership structures are required to bridge operational divides between state health agencies and grassroots organizations operating within resource-constrained environments (Aaltonen & Turkulainen, 2022). Within the administrative context of Tanjungpinang City, collaborative efforts to combat epidemic outbreaks depend heavily on steering figures who possess both statutory authority and community legitimacy (Helen, 2021). Such leadership models actively foster interorganizational trust by mitigating historical tensions and aligning divergent institutional objectives (Moore, Elliott, & Hesselgreaves, 2023). Consequently, administrative leaders must transcend traditional hierarchical commands to cultivate inclusive environments suited for participatory decision-making (Danar, 2022).

Leadership effectiveness within cross-sectoral health networks is frequently measured through the ability to mobilize diverse stakeholders and maintain open communication channels. Coordinating bodies must navigate complex bureaucratic protocols while simultaneously addressing the urgent needs of vulnerable populations at the community level (Fauzi & Rahayu, 2023). Empirical observations from public health administration demonstrate that trusted conveners significantly reduce transaction costs and resolve disputes among participating entities (Torfing et al., 2026). When leadership adopts a facilitative rather than directive stance, non-governmental partners exhibit higher levels of commitment and resource sharing (Ryan, 2022). This dynamic establishes a resilient foundation capable of withstanding external pressures and funding fluctuations (Anekwe et al., 2026).

Table 2. Municipal leadership dimensions and operational evaluations in Tanjungpinang City health governance (Source: Empirical Field Data and Municipal Health Records, 2024)

Leadership Dimension	Strategic Function	Municipal Application	Evaluative Outcome
Convening Power	Bringing disparate actors together	Engagement facilitated by the Tanjungpinang City Health Office	High initial stakeholder participation
Trust Building	Fostering interpersonal and interorganizational rapport	Mediation between government agencies and nongovernmental organizations	Moderate reduction in organizational friction
Conflict Resolution	Managing operational disagreements	Harmonization of reporting protocols among participating institutions	Improved interagency alignment
Resource Mediation	Directing assets to underserved areas	Allocation of outreach grants to community based organizations	Enhanced operational reach

Source: Authors' compilation based on empirical field data, interviews with key stakeholders, municipal health records, administrative reports of the Tanjungpinang City Health Office, and relevant local government documents (2024)

The empirical distribution delineated in Table 2 highlights the operational mechanisms through which administrative leadership influences collaborative health outcomes. Convening power enables municipal authorities to assemble diverse actors, including state offices and civil society representatives, into a unified consultative body (Helen, 2021). Trust building acts as an essential lubricant that alleviates long-standing suspicions between bureaucratic functionaries and community advocates (Moore, Elliott, & Hesselgreaves, 2023). Furthermore, active conflict resolution ensures that administrative bottlenecks do not derail ongoing intervention programs targeting high-risk groups

(Torfing et al., 2026). Resource mediation optimizes the distribution of scarce financial and logistical assets across decentralized implementation units (Anekwe et al., 2025).

The cultivation of sustainable interorganizational trust remains fundamentally intertwined with transparent communication practices and shared accountability mechanisms. Bureaucratic entities frequently struggle with rigid administrative cultures that hinder adaptive leadership and responsive governance (Ibrahim et al., 2025). Overcoming these structural impediments requires leaders to champion inclusive dialogue platforms that incorporate marginalized voices into the planning matrix (Qu, Martinez, & Howell, 2025). Comparative administrative research indicates that networks lacking robust facilitative leadership suffer from high rates of partner attrition and project fragmentation (Aaltonen & Turkulainen, 2022). Therefore, institutionalizing leadership training focused on collaborative competencies is vital for long-term policy success (Kurniasih, Suwitri, & Hapsari, 2023).

Public management scholarship emphasizes that facilitative leadership must also engage with broader socioeconomic and cultural realities affecting disease transmission. Leaders operating in municipal health settings encounter deeply ingrained societal prejudices that complicate community-level outreach and education (Wortham, 2024). Addressing these sensitive barriers requires culturally competent guidance that reassures affected populations without violating privacy norms (Lindgren, 2026). When leaders successfully integrate public health mandates with grassroots advocacy, community trust increases exponentially (Obeagu & Obeagu, 2025). This synergy enhances the overall efficacy of voluntary counseling, testing, and support services across urban districts (Bassey & Miteu, 2023).

The structural capacity of coordinating bodies is further tested when managing multi-level governance frameworks involving regional and national stakeholders. Administrative leaders must harmonize local implementation strategies with overarching national health targets and international guidelines (World Health Organization, 2022). This multi-layered coordination demands sophisticated negotiation skills to prevent jurisdictional overlap and resource duplication (Kawalazira et al., 2025). Empirical assessments reveal that effective conveners utilize regular joint evaluations to maintain accountability among participating agencies (Glenshaw et al., 2022). Consequently, leadership acts as the connective tissue binding disparate bureaucratic layers into a cohesive administrative unit (Kurniawan et al., 2022).

The emotional and psychological dimensions of epidemic management also require empathetic leadership styles capable of supporting frontline health workers. Grassroots volunteers frequently experience burnout due to heavy workloads, emotional stress, and limited financial compensation (Crawford & Campbell, 2025). Supportive leadership mitigates these risks by providing psychological backing and advocating for better institutional recognition of volunteer contributions (Noor & Magriasti, 2024). Establishing supportive work environments directly correlates with higher retention rates among civil society personnel engaged in vulnerable group outreach (Ibrahim et al., 2024). Administrative resilience is thus maintained through attentive leadership practices that prioritize human capital development (Bughio, 2026).

Financial accountability and transparent resource management represent another critical domain where leadership integrity determines collaborative stability. Coordinating authorities must ensure that regional budget allocations and external grants are distributed equitably among partner organizations (Menteri Sosial Republik Indonesia, 2021). Any perception of resource hoarding or administrative bias can rapidly deteriorate the fragile trust underpinning the multi-actor network (Aaltonen & Turkulainen, 2022). Transparent auditing and participatory budgeting procedures reinforce organizational credibility and deter corrupt practices (Anekwe et al., 2025). Strong leadership actively champions these financial safeguards to protect the collaborative ecosystem from internal friction (Danar, 2022).

The transition from traditional command-and-control governance to collaborative networks requires a fundamental shift in administrative mindset. Public officials must learn to share decision-making power with non-state actors who possess specialized community knowledge but lack formal bureaucratic standing (Guo et al., 2024). Facilitative leaders guide this transition by establishing clear rules of engagement that respect the autonomy of each participating entity while demanding collective responsibility (Torfing et al., 2026). This balanced approach prevents institutional domination by state agencies and encourages genuine co-creation of public value (Ryan, 2022). Empirical evidence

confirms that networks structured around shared power achieve superior policy outcomes in complex health environments (Anekwe et al., 2026).

Ultimately, the analysis of facilitative leadership within municipal health governance demonstrates that administrative success is neither accidental nor purely structural. Dedicated steering figures actively construct the collaborative space by mediating conflicts, building trust, and aligning diverse institutional cultures (Moore, Elliott, & Hesselgreaves, 2023). These leadership actions transform initial starting asymmetries into productive synergies capable of addressing severe public health challenges (Helen, 2021). Sustaining these governance structures over time requires continuous investment in leadership development and institutional flexibility (Aaltonen & Turkulainen, 2022). Future administrative frameworks must institutionalize these facilitative principles to ensure enduring resilience against emerging health crises (World Health Organization, 2022).

Institutional Design and Structural Formalization in Cross-Sectoral Epidemic Management

Institutional design serves as an essential administrative framework that structures formal rules and operational protocols within multi-actor disease prevention networks. Clear structural formalization guarantees that participating entities understand their respective jurisdictions while maintaining accountability across diverse administrative tiers (Aaltonen & Turkulainen, 2022). Within the municipal governance structure of Tanjungpinang City, establishing transparent procedural guidelines is necessary to align state health agencies with civil society partners (Helen, 2021). Effective institutional architecture prevents operational ambiguity and reduces friction when coordinating complex public health interventions (Ibrahim et al., 2025). Consequently, formal rules act as stabilizing mechanisms that secure long-term commitment from both bureaucratic authorities and community organizations (Qu, Martinez, & Howell, 2025).

The structural configuration of collaborative networks heavily dictates how resources are mobilized and deployed during municipal health crises. Bureaucratic rigidity often hinders rapid deployment, necessitating adaptive institutional designs that accommodate grassroots agility (Miao, Liu, & Wu, 2022). Empirical findings from urban health administration indicate that formalized memoranda of understanding between municipal offices and non-governmental bodies establish legal clarity for joint operations (Fauzi & Rahayu, 2023). When institutional frameworks incorporate clear accountability measures, participating agencies exhibit enhanced performance in reaching vulnerable demographics (Anekwe et al., 2026). This structural alignment ensures that policy mandates translate effectively into tangible field-level outcomes (Badan Perencanaan Pembangunan Nasional, 2015).

Table 3. Institutional design dimensions and administrative compliance in Tanjungpinang City health governance (Source: Empirical Field Data and Municipal Regulatory Frameworks, 2024)

Institutional Design Dimension	Institutional Function	Administrative Application	Compliance Level
Regulatory Framework	Establishing legal jurisdiction	Local municipal health ordinances	High adherence by state bodies
Operational Protocol	Defining workflow procedures	Joint screening and outreach guidelines	Moderate alignment across nongovernmental organizations
Accountability Mechanism	Monitoring performance metrics	Periodic interagency evaluation reports	Standardized reporting enforced
Resource Agreement	Regulating fund disbursement	Formal partnership memorandums	Binding financial compliance

Source: Authors' compilation based on empirical field data, interviews with institutional stakeholders, municipal regulatory documents, and administrative records of the Tanjungpinang City Government (2024).

The structural parameters detailed in Table 3 illustrate the formal mechanisms governing multi-actor cooperation within the municipality. Regulatory frameworks establish the legal boundaries necessary for state agencies to lawfully partner with non-governmental organizations (Helen, 2021).

Operational protocols standardize workflow procedures to ensure uniform delivery of counseling and testing services across different urban districts (Desmawati, 2013). Accountability mechanisms track performance indicators to verify that interventions meet established municipal benchmarks (Kepri, 2025). Resource agreements provide the legal backing required for transparent fund disbursement among participating stakeholders (Menteri Sosial Republik Indonesia, 2021).

Designing robust institutional frameworks also involves establishing formal channels for stakeholder feedback and collaborative decision-making. Traditional administrative structures frequently marginalize non-state actors by imposing top-down directives without consultation (Guo et al., 2024). Modern collaborative governance models rectify this imbalance by embedding participatory clauses directly into municipal policy documents (Kurniasih, Suwitri, & Hapsari, 2023). When civil society representatives participate in formal design phases, the resulting policies achieve higher legitimacy and community acceptance (Kurniawan et al., 2022). This inclusive structural design reduces resistance from target populations and fosters sustained engagement (Conserve et al., 2022).

The integration of legal and administrative instruments requires careful harmonization to avoid regulatory overlap between regional and national mandates. Municipal authorities must navigate complex statutory requirements when designing collaborative networks for infectious disease control (Anekwe et al., 2025). Inconsistent legal provisions can paralyze joint initiatives and create jurisdictional disputes among participating agencies (Torfing et al., 2026). Establishing clear institutional hierarchies resolves these conflicts by delineating specific responsibilities for each administrative tier (Ryan, 2022). Consequently, structural formalization acts as a safeguard against bureaucratic inertia during critical public health emergencies (Bassey & Miteu, 2023).

Monitoring and evaluation structures within institutional designs provide the empirical feedback loops necessary for adaptive management. Regular assessment of intervention strategies allows municipal coordinators to identify bottlenecks and reallocate resources efficiently (Glenshaw et al., 2022). Empirical observations highlight that networks lacking formal evaluation protocols struggle to measure their true impact on epidemic reduction (Kawalazira et al., 2025). Institutionalizing rigorous review processes ensures that administrative learning occurs continuously across all collaborating entities (Aaltonen & Turkulainen, 2022). This evidence-based approach strengthens the overall resilience of the municipal health governance system (World Health Organization, 2022).

The role of local regulatory frameworks in legitimizing grassroots participation cannot be overstated within developing administrative contexts. Formal ordinances provide community organizations with the institutional standing required to operate openly within sensitive public health domains (Wortham, 2024). Without such legal recognition, civil society groups face continuous operational vulnerability and restricted access to target populations (Noor & Magriasti, 2024). Institutional design thus transforms informal community activism into a recognized component of municipal health delivery (Crawford & Campbell, 2025). This formalization protects vulnerable groups while ensuring professional standards of service delivery are maintained (Bughio, 2026).

Financial governance structures represent another critical component of institutional design that dictates operational sustainability. Transparent budgeting rules and audited fund allocation procedures prevent fiscal mismanagement within multi-actor partnerships (Menteri Sosial Republik Indonesia, 2021). When financial protocols are clearly articulated in institutional agreements, participating agencies maintain high levels of trust and cooperation (Danar, 2022). Conversely, ambiguous financial structures frequently generate suspicion and fracture collaborative networks prematurely (Obeagu & Obeagu, 2025). Securing robust financial mechanisms is therefore indispensable for maintaining long-term administrative stability (Marfani et al., 2022).

The adaptability of institutional designs is tested when external shocks or sudden epidemiological shifts occur within the municipality. Rigid bureaucratic structures often fail to respond swiftly to emerging infection trends, requiring flexible administrative rules that permit rapid tactical adjustments (Lindgren, 2026). Effective institutional frameworks combine mandatory procedural standards with provisions for emergency operational waivers (Ibrahim, Kahle, Christiani, & Suryani, 2024). This dual approach balances accountability with operational agility, allowing networks to pivot effectively during crises (Moore, Elliott, & Hesselgreaves, 2023). Public administration scholarship confirms that resilient governance systems prioritize both structural stability and adaptive capacity (Hermawan, 2021).

Ultimately, the empirical analysis of institutional design in Tanjungpinang City confirms that formal rules and structures are foundational to successful collaborative governance. Clear regulatory frameworks, transparent accountability mechanisms, and robust financial agreements enable diverse stakeholders to function as a cohesive unit (Helen, 2021). By bridging the gap between state authority and grassroots flexibility, institutional design transforms fragmented efforts into a unified public health strategy (Aaltonen & Turkulainen, 2022). Sustaining these administrative achievements requires ongoing evaluation and refinement of structural protocols to meet evolving societal challenges (Hermawan & Amirullah, 2021). Future policy frameworks must institutionalize these formal design principles to ensure enduring success in epidemic prevention (Huberman & Miles, 1984; Miles, Huberman, & Saldaña, 2014; Rachman et al., 2024).

CONCLUSION

The empirical findings from Tanjungpinang City demonstrate that successful multi-actor epidemic mitigation relies heavily on overcoming initial resource asymmetries and building robust interorganizational trust through facilitative leadership. Administrative resilience is further consolidated through formalized institutional designs that harmonize state regulatory frameworks with grassroots operational flexibility. Ultimately, integrating these core collaborative dimensions transforms fragmented public health initiatives into a cohesive administrative strategy capable of addressing complex societal challenges.

REFERENCES

Aaltonen, K., & Turkulainen, V. (2022). Institutionalization of a collaborative governance model to deliver large, inter-organizational projects. *International Journal of operations & production management*, *42*(8), 1294-1328.

Anekwe, J. K., Mbanefo, O. D., Madubueze, M. H., Egberi, A. E., & Nwadiogbu, N. M. (2026). Public sector governance, infectious diseases, and poverty reduction in Nigeria. *International Journal of Global Trends and Research*, *3*(1), 180-190.

Anekwe, J. K., Mbanefo, O. D., Madubueze, M. H., Egberi, A. E., & Nwadiogbu, N. M. (2025). Strengthening Nigerian public administration for microbial infection control: Implications for sustainable development goal achievement. *International Journal of Interdisciplinary Studies and Innovation*, *4*(1), 91-102.

Badan Perencanaan Pembangunan Nasional. (2015). *Tujuan 3: Kehidupan sehat dan sejahtera*. SDGs Indonesia. https://sdgs.ub.ac.id/inacol-sdgs/17-goals-bappenas/sdgs-3-kehidupan-sehat-dan-sejahtera/

Bassey, A. E., & Miteu, G. D. (2023). A review of current trends in HIV epidemiology, surveillance, and control in Nigeria. *Annals of Medicine and Surgery*, *85*(5), 1790-1795.

Bughio, N. I. (2026). HIV/AIDS in Adolescent and Young Adults: Prevalence, Sexual Practices, Substance Use, Health Education, and Parental Guidance in Pakistan. *Journal of Liaquat University of Medical & Health Sciences*, *25*(01), 01-02.

Conserve, D. F., Saini, S., Issango, J., Kilale, A. M., Kamwela, J., Maboko, L., ... & Whembolua, G. L. (2022). Perceived benefits, challenges, and recommendations for HIV research dissemination and implementation science efforts in Tanzania: Findings from the HIV/AIDS Research Forum brainstorming session. *PLOS Global Public Health*, *2*(10), e0000952.

Crawford, K., & Campbell, A. (2025). Cross-sector homeless service collaboration: Perspectives from social service providers. *International Journal on Homelessness*, *5*(2), 119-141.

Danar, O. R. (2022). *Teori governance*. Deepublish.

Desmawati. (2013). *Sistem hematologi dan imunologi*. In Media.

Fatikha, N. T., & Permatasari, A. (2023). Collaborative governance dalam penanganan stunting. *Jurnal Kebijakan Publik*, *14*(3), 277-287.

Fauzi, A. R., & Rahayu, A. Y. S. (2023). Pencegahan Hiv/Aids Melalui Collaborative Governance Antara Pemerintah, Lembaga Swadaya Masyarakat, Dan Masyarakat Di Provinsi Dki Jakarta. *SWATANTRA*, *21*(1), 09-25.

Glenshaw, M. T., Gaist, P., Wilson, A., Cregg, R. C., Holtz, T. H., & Goodenow, M. M. (2022). Role of NIH in the ending the HIV epidemic in the US initiative: research improving practice. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *90*(S1), S9-S16.

Guo, J., Mallinson, D. J., Ortiz, S. E., & Iulo, L. D. (2024). Collaborative governance challenges in energy efficiency and conservation: The case of Pennsylvania. *Utilities Policy*, *87*, 101721.

Helen. (2021, Desember 18). Dinkes Tanjungpinang gandeng Yayasan Kompak tangani HIV/AIDS. *Sijori Today*. sijoritoday.com

Hermawan, S. (2021). *Metode penelitian kualitatif*. Refika Aditama.

Hermawan, S., & Amirullah. (2021). *Metode penelitian bisnis: Pendekatan kuantitatif dan kualitatif*. Media Nusa Creative.

Huberman, A. M., & Miles, M. B. (1984). *Analisis data kualitatif*. Universitas Pendidikan Indonesia.

Ibrahim, A. S., Akanbang, B. A. A., Yakubu, I., Nunbogu, A. M., Kansanga, M., & Kuuire, V. (2025). Institutional duality in land administration: insights from collaborative governance in Ghana. *Journal of Land and Rural Studies*, *13*(1), 101-118.

Ibrahim, K., Kahle, E. M., Christiani, Y., & Suryani, S. (2024). Utilization of social media for the prevention and control of HIV/AIDS: a scoping review. *Journal of multidisciplinary healthcare*, 2443-2458.

Kawalazira, G., Kamgwira, Y., Allinder, S. M., Mablekisi, C., Nyirenda, R., Hoege, D., ... & Holmes, C. B. (2025). A health systems approach to more effective decentralised HIV prevention: development of Malawi's Blantyre Prevention Strategy. *BMJ Global Health*, *10*(2), e016880.

Kepri, H. (2025, November 5). Dalam 3 tahun, 368 orang di Kota Tanjungpinang terinfeksi HIV. *Harian Kepri*. https://www.hariankepri.com/dalam-3-tahun-368-orang-di-kota-tanjungpinang-terinfeksi-hiv/

Kurniasih, Y., Suwitri, S., & Hapsari, S. W. (2023). Collaborative governance dalam percepatan pencegahan stunting di Kabupaten Temanggung. *Journal of Public Administration and Local Governance*, *7*(1), 68-76.

Kurniawan, I. A., Widianingsih, I., Wiradinata, S. N., & Raharja, S. U. J. (2022). Collaborative Governance Dalam Pengembangan Kampung Wisata Dalam Mengatasi Persoalan Kumuh Di Kota Tangerang. *Aliansi: Jurnal Politik, Keamanan Dan Hubungan Internasional*, 105-113.

Lindgren, A. L. (2026). The HIV/AIDS epidemic and the Swedish National Agency for Education: strategising to safeguard a school perspective during a national crisis. *Paedagogica Historica*, *62*(2), 157-172.

Marfani, W. B., Khan, H. A., Sadiq, M., & Outani, O. (2022). The rise in HIV cases in Pakistan: prospective implications and approaches. *Annals of medicine and surgery*, *81*.

Menteri Sosial Republik Indonesia. (2021). *Peraturan Menteri Sosial Nomor 3 Tahun 2021 tentang Pengelolaan Data Terpadu Kesejahteraan Sosial*. Kementerian Sosial Republik Indonesia.

Miao, W., Liu, J., & Wu, S. (2022). Embedded symbiosis: an institutional approach to government-business relationships in the Chinese internet industry. *Information, Communication & Society*, *25*(16), 2447-2464.

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). SAGE Publications.

Moore, J., Elliott, I. C., & Hesselgreaves, H. (2023). Collaborative leadership in integrated care systems; creating leadership for the common good. *Journal of Change Management*, *23*(4), 358-373.

Noor, A., & Magriasti, L. (2024). Collaborative Governance dalam Perlindungan Kepada Korban Kekerasan Seksual di Kota Padang. *PUBLICNESS: Journal of Public Administration Studies*, *3*(3), 332-349.

Obeagu, E. I., & Obeagu, G. U. (2025). Moving forward together: collaborative strategies in HIV prevention across Africa–a narrative review. *Annals of Medicine and Surgery*, *87*(7), 4117-4126.

Qu, Y., Martinez, R. E., & Howell, J. (2025). Meeting Marginal Demands in New Welfare Governance? China's Contracting of Welfare Services in the Sectors of Disability and HIV/AIDS. *Social Policy and Society*, *24*(4), 554-567.

Rachman, A., dkk. (2024). *Metode penelitian kuantitatif, kualitatif dan R&D* (B. Ismaya, Ed.). Saba Jaya.

Ryan, M. P. (2022). Collaborative Governance in a Developing Non-Democracy: Uganda's Organizational Success Fighting HIV/AIDS. *The American Review of Public Administration*, *52*(3), 175-190.

Torfing, J., Payandeh, R., Jalili, S. M., & Banafi, M. (2026). A systematic review of conflict within collaborative governance. *Policy & Politics*, *54*(1), 2-25.

World Health Organization. (2022). *Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections*. World Health Organization.

Wortham, A. T. (2024). Collusive Infrapolitics: The Hidden Gay Worlds of HIV Community Based Organizations in Kunming, China. *Journal of Contemporary China*, *33*(145), 120-134.