

Analisis implementasi kebijakan cara pembuatan obat tradisional yang baik di Propinsi DKI Jakarta tahun 2009 = Analysis of policy implementation on practices of manufacturing good traditional medicine at Province of DKI Jakarta in 2009

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Abstrak

Tesis ini membahas gambaran permasalahan implementasi kebijakan cara Pembuatan obat tradisional yang baik di Propinsi DKI Jakarta tahun 2009, mengingat sampai tahun 2008 secara nasional baru 2,9% industri yang mendapatkan Sertifikat cara Pembuatan obat tradisional yang baik, sedangkan di Propinsi DKI Jakarta baru 1,9%. Penelitian ini adalah penelitian kualitatif dengan desain deskriptif. Hasil penelitian menunjukkan bahwa rendahnya implementasi cara pembuatan obat tradisional yang baik disebabkan belum optimalnya sosialisasi kebijakan, masih beratnya industri menerapkan kebijakan dan masih lemahnya monitoring kebijakan..

Belum optimal sosialisasi karena belum jelasnya kegiatan pengembangan obat asli Indonesia, minimnya anggaran dan kurangnya koordinasi. Beratnya industri menerapkan kebijakan karena keterbatasan dana dan rendahnya komitmen pemilik. Masih lemahnya monitoring karena keterbatasan anggaran dan data yang terpercaya dan terkini belum jelasnya koordinasi antar instansi dan belum adanya sanksi yang jelas. Diketahui juga skala penerapan cara pembuatan obat tradisional yang baik sangat dipengaruhi oleh komitmen pemilik yang diwujudkan dengan dana yang dialokasikan untuk menerapkan cara pembuatan obat tradisional yang baik.

.....This thesis discussed describing problems of policy implementation on practices of manufacturing good traditional medicine at province of DKI Jakarta in 2009, considering until 2008 nationally where almost 2,9% of industries which got certificates on Practices of Manufacturing Good Traditional Medicine, where 1,9% of them was at province of DKI Jakarta. This study was a qualitative research with descriptive design. Study result indicated that low implementation on Practices of Manufacturing Good Traditional Medicine was caused by socialization of policy was not optimal yet, industry was still herd in implementing policies and monitoring policy was still low.

Socialization was not optimal yet because development activities of Indonesian traditional medicine did not be understood yet, inadequate budget and the lack of coordination. Industry was still herd in implementing policies because of limited funds and low commitment of owner. Monitoring was still weak because of limited budget and the latest and trusted data, coordination inter institution was not explained and there was no sanction yet. It also found that scale of implementation on practices manufacturing of good traditional medicine was affected by owner commitment which was implemented by allocated funds to implement practices manufacturing good traditional medicines.