

Analysis of the Implementation of Public Health Services under Primary Care Integration Regulations

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ARTICLE INFO

Article history

Received July 17, 2026

Revised October 1, 2026

Accepted October 2, 2026

Keywords

Primary Care Integration,
Puskesmas,
Public Health Services,
Policy Implementation,
Pacitan

ABSTRACT

Background: Primary Care Integration is a strategic policy in the transformation of Indonesia's health system that aims to strengthen primary health care through the integration of life-cycle-based services and the strengthening of promotive, preventive, and curative efforts. Although its implementation has been expanded across various primary health care facilities, evidence regarding the factors influencing its success remains dispersed across various studies. This systematic review aims to identify, evaluate, and synthesize evidence regarding the factors influencing the implementation of Primary Care Integration in public health services. **Method:** The literature search was conducted in Google Scholar and Garuda using a predetermined search strategy based on inclusion and exclusion criteria. The selection and reporting processes followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2021 guidelines. **Results:** A total of 1,180 articles were identified at the initial stage, and after the screening and eligibility assessment processes, seven articles met the criteria for thematic analysis. The synthesis results identified four main determinants of implementation, namely human resource capacity, availability of facilities and infrastructure, utilization of health information systems, and service governance. The competence of health workers and cadres supports the implementation of screening, area monitoring, and health education, while limitations in technical competence, digital literacy, technological infrastructure, financing, and operational support constitute consistent barriers. **Conclusion:** Overall, the success of Primary Care Integration implementation depends on the integration of resource capacity, technological and infrastructure support, service governance, cross-sectoral coordination, and the continuity of policy support.

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Introduction

Primary health care is the main foundation of the health system and has a strategic role in achieving universal health coverage. Universal Health Coverage (UHC) is a health insurance system in which every citizen has access to health services—whether promotive, preventive, curative, rehabilitative, or palliative. UHC provides not only access to health services but also financial protection for the public (1). However, primary health care systems face increasingly complex challenges due to changes in epidemiological patterns, the increasing burden of

communicable and non-communicable diseases, demographic changes, financing constraints, as well as disparities in access to and quality of care (2).

At the national level, the provision of healthcare services for patients is further reinforced by Law Number 17 of 2023 concerning Health, which emphasizes the importance of services that are safe, high-quality, affordable, and patient-oriented. This regulation establishes the fulfillment of patient rights, patient safety, the confidentiality of health information, and the delivery of care in accordance with professional and service standards as integral components of healthcare provision. These provisions demonstrate that strengthening primary healthcare involves not only expanding access but also enhancing the capacity of health facilities to deliver high-quality, continuous, and patient-centered care. Within this framework, Primary Service Integration (ILP) serves as a strategic approach to linking various forms of care in a more coordinated and community-oriented manner, thereby supporting the fulfillment of patient rights through comprehensive and continuous primary care (3).

The Astana Declaration reaffirmed the position of primary health care as the main approach to achieving health for all and supporting the achievement of the Sustainable Development Goals. According to Nuraeni, et.al (2026), strengthening primary care requires not only expanding access, but also integrating services that are continuous, oriented toward community needs, and capable of responding comprehensively to various determinants of (4). In this context, service integration has become one of the important approaches to improving the continuity, coordination, efficiency, and quality of primary health care.

Primary health care plays a key role in ensuring the achievement of Universal Health Coverage (UHC), which is a main goal in the global health system. As one effort to strengthen primary health care services, the Indonesian government launched the Integrated Primary Care (IPC) Program (Program Integrasi Layanan Primer - ILP). Indonesia has responded to these challenges through health system transformation by positioning the strengthening of primary health care as one of its strategic agendas. The Primary Care Integration Policy is directed at changing the previously fragmented approach to service delivery into a more integrated service approach based on the life cycle, with strengthened promotive and preventive efforts while maintaining curative and rehabilitative functions (5). The implementation of this policy involves various service components, including health workers, cadres, health care facilities, information systems, financing, as well as coordination across programs and sectors (6). Although the regulatory and policy frameworks are already available, the normative existence of a policy does not automatically guarantee successful implementation at the service level. Implementation success is strongly influenced by implementer capacity, resource availability, organizational characteristics, policy communication, as well as the ability of health facilities to adapt to changes in the service delivery system.

Several studies have evaluated the implementation of primary health care service integration and identified various factors that support or hinder its implementation. The available evidence indicates that the success of service integration is associated with the capacity and competence of health workers, leadership, stakeholder involvement, organizational governance, availability of facilities and infrastructure, health information systems, financing, as well as interprofessional and intersectoral coordination (7). The utilization of information technology also has the potential to improve the continuity of recording, reporting, monitoring, and service coordination. However, on the other hand, limitations in digital literacy, technological infrastructure, distribution of health workers, technical competence, and operational support remain barriers to the implementation of service integration, particularly in areas with limited resources. Findings from previous studies also indicate variations in results across regions and service settings, indicating that the implementation of service integration is determined not only by policy design, but also by the organizational context and the capacity of the local health system (4).

Although evidence regarding primary health care service integration continues to develop, the available literature remains dispersed across various contexts, approaches, and characteristics of health systems. According to Saputri (2023), some studies focus on service outcomes or specific aspects of integration, while syntheses that specifically identify implementation factors comprehensively remain limited, particularly in the context of low- and middle-income (8). This limitation becomes increasingly important in rural areas and resource-limited regions, because geographical conditions, distribution of health workers, institutional capacity, infrastructure, financing, and access to technology may influence the implementation process differently compared with areas with more adequate resources (9). Therefore, a systematic synthesis of evidence is needed to obtain a more comprehensive understanding of

the determinants of successful implementation and the barriers to the implementation of Primary Care Integration, as well as to identify evidence gaps that still exist in the literature.

Based on these gaps, this systematic review aims to identify and synthesize scientific evidence regarding the factors that influence the implementation of Primary Care Integration in public health services, with particular attention to aspects of human resources, facilities and infrastructure, health information systems, governance, as well as coordination across programs and sectors. This synthesis is expected to provide a more comprehensive understanding of the mechanisms and conditions that support or hinder the implementation of primary health care service integration. In addition to enriching the scientific evidence regarding the implementation of primary health care service policies, the findings of this review are expected to serve as a basis for developing implementation strategies that are more adaptive, contextual, and sustainable, particularly in primary health care facilities with limited resources.

Material and Method

Research Design

This study used a systematic review design to identify, evaluate, and synthesize empirical evidence regarding the implementation of the Primary Care Integration policy in public health services at primary health care facilities. The systematic review process was conducted with reference to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2021 guidelines to ensure transparency, systematicity, and traceability at each stage of the study (Parums, 2021). The identification, screening, eligibility assessment, and study inclusion processes are presented in the PRISMA flow diagram (10).

Search Strategy

The literature search was conducted systematically through two electronic databases, namely Google Scholar and Garuda. The search was conducted for scientific articles published during the period 2015–2025. The search strategy was developed based on the main concepts of the study, namely policy implementation, public health services, Primary Care Integration, and community health centers. The keywords used included “implementation,” “public health services,” “Primary Care Integration,” and “Puskesmas,” with combinations of terms using Boolean operators according to the characteristics of each database. The search strategy was designed to obtain literature relevant to the focus of implementing service integration at the primary health care facility level.

Inclusion and Exclusion Criteria

Articles were considered for inclusion if they met the predetermined inclusion criteria, namely: (1) were scientific research articles; (2) discussed the implementation or implementation of primary health care service integration; (3) were related to public health services or services at primary health care facilities; (4) were available in full text; and (5) were published within the time range specified in the research protocol. Articles were excluded if they were literature reviews, systematic reviews, editorials, commentaries, proceedings, or other non-scientific publications; were available only in abstract form; were not available in full text; were not relevant to the research focus; or did not specifically discuss the implementation of primary health care service integration.

Study Selection

Based on the initial search, 1,150 articles were obtained from Google Scholar and 40 articles from Garuda, resulting in a total of 1,190 identified articles. All search results were then compiled, and a deduplication process was conducted to identify and remove duplicate articles. The articles that had undergone the deduplication process were subsequently screened based on their titles and abstracts (title and abstract screening) using the predetermined inclusion and exclusion criteria. Articles that were not relevant to the research objectives or did not meet the inclusion criteria were excluded from the subsequent stage.

Articles that passed the screening stage then underwent an eligibility assessment based on the full text (full-text assessment). At this stage, the articles were evaluated in greater depth based on the relevance of the topic, study design, population or service context, and availability of data relevant to the objectives of the systematic review. Studies that did not meet the eligibility criteria were excluded, with the reasons for exclusion recorded. Subsequently, articles that met all criteria

were included in the final stage (included studies) and used as data sources in the synthesis process.

Based on all selection stages, seven articles met the inclusion criteria and were subsequently analyzed in the systematic review. Details of the number of articles at each selection stage are presented in the PRISMA flow diagram

Data Extraction and Synthesis

Data from articles that met the inclusion criteria were systematically extracted using a predetermined data extraction format. The extracted information included publication characteristics, publication year, study location, study design, population or subject characteristics, primary health care service context, implementation aspects examined, supporting and inhibiting factors, and the main findings of the study.

The extracted data were then analyzed descriptively and synthesized thematically to identify patterns of findings, similarities, differences, and factors influencing the implementation of Primary Care Integration. The synthesis results were used to group implementation determinants into major themes and provide a comprehensive overview of factors that support or hinder the implementation of primary health care service integration.

Study Quality Appraisal

The methodological quality of the selected articles was assessed using an appraisal tool appropriate to the design of each study. The assessment was conducted to evaluate the risk of bias and methodological strength of the studies before their results were used in the synthesis process. The results of the quality assessment were used as a consideration in interpreting the strength of the evidence obtained from the included studies.

Ethical Consideration

This study was a systematic review that used secondary data from scientific publications that were publicly available and did not involve direct contact with humans or the collection of primary data. Therefore, this study did not require ethical clearance for primary data collection. All sources used in the study are transparently listed and cited in accordance with applicable academic standards

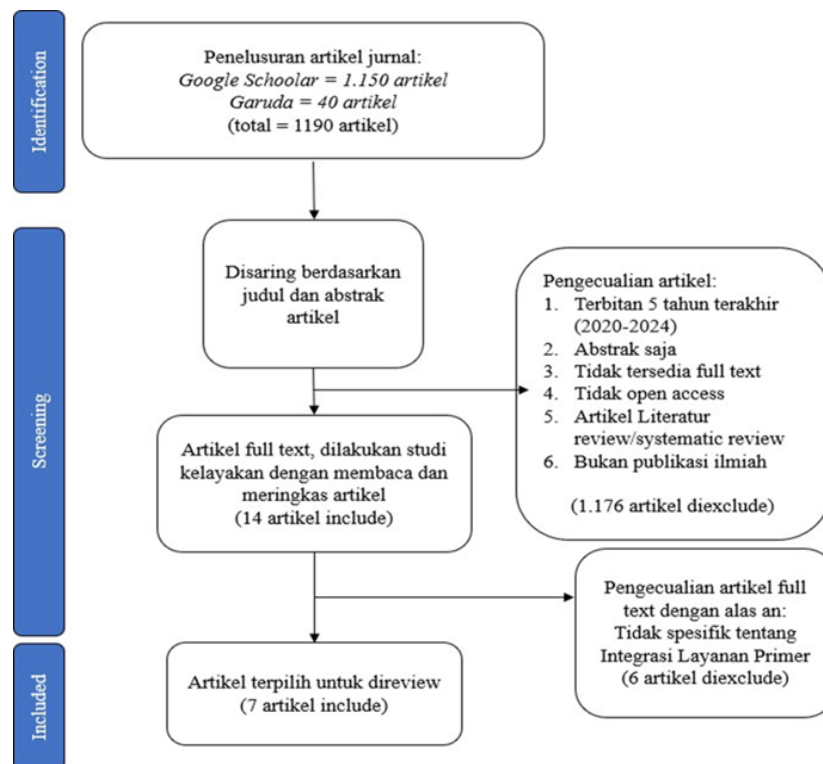


Figure 1. Systematic Review Diagram

Results

The literature selection process was conducted in stages based on the predetermined inclusion and exclusion criteria. Articles obtained from all search sources were selected based on their titles and abstracts, followed by full-text assessment to determine their relevance to the focus of the review. Of all articles identified at the initial stage, seven articles met all inclusion criteria and were subsequently used in the synthesis process.

The extraction results from the seven articles showed variations in study design, location characteristics, service focus, and the aspects of Primary Care Integration (ILP) examined. Although there were differences in research contexts and approaches, all articles provided relevant information regarding the implementation of primary health care integration, both at the health care facility and community levels.

To answer the research question regarding the factors influencing the implementation of Primary Care Integration, the findings from the seven articles were first synthesized based on similarities in themes. The synthesis process resulted in four main themes, namely human resource capacity, governance and policy implementation, information systems and digital support, and service integration and coordination. These four themes were subsequently used as the basis for explaining the supporting and inhibiting factors in the implementation of ILP.

Article Characteristics and Synthesis

The characteristics of the analyzed articles included authors, publication year, study design, study focus, and main findings. A summary of the characteristics and findings of the seven articles that met the inclusion criteria is presented in Table 1.

Table 1. Characteristic of Articles

No	Author	Year	Design	Purpose	Results
1	Tri Siswati (10)	2025	Provision of training, monitoring and evaluation, and assistance to health cadres	To increase the knowledge and skills of health cadres to optimize the role of cadres through Primary Care Integration Training in Sleman Regency	1. The results of the pre-test and post-test measurements of knowledge showed a significant increase in the level of cadres' knowledge after participating in the training. 2. The average knowledge score of cadres increased by 41.2%, with the highest increase observed in knowledge regarding health services for adults and older adults. 3. An increase in cadres' knowledge of 41.2% and skills of 32.1% after the training showed the effectiveness of the practice-based method applied. 4. A significant increase in Posyandu management skills as well as health services for adults and older adults of 35.7% reflected the actual needs of cadres in the field. 5. As many as 40% of cadres reported that they still experienced difficulties in using the digital recording application provided,

No	Author	Year	Design	Purpose	Results
					particularly cadres over 50 years of age.
2	Puspita (11)	2026	The study employed a qualitative design with a case study approach. It involved six informants selected through purposive sampling. Data collection was conducted via in-depth interviews, field observations, and document analysis. Data analysis utilized the Miles and Huberman model, grounded in George C. Edward III's policy implementation theory.	Implementation of Primary Service Integration (ILP) in Achieving Minimum Service Standard (SPM) Program Targets at Darma Community Health Center, Kuningan Regency, in 2026	1. examining the implementation of Primary Service Integration (ILP) in relation to the achievement of Minimum Service Standard (SPM) program targets 2. The ILP is functioning reasonably well but remains in an adaptation phase. Communication follows a hierarchical structure, facilitated through dissemination sessions and Focus Group Discussions (FGDs). Human resources are adequate, though operations are hampered by building fragmentation and the administrative burden of managing multiple applications. Staff attitudes have shifted from resistance to full acceptance. While Standard Operating Procedures (SOPs) are fully established, the official appointment decrees (SK) for cluster coordinators have not yet been formalized. The ILP plays a facilitative role regarding Minimum Service Standards (SPM) through cluster-based data sorting; however, performance outcomes are affected by disproportionate target estimation data.
3	Andi Setya Permana (12)	2025	The method used was a prototype model	To align customer discrepancies regarding technical materials and the specifications of needs expected by customers through continuous development of	A GIS (Geographic Information System) was developed for mapping poskesdes in Sukodono Village, Pacitan. The research system used the prototype method because the stages involved identifying problems and information as well as rapid and appropriate planning.

No	Author	Year	Design	Purpose	Results
4	Dina Rizki (13)	2025	This study applied a qualitative approach with a descriptive method	the information system To describe in detail the process of public service innovation through the SIKILAP Program (Strategy Towards a Healthy Kapuas with Primary Care Integration) in Kapuas Regency	The SIKILAP Program (Strategy Towards a Healthy Kapuas with Primary Care Integration) is a public service innovation that successfully increased the integration of primary health services in Kapuas Regency, expanded service access, improved the quality of recording and reporting, and supported promotive and preventive initiatives such as reducing stunting rates and increasing immunization coverage. Although facing challenges such as inadequate digital infrastructure, health human resources that were not yet fully skilled, and limited funding, SIKILAP was able to meet community needs through training strategies, improved coordination, and the creation of a service control center. The initial success of SIKILAP showed considerable potential to become a national innovation model, highlighting the importance of collaboration, responsiveness, and digitalization of public health services.
5	Siti Meysin salihin (14)	2024	This study used a qualitative method	To examine in greater depth the implementation of primary care integration for the maternal and child cluster at Kabila Puskesmas	Based on the results of research on human resources conducted in the Kabila Puskesmas area, human resources were found to be sufficient. The implementation of health services for pregnant women at Kabila Puskesmas was responsible for all service activities, starting from recording, reporting, implementation, and coordination, to recording and reporting at the Puskesmas and activities outside the Puskesmas.

No	Author	Year	Design	Purpose	Results
6	Allen LN et al., (15)		Conceptual framework paper / literature-based review	To review and synthesize relevant literature regarding the integration between public health and primary care and to develop a conceptual framework (new framework) that helps policymakers and practitioners understand what is meant by integration between public health and primary care	1. Operational and tangible relationships in the field are needed to enable public health strategies and teams to be well integrated into primary health care work. 2. The framework developed builds on findings from various previous studies and can be used as a starting point for policymakers and practitioners to discuss collaboration. 3. An activity-based approach is recommended for the integration process, with the aim of achieving closer alignment among teams, organizations, and organizational functions.
7	van Eeghen C. et al., (16)	2024	This study was an implementation analysis of a pragmatic and comparative randomized controlled trial (RCT)	To analyze how the integration between primary health care and public health is implemented in the health service system, particularly at the level of basic health care facilities such as Puskesmas and community clinics	The majority of respondents understood primary care integration as cross-sectoral collaboration aimed at strengthening the health system, improving the effectiveness of preventive programs, and expanding community access to promotive and preventive services. However, variations in perceptions were found, with some viewing integration as structural merging, while others emphasized functional and collaborative coordination.

The synthesis of the seven articles showed that ILP implementation is not determined by a single factor. Implementation success is the result of interactions among implementer capacity, policy governance, information system support, and organizational capacity to establish service coordination and integration. These four themes formed the basis for further analysis in the discussion section.

Human Resources

Human resource capacity was one of the most consistently identified themes in the analyzed articles. Health workers and cadres play an important role in ensuring that life-cycle-based services can be implemented in an integrated manner. Competency needs include not only technical health service skills, but also the ability to conduct screening, recording, reporting, education, area monitoring, and the use of information technology.

The synthesis results also showed that capacity building through training and assistance can support implementer readiness in carrying out ILP. However, gaps in digital competence remain a barrier, particularly when service implementation requires the use of recording and reporting applications.

Governance and Policy Implementation

The second theme concerns governance and policy implementation. The existence of ILP regulations provides a framework for changes in organization and services, but policy implementation requires the translation of policy into clear work mechanisms at the level of health care facilities.

The synthesis results showed that implementation quality is associated with clarity of role distribution, service organization, coordination across programs, leadership, and monitoring and evaluation mechanisms. Thus, normative regulations need to be supported by operational governance that enables policies to be implemented consistently.

Information System and Digital Support

Health information systems constituted the third theme emerging from the synthesis. The utilization of digital technology has the potential to improve the quality of recording, reporting, target mapping, monitoring of service coverage, and coordination among service units.

However, the benefits of technology cannot be separated from infrastructure readiness and user capacity. Limitations in internet networks, devices, the digital capabilities of health workers and cadres, as well as the suboptimal integration between platforms can hinder the optimal utilization of information systems.

Service Integration and Coordination

The fourth theme showed that integration is not only related to the administrative merging of services, but also to the establishment of actual working relationships and coordination. Service integration requires communication and collaboration among health workers, cadres, health care facilities, related programs, and stakeholders outside the health sector.

Thus, the success of ILP is highly dependent on the ability of the service system to connect various functions and actors within a continuous service flow. Integration that is only structural in nature, without being followed by functional coordination, has the potential to produce administrative changes without providing an optimal impact on service continuity.

Discussion

The results of the systematic review showed that the implementation of Primary Care Integration is a multidimensional process influenced by the interaction between human resource capacity, policy governance, information systems, as well as service coordination and integration. These findings indicate that the success of ILP is not sufficiently determined by the existence of regulations, but requires the readiness of the service system to translate policies into integrated operational practices. According to Amin, 2024, it states that perspective places ILP not merely as a change in the organizational structure of services, but as a change in the way of working that requires adjustments at the individual, organizational, and health system levels (17).

Human resources are an important determinant in the implementation of ILP because health workers and cadres are the direct implementers of various life-cycle-based service activities. The implementation of screening, education, public health monitoring, recording, and follow-up requires technical competence and the ability to work across programs (4). The findings from the analyzed studies showed that training and assistance can increase implementer capacity, but competency improvement needs to be carried out continuously. This is important because the implementation of ILP not only results in changes in the types of services, but also changes in the workflow and responsibilities of health workers (18). Therefore, competency development needs to cover clinical, public health, communication, coordination, and digital literacy aspects (19).

Limited digital literacy is an important part of the human resource issue. Digitalization of recording and reporting can improve the efficiency and quality of health information, but technology only provides benefits when users have adequate skills and support (20). This condition indicates that digital transformation in ILP needs to be positioned as an organizational change process, rather than merely the procurement of an application. Training in application use, technical assistance, availability of devices, and problem-solving support need to operate simultaneously so that digitalization does not create a new administrative burden for health workers and cadres in Posyandu (21).

Community empowerment through integrated Posyandu is an important strategy for strengthening primary health care within the Integrasi Layanan Primer (ILP) framework in Indonesia. Integrated Posyandu facilitates community participation in promotive, preventive, early detection, and referral services across the life course, supported by health cadres, health workers, families, and cross-sectoral collaboration. The effectiveness of this approach depends on

adequate human resources, cadre capacity, communication, infrastructure, and institutional support. Strengthening community empowerment through integrated Posyandu is therefore essential to improve the accessibility, continuity, and responsiveness of primary health care services, particularly in rural and geographically constrained areas (22).

The second aspect determining the success of ILP is governance and policy implementation. The synthesis results show that regulations provide direction for service integration, but the effectiveness of implementation is strongly influenced by the organization's ability to translate policies into the division of tasks, coordination mechanisms, planning, monitoring, and evaluation (23). Thus, there is a potential gap between policy at the normative level and practice at the operational level. Effective implementation requires leadership capable of directing change, clear policy communication, and monitoring mechanisms that can identify barriers and make adjustments quickly. Public health management is an effort to improve the quality and quality of health services (24).

Health information systems are another determinant that has a strategic position in supporting integration. Connected information systems can help health care facilities obtain target population data, monitor service coverage, identify groups requiring follow-up, and improve coordination among units. However, the synthesis results show that these benefits are still influenced by infrastructure readiness and user capacity (25). Therefore, strengthening information systems needs to be carried out comprehensively through improving network quality, availability of devices, data interoperability, strengthening digital literacy, and simplifying the recording process (15).

The subsequent finding shows that service integration should be understood as a functional coordination process, not merely as the merging of organizational structures. Effective integration requires clear working relationships among health workers, cadres, service units, health programs, and related sectors (26). This approach enables health services to move from a fragmented model toward services that are more continuous and oriented toward community needs. Thus, the success of ILP is strongly influenced by the organization's ability to build collaboration mechanisms that operate concretely in everyday service activities and the strengthening of community empowerment to help control health issues within the community, particularly non-communicable diseases (27).

If the four themes are understood together, the implementation of ILP can be viewed as an interdependent system. Competent human resources require support from clear governance; good governance requires accurate information; information systems require infrastructure and competent users; while all of these components require coordination among actors to produce integrated services. In other words, weaknesses in one component can reduce the effectiveness of the other components. This systemic approach is particularly important in health care facilities that face resource limitations and geographical access challenges (28).

The findings of this systematic review have important implications for strengthening primary health care in Indonesia. Strengthening ILP should not only be focused on fulfilling administrative indicators, but also on implementation readiness at the facility and community levels. Policy interventions need to be directed toward strengthening the capacity of health workers and cadres, simplifying workflows, improving the quality of information systems, strengthening leadership and governance, as well as developing coordination mechanisms across programs and sectors. This approach will enable ILP to develop as a service model that is adaptive to regional characteristics and community needs (29).

This systematic review has several strengths. First, the review synthesized findings from various study designs, thereby providing a broader picture of the factors influencing ILP implementation. Second, the synthesis was conducted by grouping findings based on themes relevant to the implementation process of primary health care services. Third, the review paid attention to organizational aspects, human resources, technology, and coordination, which collectively determine the success of service integration.

However, several limitations need to be considered. The number of articles that met the inclusion criteria was relatively limited, and there was heterogeneity in study designs, location characteristics, populations, and implementation indicators used. In addition, the use of limited search sources may result in the possibility that relevant articles were not identified. Differences in context across regions also limit the generalizability of the findings to all primary health care facilities in Indonesia. Therefore, the results of the systematic review need to be interpreted by considering variations in implementation contexts and the quality of evidence from each study.

Future research needs to develop evaluations of ILP implementation using longitudinal designs and mixed methods approaches to identify changes in implementation over time and to

understand the relationships between organizational factors, implementer capacity, technological support, and service outcomes. Research also needs to give greater attention to health care facilities in rural, remote, and resource-limited areas because these contexts have different implementation challenges compared with urban areas. Thus, the evidence generated can support the development of ILP implementation strategies that are more adaptive, contextual, and sustainable.

Conclusion

This systematic review shows that the implementation of Primary Care Integration in primary health care is influenced by four main themes, namely human resource capacity, governance and policy implementation, information systems and digital support, as well as service integration and coordination. The capacity of health workers and cadres is an important component because the success of integration is highly dependent on the technical competence, coordination ability, and digital literacy of implementers. At the same time, regulations need to be translated into clear operational governance through role distribution, leadership, communication, monitoring, and continuous evaluation.

The utilization of information systems provides opportunities to improve recording, reporting, target monitoring, and service coordination, but its effectiveness is still influenced by infrastructure readiness and user capacity. Service integration also needs to be directed toward functional coordination and actual collaboration among actors, rather than only structural or administrative merging.

Overall, the success of ILP requires a systemic approach that integrates the strengthening of human resources, service governance, infrastructure and information systems, as well as coordination across programs and sectors. The strengthening of these components needs to be adjusted to the characteristics and capacity of each region so that ILP implementation can take place effectively, adaptively, and sustainably. Future research needs to expand the empirical evidence, particularly in rural and resource-limited areas, and evaluate the impact of ILP implementation on access, quality, continuity, and public health service outcome.

Declaration

Acknowledgments: None

Conflicts of Interest: There is no conflict of interest in this research

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