

West Java Paradiplomacy through the Healthy City Program

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Abstract

This paper aimed to examine the KKS in West Java Province as a subnational paradiplomacy arena toward SDGs implementation, especially Goals 3 (Good Health and Well-being), 6 (Clean Water and Sanitation) and 11 (Sustainable Cities and Communities). Methods This study employs descriptive qualitative methodology with secondary document analysis on official local government reports, KKS evaluation documents academic publications and such information on international activities as those reported from the World Health City Forum and World Health Organization (WHO) workshop to determine why municipalities opted for a KKS system. The findings suggests that KKS is not only a health program but also an institutional infrastructure underpinning local governments to perform practical paradiplomacy through horizontal networks among cities and vertical networks with global agents. The KKS represents an exercise in how the SDGs can localise to underpin PRI s, and with it the normativity of paradiplomacy, while two-way policy learning is a demonstrated means that contributes to enhancing health governance and sustainable development at local level. However, the 'impact' of this paradiplomacy is still conditioned by structural obstacles such as policy fragmentation, constrained resource base and the stability of international ties. The article concludes that paradiplomacy through KKS can be a means to enhance the role of regions as global development actors, provided it is coupled with domestic capacity building and sustainable policy integration.

Keywords: *Paradiplomacy; Healthy Regencies/Cities, SDGs; West Java; World Health City Forum*

Abstrak

Artikel ini menganalisis peran Program Kabupaten/Kota Sehat (KKS) di Provinsi Jawa Barat sebagai arena paradiplomasi subnasional dalam mendukung implementasi Sustainable Development Goals (SDGs), khususnya SDG 3 (Good Health and Well-being), SDG 6 (Clean Water and Sanitation), dan SDG 11 (Sustainable Cities and Communities). Penelitian ini menggunakan pendekatan kualitatif deskriptif dengan analisis dokumen sekunder, meliputi laporan resmi pemerintah daerah, dokumen evaluasi KKS, publikasi akademik, serta informasi kegiatan internasional seperti World Health City Forum dan lokakarya Organisasi Kesehatan Dunia (WHO). Hasil penelitian menunjukkan bahwa KKS tidak hanya berfungsi sebagai program kesehatan, tetapi juga sebagai infrastruktur kelembagaan yang memungkinkan pemerintah daerah menjalankan paradiplomasi secara substantif melalui jejaring horizontal antar kota dan vertikal dengan aktor global. Implementasi KKS memperlihatkan proses *localizing the SDGs* yang menjadi basis legitimasi paradiplomasi daerah, sekaligus mendorong pembelajaran kebijakan dua arah yang berkontribusi pada perbaikan tata kelola kesehatan dan pembangunan berkelanjutan di tingkat lokal. Namun demikian, efektivitas paradiplomasi tersebut masih dipengaruhi oleh tantangan struktural seperti fragmentasi kebijakan, keterbatasan kapasitas sumber daya, dan keberlanjutan jejaring internasional. Artikel ini menyimpulkan bahwa paradiplomasi melalui KKS berpotensi memperkuat peran daerah sebagai aktor pembangunan global, sepanjang didukung oleh penguatan kapasitas domestik dan integrasi kebijakan yang berkelanjutan.

Kata kunci: Paradiplomasi; Kabupaten/Kota Sehat, *SDGs*; Jawa Barat; *World Health City Forum*

INTRODUCTION

Public health is the underlying core of sustainable development as it has a direct impact on human resource quality, economic productivity and social-ecological resilience (Mensah et al., 2022). Health matters are also strategically located with the Sustainable Development Goals (SDGs); they underpin SDG 3 (Good Health and Well-being), which is interconnected with SDG 6 (Clean Water and Sanitation) and SDG 11 (Sustainable Cities and communities) (United Nations, 2015). This correlation also reiterates the fact that health cannot be considered in isolation (as a pure sectoral issue), but rather as an outcome of integrated environmental governance, basic infrastructure and urban policies. This means that the global health agenda is realized through an intersectoral and cross-level government effort.

However, the implementation of SDGs cannot be relied solely on the role of the state as the sole actor. The contextual nature of SDGs and their focus on community needs make local governments key actors in the process of achieving them. The principle of localizing the SDGs emphasizes the importance of translating global goals into policies and programs that are relevant to local conditions (Shahib & Abbas, 2025). In the context of Indonesia, which embraces decentralization, local governments have the autonomy to internalize the global agenda into regional development planning, while also developing policy innovations that are responsive to regional challenges (Azmi, 2025).

The Healthy District/City Program (KKS) is one of the policy instruments that concretely represents these efforts. KKS is designed as a participatory development approach that integrates nine areas, ranging from housing, sanitation, transportation, to disaster preparedness, with the aim of creating a clean, safe, and healthy living environment (Mulasari, 2018). This framework places health as an outcome of the overall social, economic, and ecological systems at the local level. Thus, KKS not only functions as a health program, but also as a platform for cross-sector coordination and strengthening sustainable development governance at the district/city level (Hapsari et al., 2007).

The implementation of KKS in West Java Province shows interesting dynamics. Through provincial government facilitation, the establishment of forums, and the Swasti Saba

coaching and award mechanism, district/city governments are encouraged to strengthen institutional capacity, expand community participation, and integrate KKS into regional planning documents. In addition, KKS also provides greater windows of opportunity for localities to establish external relations through involvement in international conferences such as World Health City Forum and technical cooperation with WHO. Such a practice reveals KKS not only finds its function inside the domestic, but is used as “a gateway for regional interventionist drama in global level.

Sources Paradiplomacy In the study of International Relations, whether in theory or practice, that where subnational parties participate in cross border relations is paradiplomacy. Paradiplomacy highlights the transformation of local government from pure implementation of national policies to an actor able to voice local concerns in international arenas, especially low politics, such as health and the environment (Puspitarini et al., 2021). Without replacing the functions of the state, paradiplomacy allows regions to act upon global norms and agendas in a local context, thus lending legitimacy to regional policies.

Based on this context, the research problem in this article is how the Healthy District/City Program in West Java Province functions as an arena for subnational paradiplomacy in supporting the implementation of the SDGs, and to what extent these practices contribute substantively to the governance of health development and sustainability at the regional level. This research also examines the dynamics of policy learning, the role of international networks, and the structural challenges that affect the effectiveness of regional paradiplomacy. The novelty of this research lies in the analysis of KKS not only as a domestic health policy instrument, but as an arena for paradiplomacy that connects local agendas and global norms through the mechanism of localizing the SDGs. Unlike previous studies that tend to place paradiplomacy as a symbolic activity or limited to economic cooperation, this article highlights health as a strategic issue that enables regions to play a role as policy contributors in global governance.

The purpose of this research is to examine the extent to which the Healthy District/City Program serves as an instrument of local government paradiplomacy in West Java, particularly in shaping subnational international engagement and influencing local

governance practices within the context of global health cooperation. This study is grounded in the theoretical framework of paradiplomacy and multi-level governance, highlighting the interaction between local governments, national institutions, and international actors in advancing health-oriented development agendas. Theoretically, this research is expected to enrich the study of paradiplomacy and multi-level governance by placing health as the entry point for analysis. Practically, the findings of this research are expected to serve as a reference for local governments and policymakers in designing integrated, sustainable health development strategies that are relevant to the global agenda.

LITERATURE REVIEW

Trans Governmentalism

The concept of transgovernmentalism explains the mechanism of cross-border cooperation involving technical government agencies without going through formal state diplomacy channels. Slaughter (2004) introduced the idea of *transgovernmental networks* as networks between government institutions from various countries that enable more flexible information exchange, policy coordination, and cross-border learning. Within this framework, transgovernmentalism serves as a complement to formal diplomacy, with technical bureaucrats and sectoral institutions as the main actors in global decision-making, including in the fields of health and sustainable development. This approach is in line with the idea of *governance without government* proposed by Börzel (2010), in which global governance does not rely solely on state hierarchies, but on horizontal collaboration across actors. With regard to local government, transgovernmentalism offers a significant theoretical perspective for understanding how regions should be perceived not only as the enforcers of central governments' policies, but also as global governance actors. To acquire a stronger grasp of how local governments are actively involved in international affairs, the concept of paradiplomacy is pertinent as a framework.

Paradiplomacy

Paradiplomacy refers to the direct involvement of subnational actors such as provinces, cities, or districts in international relations activities to support domestic development needs (Aldecoa & Keating, 1999). This concept has developed in line with increasing regional autonomy and the complexity of global issues that demand local-based responses. Lecours (2002) argues that paradiplomacy is not the simple reproducing of foreign policy by a region, but rather an expression of its internal dynamics as it attempts to express its needs in the international relations environment. In this vein, paradiplomacy allows subnational governments to generate cross-border collaboration with foreign entities and international organizations outside the realm of national diplomacy (Wolff, 2018; Dickson, 2017). Local authorities usually have the opportunity to use paradiplomacy to establish international connections, strengthen authenticity of policy and enhance local governance. A popular form is issue-based paradiplomacy, in which strategic sectors such as health serve as entry points into international cooperation on the basis of their universal and cross-sectoral character and direct bearing on public welfare.

International Development

International development is now seen not simply as economic growth of nations, but as a multi-dimensional process including satisfaction of basic human needs, social justice, and environmental sustainability. Based on this premise, development is an attack against poverty for all human beings that involves meeting people's basic needs (food, decent housing, health services and education etc) without compromising human dignity (Peet & Hartwick, 2015). It is against this logic of development as modernization and westernization that postdevelopment critiques the mainstream development paradigm, as well as the central role of ethical and global justice dimensions in shaping international system. Such thinking makes room for non-state players including local governments in the international development agenda. In 'reality' however, local governments are conceived as autonomous actors that can shape and implement development policies on the basis of their own context, engaging with global agendas through networks of cooperation across borders. This

highlights the significance of paradiplomacy and transgovernmentalism within the growing decentralization of international development.

SDGs as a Localized Global Agenda

Adopted by member states of the United Nations in 2015, Sustainable Development Goals (SDGs) are a global development framework which focus on inclusiveness, sustainability and a promise for all through leaving no one behind (United Nations, 2015). Given that the SDGs are intended to be applied at different levels from local to national, there is a recognition that their accomplishment depends not only on policies at national level but also on the role of local governments as development agencies closest to potential beneficiaries. Timely, the idea of "localizing" the SDGs has been coined as an act to translate global goals into local policies, programs and action (UN-Habitat, 2025). This perspective highlights that the attainment of the SDGs depends critically on how well local government adjusts and assimilates the world agenda to suit their specific context and needs. District/city governments are important stakeholders in shaping sustainable development strategies that are participatory, inclusive, and multisectoral by community engagement.

RESEARCH METHOD

This article uses a descriptive qualitative approach to analyze paradiplomacy practices in the implementation of the Healthy District/City Program (KKS) in West Java Province and its relevance to the implementation of the Sustainable Development Goals (SDGs). This approach was chosen because it allows for an examination of the processes, contexts, and meanings of socio-political phenomena involving interactions across actors and policy levels. The research focuses on West Java Province for the period 2023-2024, in line with the implementation and evaluation period of the KKS program and the involvement of local governments in international forums and cooperation in the field of health.

The study utilizes both primary and secondary data sources. Primary data were obtained through semi-structured interviews with selected stakeholders, including provincial

government officials, program coordinators, and representatives involved in KKS implementation and international health cooperation activities. Secondary data consist of official reports from the West Java Provincial Government, KKS evaluation and achievement documents, academic publications, and media reports related to the World Health City Forum and KKS activities facilitated by the World Health Organization (WHO). Data analysis was conducted through content analysis to identify policy themes and discourses, as well as actor mapping to trace the roles and relationships of stakeholders in the implementation of KKS and health paradiplomacy practices at the subnational level. To enhance analytical rigor, data triangulation was applied by comparing findings across interview results, policy documents, and secondary literature.

RESULTS AND DISCUSSION

The Healthy District/City Program as an Arena for Subnational Paradiplomacy

The Healthy District/City Program (KKS) in West Java Province represents a form of collaborative governance that is not only oriented towards improving public health, but also creates a strategic space for the involvement of subnational actors in cross-level dynamics, including at the international level. In practice, the West Java Provincial Government, through the Bureau of People's Welfare, acts as the main facilitator coordinating various cross-sectoral stakeholders, ranging from provincial-level regional apparatus, the West Java Healthy Forum, regency/city governments, to non-governmental actors such as academics, civil society organizations, and the private sector. This coordination pattern builds an institutional foundation that enables regions to not only carry out administrative functions, but also articulate their interests more broadly in the context of health policy and sustainable development (Azmi, 2025).

The institutional structure of KKS, supported by the formation of a Guidance Team and Healthy District/City Forum in each region, is an important element in bridging national policies with specific local needs. Through technical guidance, assistance, socialization, evaluation, and awards, KKS encourages districts/cities to develop health action plans based

on nine cross-sectoral and participatory frameworks (Mulasari, 2018). This network not only functions as a means of internal coordination, but also as an initial infrastructure that strengthens regional representation capacity. Thus, KKS creates an institutional space for regions to build policy legitimacy, develop innovative practices, and showcase local governance capacity that can be discussed in broader forums, including at the international level.

Within the theoretical framework of paradiplomacy, these conditions indicate that local governments do not merely act as implementers of central government policies, but rather as subnational actors with the interests and capacity to actively engage in the arena of cross-border relations (Aldecoa & Keating, 1999; Lecours, 2002). The KKS provides a medium for regions to articulate health and development agendas that are relevant to the local context, while also being in line with global norms and discourse. Through the strengthening of cross-sector forums and networks, district/city governments gain institutional capital that enables them to build bargaining power and credibility in their interactions with external actors, including other local governments, the central government, and international organizations.

In addition, KKS practices in West Java also reflect the dynamics of *transgovernmentalism*, where cross-level policy interactions take place through technocratic and sectoral networks without always going through formal state diplomatic channels (Slaughter, 2004). The involvement of regional technical agencies, healthy community forums, and collaboration with non-state actors demonstrates how health policies are implemented through horizontal and adaptive *networked governance* mechanisms (Börzel, 2010). In this context, KKS not only serves as a domestic policy instrument, but also as an arena for subnational paradiplomacy that allows regions to participate in the architecture of global health governance and development in a more flexible and functional manner.

Localizing the SDGs as the Basis for the Legitimacy of Regional Paradiplomacy

Local Government Paradiplomacy in West Java Whilst the notion of paradiplomacy conducted by West Javanese local government is substantively legitimate as it can make

ToGP responds to the global agenda of SDGs into its context-based policies and programs at grass root level. To this end, the Healthy District/City (KKS) program becomes the primary mechanism to localize SDGs that is to translate the global goal into keywords/indicators, objectives/activities and output/results that be measured directly at district/city level. This perspective suggests that regional engagement in international arenas and networks is not only symbolic, but involves policy practices grounded in global development norms.

The connection between KKS and SDGs is explicit in that these nine models for KKS are interconnected with the applicable goals of SDG. Themes, including health and well-being, food and nutrition, healthy communities and healthy residential areas link closely with SDG 3 health (Mensah et al., 2022). Water supply management, environmental hygiene and clean living behavior have implications for SDG 6, and frameworks including spatial planning, transport and green open spaces to disaster readiness contribute to progress toward SDG 11 on safe, inclusive and sustainable cities (United Nations, 2015). This linkage indicates that KKS is not simply a sectoral programme, but an integrative tool that links regional health policies and global development architecture (Klarin, 2018).

The legitimacy of regional paradiplomacy is further strengthened through the integration of KKS into regional development planning documents, such as the Regional Medium-Term Development Plan (RPJMD) and regional strategic plans. This integration reflects the process of internalizing the global agenda into the local policy framework, where SDGs are not treated as separate external commitments, but are formally incorporated into regional development planning. By making the SDGs a cross-sectoral platform in the RPJMD, local governments position themselves as active implementers of the global agenda, which is carried out through institutionally legitimate national and regional planning mechanisms (Hocking, 1997).

Within this framework, *localizing the SDGs* serves as the main source of legitimacy for regional paradiplomacy. The involvement of the West Java provincial government in international forums, healthy city networks, and cooperation with global organizations cannot be understood as an attempt to exceed the authority of the state, but rather as a form of operationalization of global norms at the subnational level (Aldecoa & Keating, 1999).

Paradiplomacy is carried out based on local development needs and grounded in globally agreed commitments (Cornago, 1999). Thus, regions act as functional extensions of the state in realizing the SDGs, as well as actors that enrich the implementation of the global agenda through adaptive and context-based policy practices.

World Health City Forum as a Channel for Thematic Paradiplomacy and a Two-Way Learning Process

The participation of district/city governments in West Java in *the World Health City Forum* (WHCF) represents a concrete form of subnational paradiplomacy carried out through the mechanism of horizontal diplomacy between cities (Wu, 2019). The WHCF functions as a cross-border platform that allows sub-national governments, policy recipients and global stakeholders to meet for urban health without relying on state diplomacy. These forum-institutionalized linkages are peer to peer among sub-national actors and create space for more flexible, contextual and locally-grounded spaces (compared to formal diplomatic forums) for policy exchange and shared learning (Bouchet, 2024).

In practice, the WHCF does not operate as a ceremonial forum, but rather as an arena for *policy* exchange that emphasizes cross-city learning on issues of health and urban development (Kuznetsov, 2014). The themes raised, such as urban health resilience, climate change adaptation, digitization of health services, and community strengthening after the pandemic, reflect the nature of *low politics* issues that are strategic and cross-sectoral (Crane et al., 2021). Health issues in this context provide an effective entry point for paradiplomacy due to their universal nature, direct impact on public welfare, and relatively minimal friction with central government authorities. These conditions enable local governments to participate actively and substantively in the international arena.

The involvement of Sumedang Regency and Bogor City in the WHCF 2023 and 2024 demonstrates *issue*-based paradiplomacy practices that go beyond symbolic presence. Both regions are present as *policy contributors* by presenting policy innovations and local practices that have been tested in the domestic context, such as the development of a digital health ecosystem, community-based climate change adaptation strategies, and a participatory

approach to pandemic management. These presentations position the regions not only as recipients of knowledge, but also as sources of learning for other cities in the global network of healthy cities.

On the other hand, participation in the WHCF also resulted in *policy learning* that was brought home and internalized into regional governance. This learning includes strengthening the conceptual framework of healthy cities, developing a *smart healthy city* approach, and utilizing integrated technology and data in health and environmental policy planning. The follow-up to this learning is reflected in the strengthening of healthy city institutional systems, improving the interoperability of health information systems, and mainstreaming the principles of environmental sustainability and inclusiveness in regional development documents and practices.

Within an analytical framework, the paradiplomacy carried out through the WHCF can be understood as a mechanism *for policy learning* and *policy transfer* that is selective and contextual in nature (Dolowitz & Marsh, 1996). Areas never simply adopt international norms whole, but always ‘adjust them’ to local social Institutions and resource base (Evans, 2009). In this process, paradiplomacy directly has a role in the good governance of the local level, either when it improves our capacity to manage policies and increase functionality of government, or when the supply of public health and environmental services is innovative.

Overall, West Java's experience shows that paradiplomacy in forums such as the WHCF is a two-way learning process that enriches relations between the local and global levels. Regions gain legitimacy and new policy references from the international arena, while global forums gain practical knowledge contributions from the local level. This reciprocal relationship confirms paradiplomacy as a strategic instrument in strengthening the role of subnational actors, integrating local agendas with global norms, and promoting sustainable development based on health issues as a strategic sector with high impact (Kaminski, 2023).

Collaboration with WHO and *Multi-Level Governance Dynamics*

Besides the horinzotal diplomacy among cities, health paradiplomacy practices in West Java receive a boost through vertical collaboration with international agency/agency of nations, especially World Health Organization (WHO). This experiment broadens the

concept of paradiplomacy beyond interconnectivity among sub-national actors and into multi-level governance involving local governments, central state authorities, international organizations (Hooghe & Marks 2003). In this sense, the WHO is not only a normative actor that establishes norms and frameworks for health at a global scale, but also as well as a technical partner with hands on work to strengthen institutional capacity of provincial governments.

The normative role of WHO comes also to its expression due to mainstreaming of global values and principles towards implementation of the Healthy County/City Program (KKS) among others whole-of-government and whole-of-society principles underlining multisectoral cooperation and community involvement (WHO, 2022). Through consultative processes and through technical assistance, the WHO supports regions to integrate health and environmental policies in line with global standards such as Urban Governance for Health and Well-being (UGHW) and the Southeast Asia regional healthy city framework. This displays how the imposition of global norms takes place not as a top-down project, but it is manipulated through local actors who are aware the context in which they operate (Evans 2009).

At the same time, WHO serves as a technical partner that supports capacity building for local officials and institutions. Activities such as workshops on capacity building for KKS implementers, organized jointly with the Indonesian Ministry of Health, are an important medium for strengthening regional analytical capabilities, particularly in evidence-based policy design and monitoring of urban health achievements. Through this forum, local governments are not positioned as objects of assistance, but as partners who are actively involved in the process of learning and exchanging good practices across countries (Lawado, 2020).

Theoretically speaking, the pattern of interaction found here corresponds to multi-level governance where authority and policy processes are distributed between several layers of government as well as non-state actors (Börzel, 2010). Regional cooperation with WHO can be also analyzed as a part of transgovernmental networks outlined by Slaughter, where technical agencies at subnational level develop direct links with international organizations

to address global problems in a pragmatic and flexible way (Slaughter, 2004). These networks enable the exchange of knowledge and policy coordination without having to go through formal state diplomatic channels.

Furthermore, regional involvement in this transgovernmental network affirms the role of district/city governments as active nodes connecting local and global agendas. Regions do not merely receive international directives or standards, but also contribute to shaping the implementation of global norms at the grassroots level. Thus, collaboration with WHO demonstrates that vertical paradiplomacy can strengthen local governance capacity while expanding the contribution of subnational actors in an increasingly decentralized and network-based global health architecture.

Structural Challenges and Their Implications for Paradiplomacy

The KKS although relatively open provides a broad range of opportunities for paradiplomacy for the local government in West Java, has a number of structural problems as well that harm its effectiveness and sustainability. One of the significant challenges is policy fragmentation and cross-sectoral coordination in the regional level (Mulasari, 2018; Dzulqarnain et al., 2022). KKS, when implemented, is fragmented into regional and sectoral dimensions, resulting in program overlap and weak integration between health, environment and sustainable development concerns (Hapsari et al., 2007). It also has implications for paradiplomacy at a regional level, since the ability to promote coherent policies in international fora is contingent on governance stability and coherence domestically.

Another major issue is issues in human resource capacity among local authorities (Dzulqarnain et al., 2022). The participation into horizontal and vertical paradiplomacy networks implies technocratic competences, knowledge of global policies or communication across cultures, which are not yet uniformly distributed among all district/city governments. This deficient capacity accounts for the concentration of paradiplomacy participation towards regions with relatively better institutional and human resource support. Hence, learning and international policy exchange opportunities are not evenly distributed across West Java.

Furthermore, scarce funding and sustainability of international networks have a strong impact on the quality of regional paradiplomacy (Palutturi et al., 2024). International Forums and Follow-Up Co-operation In many cases, engagement in international fora and subsequent co-operation is still reliant on ad hoc budget support or short-term projects. The absence of stable funding systems could result in paradiplomacy becoming an epiphenomenon and not just a primary. In the long term, this condition can weaken the continuity of policy learning and the maintenance of established international networks.

Analytically, these findings confirm that the effectiveness of paradiplomacy is highly dependent on the domestic capacity of the region. Without internal strengthening in the form of policy integration, capacity building for officials, and sustainable funding support, paradiplomacy risks being reduced to a symbolic practice with minimal substantive impact (Palutturi et al., 2024). Thus, paradiplomacy is not only as an external strategy, but the mirror image of governance quality locally itself (Puspitarini et al., 2021). A balance between internationalist pretension and internal capabilities is a necessary requirement for regional paradiplomacy to play an effective role in the pursuit of the sustainable development agenda.

Swasti Saba as an Instrument of Incentive and Symbolic Diplomacy

The Swasti Saba Award has a strategic position in the Healthy District/City Program (KKS) ecosystem, not only as a national evaluation mechanism, but also as an incentive instrument that encourages capacity building and commitment from local governments. At the domestic level, Swasti Saba serves as a catalyst for positive competition between regions in improving health governance, the environment, and the quality of life of the community. This symbolic incentive encourages district/city governments to strengthen cross-sectoral coordination, improve the consistency of the implementation of the nine KKS frameworks, and integrate the healthy city agenda into regional development planning in a more systematic manner (Palutturi & Asnawi, 2020).

Beyond these internal functions, Swasti Saba also serves as an external reputation tool that strengthens the region's position in the arena of paradiplomacy. National recognition through Swasti Saba provides important legitimacy capital when local governments participate in international forums, such as the World Health City Forum or global healthy

city networks. This award is a marker of policy credibility that makes it easier for regions to present best practices and gain the trust of international partners. Thus, Swasti Saba not only reflects domestic achievements but also contributes to increasing the visibility of regions at the global level.

In the context of paradiplomacy, the relationship between awards, legitimacy, and networks forms an interrelated chain. Swasti Saba serves as a starting point that strengthens the legitimacy of regional policies, which in turn increases visibility in the international arena. This visibility opens up opportunities for regions to engage in global networks, both as active participants and as policy references. Although symbolic in nature, this award has strategic implications because it is able to convert domestic recognition into diplomatic capital that is relevant to issues of health and sustainable development.

However, the effectiveness of Swasti Saba as a paradiplomatic instrument remains dependent on the consistency of policy follow-up at the regional level. Without continuous efforts to strengthen the substance of the program and institutional capacity, the award risks becoming nothing more than symbolic image-building. Therefore, Swasti Saba should ideally be understood not as an end goal, but as a policy instrument that brings together internal incentives and external symbolic diplomacy, while closing the regional paradiplomacy cycle within the framework of sustainable health development integrated with the global agenda.

CONCLUSION

This article shows that the Healthy District/City Program (KKS) in West Java Province functions not only as a local health policy instrument, but also as a subnational paradiplomacy arena in supporting the implementation of the Sustainable Development Goals (SDGs). Through the KKS framework, local governments are able to operationalize the global agenda, particularly SDG 3, SDG 6, and SDG 11, into participatory, cross-sectoral, and contextually relevant development policies and practices tailored to local needs. These findings confirm that local governments are not merely implementers of national policies, but rather development actors with the capacity to articulate their interests within the

framework of global norms. The practice of regional paradiplomacy in KKS is reflected in the active involvement of districts/cities in international networks such as the World Health City Forum (WHCF) and technical collaboration with the World Health Organization (WHO). In these forums, local governments participate as policy contributors by sharing good practices and lessons learned based on local experiences, while also absorbing relevant international references to strengthen regional governance. Paradiplomacy in this context is substantive in nature because it functions as a two-way policy learning mechanism that encourages improvements in the quality of local governance, particularly in health development and urban sustainability.

However, the effectiveness of paradiplomacy through KKS is highly dependent on the domestic capacity of the region. Cross-sectoral policy fragmentation, limited human resources and funding, and the suboptimal integration of international cooperation outcomes into regional planning documents are major challenges that have the potential to reduce paradiplomacy to a symbolic level. These findings indicate that without institutional strengthening and adequate internal coordination, regional paradiplomacy will struggle to contribute to sustainable policies. Therefore, the strengthening of the Healthy District/City Program needs to be directed towards increasing institutional capacity, aligning KKS with regional development planning based on SDG indicators, and utilizing international networks more strategically. Support from provincial and central governments, through facilitating inter-regional learning, strengthening regulations on regional international cooperation, and diversifying funding sources, is an important prerequisite. Thus, KKS can continue to develop as an adaptive health policy instrument and a vehicle for regional development paradiplomacy that contributes significantly to the achievement of SDGs.

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