



Legal Protection Model on Poor Health Services Policy

Bayu Aji Prasetyo^(✉) and Ardhani Endriaswari

Universitas Sebelas Maret, Surakarta, Indonesia
bayuuuajip@student.uns.ac.id

Abstract. National development is a strategic means to improve the welfare of the community, which is essentially directed at forming a complete human being, namely to build the welfare of the Indonesian people as a whole. Concerns in low and middle-income countries (LMICs) about the poor and most vulnerable not having adequate access to quality health care have fueled intense advocacy for universal health coverage (UHC). In Indonesia, the changes created by development at the central and regional levels have worrisome implications and are complex in nature, because they have spawned underdevelopment and poverty in society. One form of poverty faced by the community is poverty in access to health. In general, Indonesia's declining position in the Millennium Development Goals (MDGs) in 2021 illustrates the weakness of regional policies and the lack of synergistic relations between the center and the regions. The evidence is that in Indonesia, the maternal mortality rate in 2020 has not meet the ideal achievement target. Considering that health is an important aspect in people's lives, the government should create an adequate health development as an effort to improve the current poor level of health. Indonesia Government has made regulations and policies concerning UHC howevwe a the implementation is carried out by decentralization system, some regions has not show success in implementing UHC.

Keywords: Universal Healthcare · MDGs · Health Insurance · Health Financing · Health Services Policy

1 Introduction

In order to create a full human being and advance the welfare of the Indonesian people as a whole, national development is a strategic tool for enhancing community welfare. Since national development has such a wide reach, it must be implemented in a planned, comprehensive, gradual, and ongoing manner. Development is a continual process because it aims to establish harmony in both outward and internal progress that equally includes every person and has a higher level of social fairness at every stage.

The equity and equality of health care services can be used to evaluate state health development. Intense support for universal health coverage has been spurred by worries in low and middle-income countries (LMICs) about the poor and most vulnerable lacking appropriate access to quality health care (UHC) [1]. Equity is "the absence of

avoidable or remediable disparities across groups of individuals, whether those groups are characterized by social, economic, demographic, or geographic criteria," according to the World Health Organization. However, emerging evidence suggests that if adequate emphasis is not placed on measuring equity, vulnerable populations may continue to receive inadequate or inferior health care.

The government and the society both have a responsibility to promote health. The government is required to direct, guide, and establish an environment that supports, complements, and works in tandem with the community as the primary implementer of development in order to move toward the objectives. In both the rural and urban parts of Indonesia, development has brought about numerous changes in a variety of societal issues. Both the physical environment and the social order of society are impacted by these changes, in addition to the physical environment. In Indonesia, the changes created by development at the central and regional levels have worrisome implications and are complex in nature, because they have spawned underdevelopment and poverty in society [2]. One form of poverty faced by the community is poverty in access to health.

In general, Indonesia's declining position in the Millennium Development Goals (MDGs) in 2021 illustrates the weakness of regional policies and the lack of synergistic relations between the center and the regions [3]. The evidence is that in Indonesia, the maternal mortality rate in 2020 has not meet the ideal achievement targets [4]. Given the significance of health in people's lives, the government ought to construct an adequate health system in an effort to raise the current low level of health. Article 28H of the Republic of Indonesia's 1945 Constitution states that everyone has the basic right to health care, including the poor, and that this right shall be implemented in phases in accordance with the financial resources of the national and local governments. Health is a human right and one of the components of welfare that must be realised in accordance with the principles of the Indonesian nation as described in Pancasila and the 1945 Constitution, according to Law No. 36 of 2009 concerning Health. Every endeavour to improve community health status also entails investment in the country's development, and development initiatives must be based on health insight in the sense of development. The occurrence of health problems among Indonesians would result in significant economic losses for the nation.

A study demonstrates that accessing high-quality medical care is significantly hampered by financial restrictions [5, 6]. The fairness of a health system's financing structure is a crucial aspect of its performance, according to The World Health Report 2000. Out-of-pocket expenses make up half or more of total health spending in nations including Pakistan, Laos, the Philippines, Bangladesh, Indonesia, and Vietnam [1, 7].

UHC was defined by the World Health Assembly in 2005 as providing everyone with equitable access to essential curative, preventative, and rehabilitative health interventions at a reasonable cost [8]. Equity in healthcare, which is defined as paying for medical treatments in accordance with one's ability to pay and receiving benefits in accordance with one's need, is necessary for UHC to operate well. Previous research has shown that primary healthcare benefits the poor, indicating that equality can be improved by increasing expenditure in these services and removing obstacles to care [9].

This paper will discuss Indonesia Government steps in narrowing health care inequity gap through legal protection.

2 Method

Socio-legal normative is used in this study to understanding the synchronization of law with the social aspect of the impact of healthcare policy. A normative approach will be used to collect data from Indonesia regulation regarding health service policy as the primary sources and previous related legal studies as secondary sources.

3 Discussion

Basically, since the conference in Alma-Ata in 1978, WHO (World Health Organization) has issued the Alma-Ata Declaration which basically agrees that primary health care is the key to achieving the goal of health for all the world's people. The five basic concepts are: first, on the basis of equity, health services must be able to cover the entire community; second, health services must be effective, efficient, affordable and acceptable to the community; third, health services must include preventive, promotive, curative and rehabilitative services; fourth, the community and individuals must participate in health service activities and must be self-sufficient; fifth, health service efforts must also include and relate to other social factors such as the environment, economy and others [10].

This means that health development policies will always be related to the needs of the community in the form of programs to improve the health of the poor as an integral part of the national health development plan in the long term. In this regard, the development of the health of the poor is a national program that must be realized and applied in the context of creating community welfare as stated in the fourth paragraph of the Preamble to the 1945 Constitution. Health development in the era of regional autonomy, the authority is distributed or decentralized to the regional level, which has an impact on changes in the basic structure of government and the authority of the government. This means that health development at the regional level is based on policies that hierarchically refer to laws and regulations and are implemented in the form of work programs. At the regional level, the health sector is one of the mandatory affairs that must be implemented. The implementation of mandatory affairs is an embodiment of autonomy, which in essence is the recognition/granting of rights and authorities [11].

As mandated by the constitution and the law, the Ministry of Health establishes policies to focus more on health services for the poor. The rationale is that in addition to fulfilling government obligations, it is also based on studies that health indicators will be better if they pay more attention to health services related to poverty. Through the health care insurance for the poor, it is hoped that it can reduce maternal mortality, reduce infant and under-five mortality rates and decrease birth rates in addition to being able to serve health cases for the poor in general.

The rolling of the regional autonomy era was marked by the transfer of the authority of the central government to be distributed to the regions through a decentralization process. Decentralization is expected to bring fresh air to the growth of democracy and citizen participation in all development activities which in turn can increase equality between groups, expand social justice and improve the quality of life of many people [12]. However, the experience of decentralization during the last eleven years after

the New Order shows two diametrical maps. The first map shows that most regions (districts/cities) do not or fail to improve the welfare of their citizens. The second map shows several areas that have made breakthroughs through the implementation of public policies with the nuances of social protection, such as the provision of free services in the fields of education, health, housing and administration.

4 Conclusion

Basically, the government has made efforts to provide legal protection and health services for the poor with various health reform regulations and policies. The health programs implemented in Indonesia include Jamkesmas, Jamkesda, Jampersal, and Health Insurance for Non-Quota Community. At this time, the Indonesian government is drafting a regional regulation on Regional Public Health Insurance (Jamkemasda), but its substance is still in the process of being matured.

References

1. V. Wiseman et al., "An evaluation of health systems equity in Indonesia: study protocol," *Int. J. Equity Health*, vol. 17, no. 1, p. 138, Dec. 2018, <https://doi.org/10.1186/s12939-018-0822-0>.
2. A. K. Riva'i, *Komunikasi sosial pembangunan: Tinjauan teori komunikasi dalam pembangunan sosial*. Hawa dan AHWA, 2016.
3. M. S. Lubis, *Perencanaan wilayah untuk mendukung konsep berkesinambungan sustainability development*. Media Sains Indonesia, 2021.
4. Fatahilah, "Program Antenatal Care Terpadu dalam Upaya Penurunan Angka Kematian Ibu," *HIGEIA*, vol. 4, no. 4, 2020.
5. T. J. Kim, N. Vonneilich, D. Lüdecke, and O. von dem Knesebeck, "Income, financial barriers to health care and public health expenditure: A multilevel analysis of 28 countries," *Soc. Sci. Med.*, vol. 176, pp. 158–165, Mar. 2017, <https://doi.org/10.1016/j.socscimed.2017.01.044>.
6. S. Ezat Wan Puteh and Y. Almualm, "Catastrophic Health Expenditure among Developing Countries," *Heal. Syst. Policy Res.*, vol. 04, no. 01, 2017, <https://doi.org/10.21767/2254-9137.100069>.
7. WHO, "World Health Report 2000. Health Systems: Improving Performance," Geneva, 2000.
8. World Health Assembly, "Sustainable health financing structures and universal coverage: 64th World Health Assembly agenda item," 2015.
9. A. Asante, J. Price, A. Hayen, S. Jan, and V. Wiseman, "Equity in Health Care Financing in Low- and Middle-Income Countries: A Systematic Review of Evidence from Studies Using Benefit and Financing Incidence Analyses," *PLoS One*, vol. 11, no. 4, p. e0152866, Apr. 2016, <https://doi.org/10.1371/journal.pone.0152866>.
10. B. Starfield, "Primary care: an increasingly important contributor to effectiveness, equity, and efficiency of health services. SESPAS report 2012," *Gac. Sanit.*, vol. 26, pp. 20–26, Mar. 2012, <https://doi.org/10.1016/j.gaceta.2011.10.009>.
11. P. Koutrakos, *Research handbook on the law of the EU's internal market*. Edward Elgar Publishing, 2017.
12. A. K. MOHAMMED, "Decentralization and Participation: Theory and Ghana's Evidence," *Japanese J. Polit. Sci.*, vol. 17, no. 2, pp. 232–255, Jun. 2016, <https://doi.org/10.1017/S1468109916000050>.

Open Access This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

