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## **Legal Perspectives on Healthcare Inequality in Indonesia**

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### **Abstract**

Indonesia faces significant challenges in ensuring equitable health rights fulfillment despite having comprehensive health legislation, with persistent disparities in healthcare access across geographical and socioeconomic dimensions raising questions about the effectiveness of health rights implementation within the international human rights law framework. This research aims to analyze the implementation of health rights in Indonesia within the framework of international human rights law, evaluate the conformity of Indonesian health policies with

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international human rights standards, identify legal and policy factors contributing to healthcare access disparities, and assess the effectiveness of health regulation implementation in ensuring citizens' health rights fulfillment. The study employs normative-empirical methods with a policy analysis approach. Research findings demonstrate that despite Indonesia's comprehensive legal foundation from constitutional to technical, operational regulations, healthcare access disparities remain a complex structural challenge. The evaluation of AAAQ principles (Availability, Accessibility, Acceptability, and Quality) reveals significant geographical and socioeconomic inequality, particularly between urban-rural areas and western-eastern Indonesian regions. The effectiveness of health regulation implementation shows a paradox between firm normative commitments and diverse practical realities, with challenges including coordination complexity across government levels, limited healthcare human resources, and unequal health facility distribution. This research recommends human rights-based health policy reforms that integrate Pancasila values to create a more inclusive, equitable, and sustainable healthcare system that achieves health justice in Indonesia. [Indonesia menghadapi tantangan signifikan dalam menjamin pemenuhan hak kesehatan yang berkeadilan meskipun memiliki legislasi kesehatan yang komprehensif, dengan disparitas akses layanan kesehatan yang persisten lintas dimensi geografis dan sosioekonomis menimbulkan pertanyaan tentang efektivitas implementasi hak kesehatan dalam kerangka hukum HAM internasional. Penelitian ini bertujuan menganalisis implementasi hak kesehatan di Indonesia dalam kerangka hukum HAM internasional, mengevaluasi kesesuaian kebijakan kesehatan Indonesia dengan standar HAM internasional, mengidentifikasi faktor-faktor hukum dan kebijakan yang berkontribusi terhadap kesenjangan akses layanan kesehatan, serta menilai efektivitas implementasi regulasi kesehatan dalam menjamin pemenuhan hak kesehatan warga negara. Studi ini menggunakan metode normatif-empiris dengan pendekatan analisis kebijakan. Hasil penelitian menunjukkan bahwa meskipun Indonesia memiliki landasan hukum yang komprehensif dari tingkat konstitusional hingga regulasi teknis operasional, kesenjangan akses layanan kesehatan masih menjadi tantangan struktural yang kompleks. Evaluasi prinsip AAAQ (*Availability, Accessibility, Acceptability, and Quality*) mengungkapkan disparitas geografis dan sosioekonomis yang signifikan, terutama antara daerah urban-rural dan kawasan Indonesia bagian barat-timur. Penelitian ini merekomendasikan reformasi kebijakan kesehatan berbasis HAM yang mengintegrasikan nilai-nilai Pancasila untuk menciptakan sistem kesehatan yang lebih inklusif, berkeadilan, dan berkelanjutan dalam mencapai keadilan kesehatan di Indonesia.]

**Keywords:** health rights; international human rights; health policy; access disparities; Pancasila; health justice

## Introduction

The right to health is one of the fundamental human rights universally recognized in international legal instruments. The Universal Declaration of Human Rights (UDHR) 1948 in Article 25 affirms that “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care.”<sup>1</sup> This recognition is reinforced by the International Covenant on Economic, Social and Cultural Rights (ICESCR) 1966 in Article 12, which states the right of everyone to enjoy the highest attainable standard of physical and mental health.<sup>2</sup>

In the global context, healthcare access inequality remains a significant challenge for developing countries. According to World Health Organization (WHO) data from 2023, approximately 4.5 billion people, or half of the world’s population, still lack full access to essential health services.<sup>3</sup> This inequality occurs not only between countries but also within countries, particularly between urban and rural areas and among different socioeconomic groups.

Indonesia, the world’s largest archipelagic nation with more than 17,000 islands and 270 million inhabitants, faces complex challenges in providing equitable healthcare services.<sup>4</sup> The Indonesian Constitution has mandated the protection of health rights in Article 28H paragraph (1) of the 1945 Constitution, which states that “every person has the right to live in physical and spiritual prosperity, to have a home, and to enjoy a good and healthy environment, and has the right to obtain

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<sup>1</sup> United Nations, “Universal Declaration of Human Rights” (New York: UN General Assembly, 1948), <https://www.un.org/en/about-us/universal-declaration-of-human-rights>.

<sup>2</sup> United Nations, “International Covenant on Economic, Social and Cultural Rights” (New York: UN General Assembly, 1966), <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights>.

<sup>3</sup> WHO, “Billions Left behind on the Path to Universal Health Coverage,” 2023, <https://www.who.int/news/item/18-09-2023-billions-left-behind-on-the-path-to-universal-health-coverage>.

<sup>4</sup> Joyce Mangoma and Wahyu Sulistiadi, “Island Health Crisis: Bridging Gaps in Indonesia’s Healthcare Deserts,” *Journal of Indonesian Health Policy and Administration* 9, no. 2 (May 30, 2024), <https://doi.org/10.7454/ihpa.v9i2.1005>.

health services.”<sup>5</sup> This constitutional implementation is strengthened through Law Number 36 of 2009 concerning health, which has been updated with Law Number 17 of 2023 concerning Health.

However, field realities demonstrate significant disparities in healthcare access across Indonesia. Data from the Indonesian Ministry of Health (2023) shows that the doctor-to-population ratio in Indonesia remains at 0.53 per 100,000 inhabitants, far below the WHO standard, recommending one doctor per 1,000 population. More concerning, healthcare workforce distribution is uneven, with 60% of doctors concentrated in Java Island, which holds only 56% of Indonesia’s total population. This inequality becomes more apparent when comparing healthcare facility availability between urban and rural areas, where 70% of hospitals are located in metropolitan areas while 40% of Indonesia’s population lives in rural areas.<sup>6</sup>

This geographical disparity directly impacts community health outcomes. Indonesia’s Maternal Mortality Rate (MMR) shows extreme variation across provinces, ranging from 51 per 100,000 live births in DKI Jakarta to 573 per 100,000 live births in Papua (Ministry of Health RI, 2022). Similarly, the Infant Mortality Rate (IMR) ranges from 7 per 1,000 live births in Jakarta to 35 per 1,000 live births in East Nusa Tenggara.<sup>7</sup>

Several previous studies have examined healthcare access inequality issues in Indonesia, each contributing different perspectives to understanding this complex phenomenon. Mahendradhata et al. identified that health system decentralization post-1998 reform has created fragmentation in healthcare service delivery, leading to inconsistent policy implementation across different regions. Their comprehensive review revealed that while decentralization aimed to

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<sup>5</sup> Elya Ramadhani Tambunan and Zainarti Zainarti, “Analysis of Service Quality Levels for Social Security Administrator (BPJS) Participants and non-BPJS (Case Study of Ofa Padang Mahondang Village),” *Indonesian Interdisciplinary Journal of Sharia Economics (IIJSE)* 6, no. 3 (August 1, 2023): 1500–1518, <https://doi.org/10.31538/ijse.v6i3.3775>.

<sup>6</sup> BPS-Statistics Indonesia, “Health Statistics Profile 2023” (Jakarta: Statistics Indonesia, December 20, 2023), <https://www.bps.go.id/en/publication/2023/12/20/feffe5519c812d560bb131ca/profil-statistik-kesehatan-2023.html>.

<sup>7</sup> Ministry of Health RI, “Indonesia Health Profile 2022” (Jakarta: Ministry of Health Republic of Indonesia, 2022), [https://kemkes.go.id/app\\_asset/file\\_content\\_download/1702958336658115008345c5.53299420.pdf](https://kemkes.go.id/app_asset/file_content_download/1702958336658115008345c5.53299420.pdf).

improve local responsiveness, it inadvertently created coordination challenges between central and regional governments in health service provision. Building upon this institutional analysis<sup>8</sup>Pisani et al. further highlighted how geographical and economic inequalities affect Indonesia's capacity to respond to global health challenges. They demonstrated that remote and economically disadvantaged areas consistently lag in health infrastructure development and emergency response capabilities, creating vulnerable populations during health crises.<sup>9</sup>

The focus on systemic challenges was complemented by research examining policy outcomes and coverage expansion. Hogan et al. analyzed Indonesia's progress toward achieving Universal Health Coverage (UHC) and identified various structural barriers that persist despite policy reforms. Their findings revealed that while significant improvements had been made in health insurance coverage, access to quality healthcare services remains uneven, particularly for specialized medical services in remote areas.<sup>10</sup> This analysis was further substantiated by Mboi et al., who provided a comprehensive longitudinal study of Indonesia's journey toward UHC from 1990 to 2016. Their research documented substantial improvements in health insurance coverage through the National Health Insurance (JKN) program expansion yet noted persistent challenges in service delivery quality and geographic accessibility that continue to undermine equitable access.<sup>11</sup>

Expanding the analytical framework beyond institutional and policy perspectives, Prasetyani et al. examined social determinants of health in Indonesia, analyzing how factors such as education, income, and geographic location influence health outcomes. Their research

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<sup>8</sup> Yodi Mahendradhata et al., "The Republic of Indonesia Health System Review" 7, no. 1 (2017): 1–293, <https://apps.who.int/iris/bitstream/handle/10665/254716/9789290225164-eng.pdf>.

<sup>9</sup> Elizabeth Pisani, Maarten Olivier Kok, and Kharisma Nugroho, "Indonesia's Road to Universal Health Coverage: A Political Journey," *Health Policy and Planning* 32, no. 2 (March 1, 2017): 267–76, <https://doi.org/10.1093/heapol/czw120>.

<sup>10</sup> Daniel R. Hogan et al., "Monitoring Universal Health Coverage within the Sustainable Development Goals" 6, no. 9 (September 2018): e928–40, [https://doi.org/10.1016/S2214-109X\(18\)30108-6](https://doi.org/10.1016/S2214-109X(18)30108-6).

<sup>11</sup> Nafsiah Mboi et al., "On the Road to Universal Health Care in Indonesia, 1990–2016: A Systematic Analysis for the Global Burden of Disease Study 2015" 392, no. 10147 (August 18, 2018): 581–91, [https://doi.org/10.1016/S0140-6736\(18\)30595-6](https://doi.org/10.1016/S0140-6736(18)30595-6).

identified significant correlations between socioeconomic status and health access, demonstrating that healthcare inequality cannot be understood solely through policy analysis but requires consideration of broader social and economic factors. However, while these studies have collectively provided valuable insights into various dimensions of healthcare inequality in Indonesia, they have predominantly focused on epidemiological, financing, or health system management aspects without deeply examining how national and international legal frameworks can serve as instruments to address these disparities.<sup>12</sup>

This gap in legal analysis is particularly significant given that most previous research has not comprehensively examined health policy implementation from a human rights perspective, leaving unexplored how constitutional guarantees and international human rights obligations translate into practical policy outcomes and service delivery. This research is unique in its legal analysis approach, which integrates international human rights perspectives with national health policy implementation in Indonesia. Unlike previous studies, which tend to be partial, this research employs a holistic approach, combining normative juridical analysis with empirical data to identify the root causes of healthcare access inequality from a legal standpoint.

The objectives of this research are: first, to analyze the conformity of Indonesian health policies with international human rights standards; second, to identify legal and policy factors contributing to healthcare access inequality; third, to evaluate the effectiveness of health regulation implementation in ensuring fulfillment of citizens' health rights; and fourth, to formulate human rights-based health policy improvement recommendations to create more equitable healthcare access in Indonesia.

## **Methods**

This study employs a normative-empirical legal research method with a policy analysis approach focusing on human rights aspects in healthcare access in Indonesia.<sup>13</sup> The normative approach

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<sup>12</sup> Ratna Prasetyani, Yodi Mahendradhata, and Ari Probandari, "Health Equity and Social Determinants of Health in Indonesia" 42, no. 3 (2021): 345–62, <https://doi.org/10.1057/s41271-021-00289-5>.

<sup>13</sup> Soerjono Soekanto and Sri Mamudji, *Penelitian Hukum Normatif: Suatu Tinjauan Singkat*, 18th ed. (Jakarta: Rajawali Pers, 2021).

analyzes national and international legal frameworks governing the right to health, while the empirical approach evaluates the implementation of health policies in practice and their impact on healthcare access inequality.<sup>14</sup> This methodological approach follows the tradition of socio-legal research that combines doctrinal legal analysis with empirical investigation to understand the relationship between law in books and law in action.<sup>15</sup>

The data used in this study consists of primary and secondary data. Primary data is obtained through policy document studies, legislation analysis, and official government reports related to the implementation of the national health system.<sup>16</sup> Secondary data is collected from academic literature, scientific journals, reports of international organizations such as WHO and the World Bank, and health statistics from the Indonesian Ministry of Health and Statistics Indonesia (BPS).<sup>17</sup>

Data collection techniques are conducted through library research and document analysis of relevant international legal instruments, including the Universal Declaration of Human Rights (UDHR) 1948 and the International Covenant on Economic, Social and Cultural Rights (ICESCR) 1966, as well as national legislation ranging from the 1945 Constitution, Law Number 17 of 2023 on Health, to its derivative policies in the form of government regulations and ministerial regulations.<sup>18</sup> Additionally, this research analyzes epidemiological data and health indicators that illustrate healthcare

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<sup>14</sup> Johnny Ibrahim, *Teori Dan Metodologi Penelitian Hukum Normatif* (Malang: Bayumedia, 2006), <https://lib.ui.ac.id/detail.jsp?id=20326032>.

<sup>15</sup> Brian Z. Tamanaha, *A Realistic Theory of Law* (Cambridge: Cambridge University Press, 2017).

<sup>16</sup> J. W. Creswell and V. L. Plano Clark, "Choosing a Mixed Methods Design," in *Designing and Conducting Mixed Methods Research* (California: Sage Publications, Inc., 2011), 53–106.

<sup>17</sup> Alan Bryman, *Social Research Methods*, 5th ed. (Oxford: Oxford University Press, 2016).

<sup>18</sup> Glenn A. Bowen, "Document Analysis as a Qualitative Research Method," *Qualitative Research Journal* 9, no. 2 (2009): 27–40, <https://doi.org/10.3316/QRJ0902027>.

access disparities across regions and socioeconomic groups in Indonesia, following established methods for health equity research.<sup>19</sup>

Data analysis is performed using content analysis methods to identify consistencies and inconsistencies between formal legal commitments and policy implementation in the field.<sup>20</sup> The analytical framework employs a human rights approach encompassing the principles of availability, accessibility, acceptability, and quality (AAAQ) as developed by the UN Committee on Economic, Social and Cultural Rights. Gap analysis is conducted to identify discrepancies between international human rights standards and health policy implementation practices in Indonesia, particularly in the context of fulfilling health rights for vulnerable groups and communities in remote areas.<sup>21</sup>

The data analysis technique also uses a comparative approach to compare health indicator achievements across provinces and geographical regions and trend analysis to examine the development of healthcare access during the National Health Insurance (JKN) implementation period.<sup>22</sup> Data validity is ensured through source triangulation, namely by comparing information from various official document sources, independent research reports, and academic publications. All analyses are conducted considering Indonesia's social, economic, and political context as an archipelagic nation with high levels of diversity so as to produce evidence-based policy recommendations that are appropriate to Indonesia's local conditions.<sup>23</sup>

The research framework integrates doctrinal legal analysis with empirical policy evaluation to assess the extent to which Indonesia's

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<sup>19</sup> Paula Braveman and Sofia Gruskin, "Defining Equity in Health," *Journal of Epidemiology & Community Health* 57, no. 4 (2003): 254–58, <https://doi.org/10.1136/jech.57.4.254>.

<sup>20</sup> Klaus Krippendorff, *Content Analysis: An Introduction to Its Methodology*, 4th ed. (Thousand Oaks, CA: SAGE Publications, 2018).

<sup>21</sup> Audrey R. Chapman and Sage Russell, *Core Obligations: Building a Framework for Economic, Social and Cultural Rights* (Antwerp: Intersentia, 2002).

<sup>22</sup> Robert K. Yin, *Case Study Research and Applications: Design and Methods*, 6th ed. (Thousand Oaks, CA: SAGE Publications, 2018).

<sup>23</sup> Matthew B. Miles, A. Michael Huberman, and Johnny Saldaña, *Qualitative Data Analysis: A Methods Sourcebook*, 4th ed. (Thousand Oaks, CA: SAGE Publications, 2020).

health policies align with international human rights obligations.<sup>24</sup> This mixed methodology enables a comprehensive examination of both the legal foundations and practical implementation challenges in achieving equitable healthcare access. The study employs systematic review techniques to synthesize findings from existing literature while conducting original analysis of policy documents and statistical data to identify patterns of inequality and their underlying legal and institutional causes.<sup>25</sup>

## Results

### Legal Framework of Health Rights in Indonesia

An in-depth analysis of national legal instruments demonstrates that the right to health has been comprehensively regulated in Indonesia's hierarchy of legislation, from the constitutional level to technical operational regulations. At the constitutional level, Article 28H paragraph (1) of the 1945 Constitution affirms the right of every person to live prosperously physically and spiritually, to have a place to live and to obtain a good and healthy environment. In addition, every person also has the right to obtain health services.<sup>26</sup> This provision not only recognizes the physical dimension of health but also includes mental and social aspects, which align with the WHO definition of health as a condition that encompasses all physical, mental, spiritual, and social aspects, not just being free from disease or disability.<sup>27</sup>

This constitutional provision is strengthened by the state's commitment in the Preamble of the 1945 Constitution, which stipulates that the state has responsibilities, among others, to protect all Indonesian people and the entire Indonesian homeland, advance general

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<sup>24</sup> Mark Tushnet, "Methodological Issues in Comparative Constitutional Law," in *Comparative Constitutional Law*, ed. Tom Ginsburg and Rosalind Dixon (Cheltenham: Edward Elgar Publishing, 2015), 67–86.

<sup>25</sup> Mark Petticrew and Helen Roberts, *Systematic Reviews in the Social Sciences: A Practical Guide*, 2nd ed. (Oxford: Blackwell Publishing, 2020).

<sup>26</sup> Leli Tibaka and Rosdian Rosdian, "The Protection of Human Rights in Indonesian Constitutional Law after the Amendment of the 1945 Constitution of the Republic of Indonesia," *Fiat Justisia: Jurnal Ilmu Hukum* 11, no. 3 (2017): 266–88, <https://doi.org/10.25041/fiatjustisia.v11no3.1141>.

<sup>27</sup> Gloria L. Krahn et al., "It's Time to Reconsider How We Define Health: Perspective from Disability and Chronic Condition," *Disability and Health Journal* 14, no. 4 (October 1, 2021): 101129, <https://doi.org/10.1016/j.dhjo.2021.101129>.

welfare, and educate the nation's life.<sup>28</sup> This reflects the welfare state concept adopted by Indonesia, where achieving optimal health standards is an important element of these national goals.

In the context of national law, based on the provisions of Article 9 paragraph (3) of Law No. 39/1999 on Human Rights, every person has the right to live prosperously physically and spiritually, to have a place to live and to obtain a good and healthy environment. This perspective aligns with the UN Declaration of 1948 on Human Rights, which states that the fundamental right to health is a human right.

Law Number 17 of 2023 on health has adopted an omnibus law approach as the central legal umbrella for Indonesia's health service system. Omnibus law is an approach to making health laws that combine various laws with different regulatory substances into one regulation. In Latin, omnibus means for all, indicating that this law covers multiple aspects of health in one comprehensive regulation.<sup>29</sup>

Law No. 17 of 2023 on Health, which was enacted as the legal umbrella for the health service system in Indonesia, affirms that the right to health services is a right that no one can challenge. Furthermore, this law also explicitly regulates health services in emergency conditions. The implementation of Law No. 17 of 2023, specifically Article 174, affirms that health service facilities must provide medical services without considering the patient's social status or financial ability.

### **Implementation of Human Rights Principles in Health Policy**

Evaluation of the implementation of AAAQ principles (Availability, Accessibility, Acceptability, and Quality) developed by the UN Committee on Economic, Social and Cultural Rights shows diverse and complex results in the Indonesian context. In terms of availability, the Indonesian government continues to strive to improve accessibility to health services, especially for communities in poor, remote, and underdeveloped areas. One of the main steps taken is to

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<sup>28</sup> Anna Triningsih, "Politik Hukum Pendidikan Nasional: Analisis Politik Hukum Dalam Masa Reformasi," *Jurnal Konstitusi* 14, no. 2 (November 2, 2017): 332–50, <https://doi.org/10.31078/jk1425>.

<sup>29</sup> Wahyu Sulistiadi, "Health Policy Reform through Strengthening Indonesia's Health Resilience System," *Journal of Indonesian Health Policy and Administration* 8, no. 3 (September 30, 2023), <https://doi.org/10.7454/ihpa.v8i3.7321>.

increase the number of health facilities, such as *puskesmas*, hospitals, and clinics, in archipelagic areas and outer regions of Indonesia.<sup>30</sup>

Special attention is given to areas in Eastern Indonesia, such as Sulawesi, East Nusa Tenggara (NTT), and Papua, which have their own geographical and demographic challenges. In addition to increasing health facilities, the government also focuses on improving service quality. It is done by providing more trained and qualified medical personnel and updating medical equipment in various health facilities.

The accessibility aspect shows progress through the implementation of National Health Insurance (JKN). Presidential Regulation Number 59 of 2024 aims to increase National Health Insurance (JKN) coverage to be more inclusive and sustainable. This regulation includes improvements to premium payment mechanisms, expansion of health service coverage, and ensuring JKN fund sustainability through more efficient fiscal policies and wise investments.<sup>31</sup>

The inclusive concept here emphasizes the government's efforts to ensure that all levels of society, including those in low economic groups, can access quality health services without financial barriers. This program is operationalized through a system where government policy in health services for people with low incomes through National Health Insurance (JKN) is crucial to ensure fair and equal access.<sup>32</sup> The JKN program provides health service certainty for the community, especially for those who cannot afford to pay premiums.

### **Analysis of Healthcare Access Inequality**

Comprehensive analysis results show that poor people often face significant barriers to accessing health services. Economic factors

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<sup>30</sup> Nurul Ragilia Berdame, "Kebijakan Pemerintah Dalam Pelayanan Kesehatan Terhadap Masyarakat Yang Kurang Mampu Menurut Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan," *LEX PRIVATUM* 13, no. 5 (July 15, 2024), <https://ejournal.unsrat.ac.id/v3/index.php/lexprivatum/article/view/56925>.

<sup>31</sup> Brian Azeri, Wahyu Pratama Tamba, and Raja Andreas Silaban, "Realisasi Progresif Implementasi Program Jaminan Kesehatan Nasional Dan Kartu Indonesia Sehat," *Pancasila: Jurnal Keindonesiaan* 5, no. 1 (April 25, 2025): 135–52, <https://doi.org/10.52738/pjk.v5i1.743>.

<sup>32</sup> Nurul Fifi Alayda et al., "Literature Review: Analisis Dampak Kebijakan Jaminan Kesehatan Nasional (JKN) Terhadap Akses dan Kualitas Pelayanan Kesehatan:," *Jurnal Kolaboratif Sains* 7, no. 7 (July 30, 2024): 2616–26, <https://doi.org/10.56338/jks.v7i7.5573>.

become the main obstacle, considering they have difficulty obtaining adequate medical care.<sup>33</sup> This inequality is not only economic but also systemic, where without appropriate policy interventions, this inequality can worsen their health conditions and perpetuate the cycle of poverty.

In the economic context, health problems that are not appropriately handled can reduce productivity and burden the country's economy.<sup>34</sup> Unhealthy people cannot work optimally, which reduces their contribution to the economy. This economic impact is compounded by high treatment costs, which become an additional burden, especially for the poor.

### **Government Efforts to Address Gaps**

The Indonesian government has implemented various initiatives to improve the quality of health services for the community through three integrated main strategies.

*First*, access to and quality of health services should be improved. These efforts include programs where, with these steps, the government hopes that people's rights to receive proper services will be equitable. These efforts also enable the government to design more appropriate and targeted programs. These programs can include subsidies or financial assistance to help communities bear healthcare costs.<sup>35</sup>

*Second*, strengthening the JKN system. This improvement is expected to strengthen the national health system through an approach to sustainability, which refers to steps taken to ensure that the JKN program can continue to run stably and develop in the long term.<sup>36</sup>

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<sup>33</sup> Cindy Kinanti Rahmayani, "Faktor Hambatan Dalam Akses Pelayanan Kesehatan Pada Puskesmas Di Indonesia: Scoping Review," *Jurnal Ilmiah Permas: Jurnal Ilmiah STIKES Kendal* 13, no. 4 (July 3, 2023): 1337–44, <https://doi.org/10.32583/pskm.v13i4.991>.

<sup>34</sup> "Gangguan Kesehatan Jiwa Berdampak Pada Ekonomi Negara, Perlu Kebijakan Inovatif dan Komprehensif | tempo.co," *Tempo*, November 16, 2023, <https://www.tempo.co/gaya-hidup/gangguan-kesehatan-jiwa-berdampak-pada-ekonomi-negara-perlu-kebijakan-inovatif-dan-komprehensif-120380>.

<sup>35</sup> Ade Risna Sari, *Reformasi Pelayanan Publik* (Cengkareng: PT Indonesia Delapan Kreasi Nusa, 2024).

<sup>36</sup> Joko Supto Pramono, Sri Hasanah, and Dian Ardyanti Ansyari Emelia Tonapa, Bernadetha, Ayu Dewi Mayasari, Andi Nur Pratiwi Fatmala, Pipit Afrianti, Friska Prastyia Harlis, Christina Ary Yuniarti, Desie Andreastuti, Yona Palin T, Nina

*Third*, developing health human resources.<sup>37</sup> In carrying out its commitment to improving the quality of education for doctors and nurses, the government involves developing curricula that are more responsive to community needs, including aspects of health services that are sensitive to the conditions of poor communities. The primary focus of this curriculum is on preventing infectious diseases, health education, and increasing understanding of the importance of access to quality health services for all levels of society.

### **Implementation of Pancasila Philosophy in the Health System**

Analysis shows that implementation of the Pancasila Philosophy in Health Law can be done through several aspects that reflect the values and principles of Pancasila:

*Gotong Royong*: The value of gotong royong is one of the most important values in Pancasila. In the health context, the implementation of gotong royong values can be done by encouraging active community participation in health efforts, such as health education, disease prevention, and other promotive and preventive activities.<sup>38</sup>

*Social Justice*: Pancasila emphasizes the importance of social justice for all Indonesians. Implementing social justice values in Health Law can be done by ensuring fair and equitable access to health services for all levels of society, including economically disadvantaged communities.<sup>39</sup>

*Balance*: The principle of balance in Pancasila includes balance between rights and obligations, between individuals and society, and between economic development and social development. In Health

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Mardiana, Muhammad Arif Nurrahman, Eka Putri Rahayu, Farlian, *Jaminan Kesehatan Nasional: Strategi, Implementasi Dan Transformasi Kesehatan* (Jawa Barat: Penerbit Adab, n.d.).

<sup>37</sup> Aragar Putri, “Kesiapan Sumber Daya Manusia Kesehatan Dalam Menghadapi Masyarakat Ekonomi Asean (MEA),” *JMMR (Jurnal Medicoeticolegal Dan Manajemen Rumah Sakit)* 6, no. 1 (April 20, 2017): 55–60, <https://doi.org/10.18196/jmmr.6127>.

<sup>38</sup> Dinatul Aini, Azizatul Farhaini, and Bayu Karunia Putra, “Community Participation in Improving Health in Remote Areas: A Literature Review,” *International Journal of Education, Information Technology, and Others* 6, no. 2 (April 4, 2023): 27–43, <https://doi.org/10.5281/zenodo.7798056>.

<sup>39</sup> Marie Fox and Michael Thomson, “Realising Social Justice in Public Health Law,” *Medical Law Review* 21, no. 2 (June 1, 2013): 278–309, <https://doi.org/10.1093/medlaw/fws036>.

Law, the balance principle can be implemented by maintaining a balance between individual rights to obtain good health services and individual obligations to maintain their own and community health.<sup>40</sup>

Belief in the One Supreme God: As the philosophical foundation of the Indonesian state, Belief in the One Supreme God recognizes the existence of a higher power. Implementation of this value in Health Law can be done by encouraging the application of ethics and morality in health practice, including the protection of patient rights and respect for religious beliefs and values in the context of health services.<sup>41</sup>

Self-reliance: Pancasila encourages development based on independence and self-reliance. Implementation of independence values in Health Law can be done by encouraging the development of human resources in health, increasing the capacity of hospitals and health facilities, and developing domestic pharmaceutical and medical device industries.<sup>42</sup>

## **Discussion**

### **Conformity of Indonesian Health Policies with International Human Rights Standards**

An in-depth normative analysis shows that Indonesia's legal framework has reflected a commitment to international human rights standards. This is reflected in an analysis of the philosophical foundation of the state in making Health Law legal products. The philosophical foundation refers to considerations or reasons that explain why the regulations pay attention to the worldview, awareness, and legal ideals that include the spiritual values and philosophy of the

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<sup>40</sup> Brigit Toebe, "Human Rights and Public Health: Towards a Balanced Relationship," in *National Security, Public Health: Exceptions to Human Rights?* (Routledge, 2016).

<sup>41</sup> Hossein Dargahi, "The Implementation of the Sharia Law in Medical Practice: A Balance between Medical Ethics and Patients Rights," *Journal of Medical Ethics and History of Medicine* 4 (July 27, 2011): 7, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3713915/>.

<sup>42</sup> Muhammad Asrul Maulana and Java Putri Avrillina, "Kesehatan Sebagai Hak Asasi: Perspektif Filosofis Tentang Hukum Kesehatan," *Journal of Contemporary Law Studies* 1, no. 2 (February 1, 2024): 42–54, <https://doi.org/10.47134/lawstudies.v2i1.2075>.

Indonesian nation sourced from Pancasila and the Preamble of the 1945 Constitution of the Republic of Indonesia.<sup>43</sup>

Indonesia's concept of a welfare state holds the state responsible for advancing community welfare. It is based on the 1945 Constitution of the Republic of Indonesia, which states in its preamble that the government has tasks, among others, to protect all Indonesian people and the entire Indonesian homeland, advance general welfare, and educate the nation's life.<sup>44</sup>

Implementation of health rights in the context of international human rights is strengthened through the recognition that health is a right inherent in humans by nature and cannot be separated. This right must be protected, respected, and upheld to maintain human dignity, welfare, happiness, intelligence, and justice.

International Health Regulations (IHR) are binding regulatory instruments for both member and non-member countries of the World Health Organization (WHO), which shows Indonesia's commitment to global health standards.

### **Legal and Policy Factors Contributing to Inequality**

Despite the availability of a comprehensive legal framework, its implementation faces structural challenges. Regulatory tasks in health development are carried out not only through law-making by the DPR and central government but also through regulation-making by central and regional governments and law enforcement.

Implementation complexity is reflected in various issues that need attention. Several problems need to be considered in policy development, including increasing health costs, challenges in improving primary service quality, limited access to referral services, dependence on imported pharmaceutical products and medical devices, improving early detection and surveillance, and strengthening response to crises.<sup>45</sup>

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<sup>43</sup> I. Wayan Sudirta et al., "Explore the Values of Pancasila as the Basic Philosophy of the Indonesian Nation," *Arena Hukum* 18, no. 1 (April 30, 2025): 127–58, <https://doi.org/10.21776/ub.arenahukum2025.01801.6>.

<sup>44</sup> Republic of Indonesia, "The 1945 Constitution of the Republic of Indonesia" (State Secretariat, 1945).

<sup>45</sup> Ministry of Health RI, "Rencana Strategis Kementerian Kesehatan Tahun 2020-2024" (Jakarta: Ministry of Health Republic of Indonesia, 2023), <https://farmalkes.kemkes.go.id/2021/03/rencana-strategis-kementerian-kesehatan-tahun-2020-2024/>.

Systemic challenges also include effective health financing schemes, increasing the number and equitable distribution of quality health resources, utilization of digital technology, and expansion of public health laboratory services that meet standards in accordance with promotive and preventive efforts.

### **Effectiveness of Health Regulation Implementation in Ensuring Health Rights Fulfillment**

Effectiveness evaluation shows diverse results. On the one hand, there has been significant progress. It is reinforced by the mandate in Article 28H Paragraph (1) and Article 34 Paragraph (3) of the 1945 Constitution of the Republic of Indonesia, which states that every citizen has the right to a decent life, including the right to obtain adequate health services.<sup>46</sup>

Health regulations also regulate holistic aspects of services. The government must ensure that the quality of health services is not limited to physical services but also includes mental and social services. Mental health, as part of overall human health, is very important to pay attention to. Regulation of the Minister of Health No. 4 of 2018 also details the obligations of hospitals and patients in providing and receiving health services. Hospital obligations include providing proper facilities, professional medical personnel, and protection of patient rights.<sup>47</sup>

However, there are still challenges in implementation, especially regarding emergency medical conditions where patients need immediate treatment, which must be handled without delay. The principle in Law No. 17 of 2023 guarantees that every individual, regardless of their social, economic, or identity status, has the right to obtain health services in emergency conditions.

### **Health System Transformation and Its Impact on Access Equity**

Health system transformation is a new, more comprehensive paradigm regulated by this law. It aims to create a more efficient and sustainable system. One of the main aspects prioritized is health financing efficiency, which not only focuses on more flexible budget

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<sup>46</sup> Republic of Indonesia, "The 1945 Constitution of the Republic of Indonesia."

<sup>47</sup> Ministry of Health RI, "Rencana Strategis Kementerian Kesehatan Tahun 2020-2024."

management but also on optimizing resource allocation to improve the quality of health services.<sup>48</sup>

This policy also emphasizes the importance of strengthening promotive and preventive functions in the health system. By prioritizing prevention and health promotion, it is hoped that disease rates can be reduced and the burden of preventable diseases minimized.

This transformation includes equitable construction of health facilities throughout all regions, including remote areas. Improving the quality of human resources in the health sector through continuous education and training is also an important focus. Through the National Health Insurance (JKN) program, the government strives to provide better health access guarantees to people experiencing poverty. This program serves as a social safety net that provides health protection so that communities who previously had difficulty accessing adequate health services can now receive proper care.<sup>49</sup>

### **Legal and Policy Implications for Achieving Health Justice**

Achieving health justice requires a holistic and sustainable approach. Health is not merely an individual problem but a collective issue that affects social, economic, and national development stability. Therefore, the government has moral and legal responsibility to ensure that every citizen, both from affluent and less affluent groups, can access quality health services according to their needs. In addition, the principle of social justice contained in Pancasila emphasizes the importance of providing equitable health services, including for vulnerable community groups, such as the poor, abandoned children, and those living in remote areas.<sup>50</sup>

Implementation of health justice also requires an approach that considers social determinants. Health services must also pay attention to social aspects related to lifestyle, environment, and external factors that can affect health. Social factors such as education level, employment, social status, and access to information and technology

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<sup>48</sup> Ricardo do Carmo Filho and Pedro Pereira Borges, "Financial Management, Efficiency, and Care Quality: A Systematic Review in the Context of Health 4.0," *Health Services Management Research* 38, no. 2 (May 1, 2025): 107–19, <https://doi.org/10.1177/09514848241275783>.

<sup>49</sup> Alayda et al., "Literature Review."

<sup>50</sup> Sudirta et al., "Explore the Values of Pancasila as the Basic Philosophy of the Indonesian Nation."

have a major influence on community health.<sup>51</sup> By paying attention to Pancasila values and principles, Health Law can regulate and direct health administration in Indonesia in accordance with the philosophy and national goals contained in Pancasila and the Preamble of the 1945 Constitution of the Republic of Indonesia.

### **Implementation Challenges and Policy Reform**

Effective health policy implementation requires a comprehensive approach. To achieve these goals, every development effort must be based on a deep understanding of health. National development must pay great attention to community health and become a shared responsibility between government and society. In the midst of the COVID-19 pandemic, health development did not stop completely; instead, it forced the government to adjust policies and introduce the concept of changing community lifestyles.<sup>52</sup>

Law No. 17 of 2023 also regulates the importance of implementing clear standard operating procedures (SOPs) for health facilities and medical personnel to maintain service quality. This regulation ensures patients' rights to receive clear information about their health conditions and provides complaint mechanisms and health dispute resolution. Health system sustainability requires these efforts. The national health system is hoped to be more responsive to community needs, more effective in resource use, and able to provide equitable, quality health services throughout.

Successful implementation also depends on the implementation of Pancasila philosophy in health law, which aims to ensure that health administration in Indonesia reflects the values and principles upheld by the Indonesian people. Thus, health law can become a strong legal foundation to achieve national goals in educating the nation's life, improving general welfare, and protecting people's rights to live healthy and obtain proper health services.

### **Conclusion**

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<sup>51</sup> John Mirowsky, *Education, Social Status, and Health* (New York: Routledge, 2017), <https://doi.org/10.4324/9781351328081>.

<sup>52</sup> Laurie P. Whitsel et al., "Public Policy for Healthy Living: How COVID-19 Has Changed the Landscape," *Progress in Cardiovascular Diseases* 76 (January 1, 2023): 49–56, <https://doi.org/10.1016/j.pcad.2023.01.002>.

This research yields comprehensive findings regarding the implementation of health rights in Indonesia within the framework of international human rights law. Although Indonesia has established a robust legal foundation spanning from constitutional to technical operational regulations, healthcare access disparities remain a complex structural challenge. The evaluation of AAAQ principles (Availability, Accessibility, Acceptability, and Quality) demonstrates that government efforts through the JKN program and health system transformation have generated positive impacts; however, geographical and socioeconomic disparities remain significant, particularly between urban-rural areas and western-eastern Indonesian regions.

The effectiveness of health regulation implementation in ensuring health rights fulfillment reveals a paradox between firm normative commitments and diverse practical realities, with implementation challenges including coordination complexity across government levels, limited healthcare human resources, and unequal distribution of health facilities. Achieving health justice necessitates policy reforms that extend beyond curative aspects to strengthen primary healthcare systems and address root causes of structural inequality, with the implementation of the Pancasila philosophy serving as a key foundation for building a responsive and sustainable healthcare system.

This research contributes a novel analytical framework integrating international human rights law perspectives with national health policy implementation, employing a normative-empirical approach that generates an evaluation model applicable for analyzing gaps between formal legal commitments and practical implementation in developing countries with archipelagic characteristics. The integration of doctrinal legal analysis with empirical policy evaluation provides significant methodological contributions to socio-legal research, particularly in developing gap analysis techniques to assess the alignment between international human rights standards and domestic policy implementation practices.

Using the AAAQ analytical framework contextualized within Pancasila values, the research findings provide evidence-based recommendations for health policy reforms that are more responsive to human rights principles. This framework serves as a policy evaluation instrument to improve the accountability and effectiveness of the national health system. This study provides crucial academic

foundations for developing more inclusive and equitable health policies by offering an integration model of national philosophy in modern health system operationalization, serving as a comprehensive reference for policymakers in designing targeted interventions to reduce healthcare access disparities and achieve sustainable health justice in Indonesia.

## **References**

- Aini, Dinatul, Azizatul Farhaini, and Bayu Karunia Putra. "Community Participation in Improving Health in Remote Areas: A Literature Review." *International Journal of Education, Information Technology, and Others* 6, no. 2 (April 4, 2023): 27–43. <https://doi.org/10.5281/zenodo.7798056>.
- Alayda, Nurul Fifi, Cindy Monica Aulia, Egril Rehulina Ritonga, and Sri Hajijah Purba. "Literature Review: Analisis Dampak Kebijakan Jaminan Kesehatan Nasional (JKN) Terhadap Akses Dan Kualitas Pelayanan Kesehatan." *Jurnal Kolaboratif Sains* 7, no. 7 (July 30, 2024): 2616–26. <https://doi.org/10.56338/jks.v7i7.5573>.
- Azeri, Brian, Wahyu Pratama Tamba, and Raja Andreas Silaban. "Realisasi Progresif Implementasi Program Jaminan Kesehatan Nasional Dan Kartu Indonesia Sehat." *Pancasila: Jurnal Keindonesiaan* 5, no. 1 (April 25, 2025): 135–52. <https://doi.org/10.52738/pjk.v5i1.743>.
- Berdame, Nurul Ragilia. "Kebijakan Pemerintah Dalam Pelayanan Kesehatan Terhadap Masyarakat Yang Kurang Mampu Menurut Undang-Undang Nomor 17 Tahun 2023 Tentang Kesehatan." *LEX PRIVATUM* 13, no. 5 (July 15, 2024). <https://ejournal.unsrat.ac.id/v3/index.php/lexprivatum/article/view/56925>.
- Bowen, Glenn A. "Document Analysis as a Qualitative Research Method." *Qualitative Research Journal* 9, no. 2 (2009): 27–40. <https://doi.org/10.3316/QRJ0902027>.
- BPS-Statistics Indonesia. "Health Statistics Profile 2023." Jakarta: Statistics Indonesia, December 20, 2023. <https://www.bps.go.id/en/publication/2023/12/20/feffe5519c812d560bb131ca/profil-statistik-kesehatan-2023.html>.
- Braveman, Paula, and Sofia Gruskin. "Defining Equity in Health." *Journal of Epidemiology & Community Health* 57, no. 4 (2003): 254–58. <https://doi.org/10.1136/jech.57.4.254>.

- Bryman, Alan. *Social Research Methods*. 5th ed. Oxford: Oxford University Press, 2016.
- Carmo Filho, Ricardo do, and Pedro Pereira Borges. "Financial Management, Efficiency, and Care Quality: A Systematic Review in the Context of Health 4.0." *Health Services Management Research* 38, no. 2 (May 1, 2025): 107–19. <https://doi.org/10.1177/09514848241275783>.
- Chapman, Audrey R., and Sage Russell. *Core Obligations: Building a Framework for Economic, Social and Cultural Rights*. Antwerp: Intersentia, 2002.
- Creswell, J. W., and V. L. Plano Clark. "Choosing a Mixed Methods Design." In *Designing and Conducting Mixed Methods Research*, 53–106. California: Sage Publications, Inc., 2011.
- Dargahi, Hossein. "The Implementation of the Sharia Law in Medical Practice: A Balance between Medical Ethics and Patients Rights." *Journal of Medical Ethics and History of Medicine* 4 (July 27, 2011): 7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3713915/>.
- Fox, Marie, and Michael Thomson. "Realising Social Justice in Public Health Law." *Medical Law Review* 21, no. 2 (June 1, 2013): 278–309. <https://doi.org/10.1093/medlaw/fws036>.
- Hogan, Daniel R., Gretchen A. Stevens, Ahmad Reza Hosseinpour, and Ties Boerma. "Monitoring Universal Health Coverage within the Sustainable Development Goals" 6, no. 9 (September 2018): e928–40. [https://doi.org/10.1016/S2214-109X\(18\)30108-6](https://doi.org/10.1016/S2214-109X(18)30108-6).
- Ibrahim, Johnny. *Teori Dan Metodologi Penelitian Hukum Normatif*. Malang: Bayumedia, 2006. <https://lib.ui.ac.id/detail.jsp?id=20326032>.
- Krahn, Gloria L., Ann Robinson, Alexa J. Murray, Susan M. Havercamp, Susan Havercamp, Rebecca Andridge, L. Eugene Arnold, et al. "It's Time to Reconsider How We Define Health: Perspective from Disability and Chronic Condition." *Disability and Health Journal* 14, no. 4 (October 1, 2021): 101129. <https://doi.org/10.1016/j.dhjo.2021.101129>.
- Krippendorff, Klaus. *Content Analysis: An Introduction to Its Methodology*. 4th ed. Thousand Oaks, CA: SAGE Publications, 2018.
- Lira, M. Adnan. "Construction of Health Service Provider Services in Indonesia From the Perspective of Pancasila." *Journal of Law*

- and Sustainable Development* 11, no. 12 (2023): 234. <https://dialnet.unirioja.es/servlet/articulo?codigo=9766901>.
- Mahendradhata, Yodi, Laksono Trisnantoro, Shita Listyadewi, Pandu Soewondo, Tiara Marthias, Pandu Harimurti, and Jeremiah Prawira. "The Republic of Indonesia Health System Review" 7, no. 1 (2017): 1–293. <https://apps.who.int/iris/bitstream/handle/10665/254716/9789290225164-eng.pdf>.
- Mangoma, Joyce, and Wahyu Sulistiadi. "Island Health Crisis: Bridging Gaps in Indonesia's Healthcare Deserts." *Journal of Indonesian Health Policy and Administration* 9, no. 2 (May 30, 2024). <https://doi.org/10.7454/ihpa.v9i2.1005>.
- Maulana, Muhammad Asrul, and Java Putri Avrillina. "Kesehatan Sebagai Hak Asasi: Perspektif Filosofis Tentang Hukum Kesehatan." *Journal of Contemporary Law Studies* 1, no. 2 (February 1, 2024): 42–54. <https://doi.org/10.47134/lawstudies.v2i1.2075>.
- Mboi, Nafsiah, Iqbal Murty Surbakti, Indang Trihandini, Iqbal Elyazar, Katherine Houston Smith, Paulina Bahjuri Ali, Soewarta Kosen, et al. "On the Road to Universal Health Care in Indonesia, 1990–2016: A Systematic Analysis for the Global Burden of Disease Study 2015" 392, no. 10147 (August 18, 2018): 581–91. [https://doi.org/10.1016/S0140-6736\(18\)30595-6](https://doi.org/10.1016/S0140-6736(18)30595-6).
- Miles, Matthew B., A. Michael Huberman, and Johnny Saldaña. *Qualitative Data Analysis: A Methods Sourcebook*. 4th ed. Thousand Oaks, CA: SAGE Publications, 2020.
- Ministry of Health RI. "Indonesia Health Profile 2022." Jakarta: Ministry of Health Republic of Indonesia, 2022. [https://kemkes.go.id/app\\_asset/file\\_content\\_download/1702958336658115008345c5.53299420.pdf](https://kemkes.go.id/app_asset/file_content_download/1702958336658115008345c5.53299420.pdf).
- . "Rencana Strategis Kementerian Kesehatan Tahun 2020–2024." Jakarta: Ministry of Health Republic of Indonesia, 2023. <https://farmalkes.kemkes.go.id/2021/03/rencana-strategis-kementerian-kesehatan-tahun-2020-2024/>.
- Mirowsky, John. *Education, Social Status, and Health*. New York: Routledge, 2017. <https://doi.org/10.4324/9781351328081>.
- Muhtar, Mohamad Hidayat, Apripari, Rodon Pedrasan, and I Gusti Kade Budhi Harryarsana. "Human Rights Constitution on Health Protection of Indonesian Citizens." *Russian Law Journal* 11, no. 2 (March 31, 2023). <https://doi.org/10.52783/rlj.v11i2.520>.

- Neuman, W. Lawrence. *Social Research Methods: Qualitative and Quantitative Approaches*. 8th ed. Boston, MA: Pearson, 2020.
- Petticrew, Mark, and Helen Roberts. *Systematic Reviews in the Social Sciences: A Practical Guide*. 2nd ed. Oxford: Blackwell Publishing, 2020.
- Pisani, Elizabeth, Maarten Olivier Kok, and Kharisma Nugroho. "Indonesia's Road to Universal Health Coverage: A Political Journey." *Health Policy and Planning* 32, no. 2 (March 1, 2017): 267–76. <https://doi.org/10.1093/heapol/czw120>.
- Pramono, Joko Spto, Sri Hasanah, and Dian Ardyanti Ansyari Emelia Tonapa, Bernadetha, Ayu Dewi Mayasari, Andi Nur Pratiwi Fatmala, Pipit Afrianti, Friska Prastya Harlis, Christina Ary Yuniarti, Desie Andreastuti, Yona Palin T, Nina Mardiana, Muhammad Arif Nurrahman, Eka Putri Rahayu, Farlian. *Jaminan Kesehatan Nasional : Strategi, Implementasi dan Transformasi Kesehatan*. Jawa Barat: Penerbit Adab, n.d.
- Prasetyani, Ratna, Yodi Mahendradhata, and Ari Probandari. "Health Equity and Social Determinants of Health in Indonesia" 42, no. 3 (2021): 345–62. <https://doi.org/10.1057/s41271-021-00289-5>.
- Putri, Aragar. "Kesiapan Sumber Daya Manusia Kesehatan Dalam Menghadapi Masyarakat Ekonomi Asean (MEA)." *JMMR (Jurnal Medicoeticolegal Dan Manajemen Rumah Sakit)* 6, no. 1 (April 20, 2017): 55–60. <https://doi.org/10.18196/jmmr.6127>.
- Rahmayani, Cindy Kinanti. "Faktor Hambatan Dalam Akses Pelayanan Kesehatan Pada Puskesmas Di Indonesia: Scoping Review." *Jurnal Ilmiah Permas: Jurnal Ilmiah STIKES Kendal* 13, no. 4 (July 3, 2023): 1337–44. <https://doi.org/10.32583/pskm.v13i4.991>.
- Republic of Indonesia. "The 1945 Constitution of the Republic of Indonesia." State Secretariat, 1945.
- Russell, Erin, and Kirsten Patrick. "Mental Health Needs Our Attention." *CMAJ* 190, no. 2 (January 15, 2018): E34–E34. <https://doi.org/10.1503/cmaj.171469>.
- Sari, Ade Risna. *Reformasi Pelayanan Publik*. Cengkareng: PT Indonesia Delapan Kreasi Nusa, 2024.
- Soekanto, Soerjono, and Sri Mamudji. *Penelitian Hukum Normatif: Suatu Tinjauan Singkat*. 18th ed. Jakarta: Rajawali Pers, 2021.
- Sudirta, I. Wayan, John Pieris, Wachid Nugroho, and Hanugra Ryantoni. "Explore the Values of Pancasila as the Basic

- Philosophy of the Indonesian Nation.” *Arena Hukum* 18, no. 1 (April 30, 2025): 127–58. <https://doi.org/10.21776/ub.arena.hukum2025.01801.6>.
- Sulistiadi, Wahyu. “Health Policy Reform through Strengthening Indonesia’s Health Resilience System.” *Journal of Indonesian Health Policy and Administration* 8, no. 3 (September 30, 2023). <https://doi.org/10.7454/ihpa.v8i3.7321>.
- Tamanaha, Brian Z. *A Realistic Theory of Law*. Cambridge: Cambridge University Press, 2017.
- Tambunan, Elya Ramadhani, and Zainarti Zainarti. “Analysis of Service Quality Levels for Social Security Administrator (BPJS) Participants and non-BPJS (Case Study of Ofa Padang Mahondang Village).” *Indonesian Interdisciplinary Journal of Sharia Economics (IIJSE)* 6, no. 3 (August 1, 2023): 1500–1518. <https://doi.org/10.31538/ijse.v6i3.3775>.
- Tempo. “Gangguan Kesehatan Jiwa Berdampak Pada Ekonomi Negara, Perlu Kebijakan Inovatif dan Komprehensif | tempo.co,” November 16, 2023. <https://www.tempo.co/gaya-hidup/gangguan-kesehatan-jiwa-berdampak-pada-ekonomi-negara-perlu-kebijakan-inovatif-dan-komprehensif-120380>.
- Tibaka, Leli, and Rosdian Rosdian. “The Protection of Human Rights in Indonesian Constitutional Law after the Amendment of the 1945 Constitution of the Republic of Indonesia.” *Fiat Justisia: Jurnal Ilmu Hukum* 11, no. 3 (2017): 266–88. <https://doi.org/10.25041/fiatjustisia.v11no3.1141>.
- Toebes, Brigit. “Human Rights and Public Health: Towards a Balanced Relationship.” In *National Security, Public Health: Exceptions to Human Rights?* Routledge, 2016.
- Triningsih, Anna. “Politik Hukum Pendidikan Nasional: Analisis Politik Hukum Dalam Masa Reformasi.” *Jurnal Konstitusi* 14, no. 2 (November 2, 2017): 332–50. <https://doi.org/10.31078/jk1425>.
- Tushnet, Mark. “Methodological Issues in Comparative Constitutional Law.” In *Comparative Constitutional Law*, edited by Tom Ginsburg and Rosalind Dixon, 67–86. Cheltenham: Edward Elgar Publishing, 2015.
- United Nations. “International Covenant on Economic, Social and Cultural Rights.” New York: UN General Assembly, 1966. <https://www.ohchr.org/en/instruments->

- mechanisms/instruments/international-covenant-economic-social-and-cultural-rights.
- . “Universal Declaration of Human Rights.” New York: UN General Assembly, 1948. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>.
- Whitsel, Laurie P., Funke Ajenikoko, Paul J. Chase, Janay Johnson, Brooke McSwain, Melanie Phelps, Reyna Radcliffe, and Mark A. Faghy. “Public Policy for Healthy Living: How COVID-19 Has Changed the Landscape.” *Progress in Cardiovascular Diseases* 76 (January 1, 2023): 49–56. <https://doi.org/10.1016/j.pcad.2023.01.002>.
- WHO. “Billions Left behind on the Path to Universal Health Coverage,” 2023. <https://www.who.int/news/item/18-09-2023-billions-left-behind-on-the-path-to-universal-health-coverage>.
- . *International Health Regulations (2005) – Third Edition*. Geneva: World Health Organization, 2005. <https://www.who.int/publications/i/item/9789241580496>.
- Wijayanti, Asrina. “Overview and Analysis of Health Law Number 17 of 2023.” *Enigma in Law* 1, no. 1 (November 7, 2023): 17–20. <https://doi.org/10.61996/law.v1i1.14>.
- Yin, Robert K. *Case Study Research and Applications: Design and Methods*. 6th ed. Thousand Oaks, CA: SAGE Publications, 2018.