

ORIGINAL ARTICLE

Health Service Disparities: Repressive Problems and Solutions

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ABSTRACT

Introduction: The vast territory of the Republic of Indonesia and the difficulty of access to several areas in Indonesia cause disparities in health services in Indonesia. The provision of proper health services is an obligation of the Government of Indonesia, as stated in the Constitution. However, the government has not fully implemented this obligation with the proven number of fewer health facilities outside Java and Bali. During the Covid-19 pandemic, the disparity in health services is increasingly visible. The occurrence of disparities in health services does not make the government silent. The Government of Indonesia is still trying to improve this disparity in health services in collaboration with other parties. Cooperation with the private sector has resulted in several online Health consulting application technologies. The Indonesian people also take advantage of these facilities, especially during the current pandemic, to reduce hospital queues. **Methods:** This research is normative research by conducting a study of the legal problems contained in the implementation of health services. **Results:** Disparities in health services can be overcome with today's advanced technology to make it easier for people to obtain good and professional health services. Disparities in health services can be eliminated if all parties can work together, the Central Government, Private Parties, Health Workers, and the General Public. One of the repressive efforts is the provision of several floating hospitals, and the infrastructure of emergency health and advice in remote areas in Indonesia. For preventive efforts, the Government can provide an additional incentive to health workers who are willing to be placed in remote areas. In addition, the use of technology in remote areas must also be increased so that an alternative health service using telemedicine can be carried out. **Conclusions:** Disparities in health services can be reduced when the government can work together with the private sector in managing a good internet system.

Keywords: Health Service Disparity, Hospital, Technology**Corresponding Author:**

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INTRODUCTION

Indonesia is an archipelagic country of 1.905 million km² (1). The vast territory of Indonesia is allegedly the cause of the disparity in health services in Indonesia. (2) Besides, the difficulty of access to some remote areas is also one of the factors. Health itself is the main basic need and is a factor that affects individual productivity and the quality of human resources in an area. Health itself is guaranteed by the Indonesian Constitution, namely Article 28 H of the 1945 Constitution of the Republic of Indonesia, namely "everyone has the right to live in physical and spiritual prosperity, to live, and to have a

good and healthy living environment and the right to health services." However, in practice, the development of health services in Indonesia is still not carried out optimally and reaches all regions of Indonesia. This can be seen in health services in eastern Indonesia and other remote areas. Compared to urban areas in Indonesia, the number of health facilities is much less.

MATERIALS AND METHODS

This research is normative research by conducting a study of the legal problems contained in the implementation of health services. In addition, several things were also carried out using the Qualitative Approach method, emphasizing the understanding of problems in social life based on the conditions of reality or natural settings that were holistic, complex, and detailed (3). The methodological approach in

qualitative research is divided into several types of fields, including ethnographic, fieldwork, soft data, symbolic interactionism, naturalistic, descriptive, observation with role involvement, phenomenology, documentary data, case studies, descriptive history studies, environmental studies, observation, document review, participant-observer and story (4).

MATERIAL

1) Health Service Facilities

The definition of Health Service Facilities is contained in Article 1 point 1 of the Government Regulation of the Republic of Indonesia Number 47 of 2016 concerning Health Service Facilities (5). The regulation states that a health service facility is a tool and place used to carry out health service efforts, whether promotive, preventive, curative, or rehabilitative, carried out by the Government, Regional Government, and the community. In this paper, we look for how the distribution of existing health care facilities in Indonesia is to find out whether there is a disparity in health services in Indonesia and then analyze the causes and solutions to this disparity problem.

2) Hospital

The definition of a hospital is contained in Article 1, number 1 of Law Number 44 of 2009 (6) concerning Hospitals which says that a hospital is a health service institution that provides complete individual health services that provide inpatient, outpatient, and emergency services. Therefore, the number of hospitals is used to indicate the good or bad of a health facility in an area. So by knowing the number of hospital facilities, it will also be known that there is a disparity in health services in Indonesia.

3) Health Center

Puskesmas is an abbreviation of the community health center. The definition of puskesmas is in Article 1, number 2 of the Regulation of the Minister of Health of the Republic of Indonesia, number 43 of 2019 concerning Community Health Centers (7). Puskesmas is a health service facility that organizes public health efforts and first-level individual health efforts by prioritizing promotive and preventive efforts in its working area (8). The working area of the puskesmas is located in each sub-district. The aim is to facilitate public access in obtaining health service facilities. Health centers in Indonesia have several categories that can then be used to reference whether there is a disparity in health services in Indonesia or not.

4) Resident

Resident, according to Law no. 24 of 2013 concerning Amendments to Law No. 23 of 2006 concerning population administration, is regulated in Article 1 points 2, 3, and 4. In point 2, (9) it is stated that residents are Indonesian citizens and foreigners who reside in

Indonesia. Indonesian citizens are people of the original Indonesian nation and people of other nations who are legalized as Indonesian citizens. (10) At the same time, foreigners are people who are not Indonesian citizens.

5) Health Technology

In this era of globalization, technology is increasingly advanced, and everything is online-based, (11) not to mention technology in the health sector. Especially during a pandemic like today, technology plays an important role for people to access health services and do not need to come directly to health facilities to avoid crowds and exposure to the Covid-19 virus. Health technology can also be used to assist in reducing disability in health services, especially in this online age. Everyone can get access to health consultations, purchase drugs, or even consult doctor appointments directly through an application on a cell phone. Of course, technology will be able to reach more patients and save more operational costs.

METHODS

There are three types of legal research, rational normative legal research in reviewing the law as an object of study, rationale empirical legal research in reviewing the law as an object of study, rationale normative legal research theory research for the law as an object of study. But in this research using a normative legal research in reviewing the law (12), the definition of normative legal research which concerning on studying law as an object is the theoretical aspects of the law do by looking at the development of concept of existing law that essentially law the object assessment norm of the law is the law itself (12), and Normative legal research refers to the concept of law as a rule with its doctrinal-nomological method which is based on the doctrinal principles that govern behavior (13). Normative legal research is a scientific research procedure to find the truth based on scientific logic from the normative side. The normative side here is not limited to laws and regulations (14).

RESULTS

The largest population is in West Java, East Java, and Central Java. This is directly proportional to a large number of health centers and hospitals. The largest number of hospitals and health centers are in West Java, East Java, and Central Java. The number of health facilities in the form of health centers is the least in North Kalimantan, and the least hospitals are in North Kalimantan and West Sulawesi. This is also possible because these two provinces have relatively small populations compared to other provinces. However, the small number of health facilities should not only be influenced by a small population but also by access to these health facilities.

Based on the Program Action Plan (RAP) 2020 – 2024, Directorate General of Disease Prevention and Control,

Ministry of Health RI (15)

To support the national health development policy, namely: improve health services towards universal health coverage by strengthening primary health care and encouraging increasing promotive and preventive efforts, supported by innovation and technology utilization. The Ministry of Health has also set six (6) Strategic Goals, which are translated into fourteen (14) Strategic Goals, in carrying out health development 2020-2024, one of which is Increased disease prevention and control by prioritizing risk factor approach. From the data on hospitals and health centers above, it can be seen that the disparity in health services is still too high, many health facilities are still concentrated on the island of Java, especially the provinces of West Java, Central Java, DKI Jakarta, and East Java, whereas as is known to several provinces outside Java has a larger area so that this will also be the cause of the disparity in health services.

The strategic to equalizing the gap in health facilities to emergency cases based on Indonesian Government and Ministry of Health, The direction of the policy and strategy of the Directorate General of P2P activities is to support Ministry of Health policies and strategies supported by innovation and technology utilization. The direction of the policy is to increase disease prevention and control by prioritizing a factor approach risk and Improved management of public health emergencies. Disease Prevention and Control Program Strategy 2020 - 2024 refers to the strategy of the Ministry of Health, which is then elaborated through the Program action strategy at the Directorate General of P2P as follows:

1. Expansion of coverage for early detection of PM and PTM, including the achievement of Minimum Service Standards for Health Sector coverage
 2. Development of accurate time surveillance through strengthening the national surveillance system and strengthening the national laboratory network system, including strengthening public health laboratories.
 3. Improvement of vector control innovation, including integrated and biological vector control.
 4. Strengthening the management of disease and injury management;
 5. Strengthening legislation, policies and financing for public health emergencies P2P Program Action Plan 2020-2024
 6. Improved advocacy and communication
 7. Improved programs to prevent antibiotic resistance, zoonotic diseases, food safety, biorisk management
 8. Strengthening the national laboratory system
 9. Strengthening reporting and real-time surveillance
 10. Build an early warning system
 11. Building the capacity of health facilities for quick response
 12. Increasing the capacity of human resources
- Papua Province Regulations Number 7 the year 2010

about Health Services (16)

Development carried out on the Papuan people through the Law Number 21 of 2001 concerning Special Autonomy for the Province of Papua (UU Otsus), there are 4 (four) priority sectors that must be an important concern of the local government either at the provincial and district, and city levels in Papua, namely the education sector, health, people's economy and infrastructure development. Development in the field of health has been emphasized in Chapter XVII, Article 59 of the Special Autonomy Law. This setting intended to provide solutions to health service problems for the community in Papua Province.

The population in Papua Province in general and the indigenous people in particular Papua, the various development policies carried out by the government have not been able to answer problems in the health sector, even though the health aspect is one of the rights human rights that have been regulated in various international legal instruments and the national legal instrument and it is the state's obligation to fulfil these rights. Special autonomy policy as an opportunity for indigenous Papuans and people is expected to be able to answer community problems in the health sector. This sector must receive serious attention in order to fulfil proper health and development of Papuan human resources to catch up in terms of knowledge with adequate skills to be ready to build himself and areas towards a better quality of life. The health sector gets attention through the regulation in Article 34 letter e, namely the allocation of funds in the form of revenue that can be used for the provision of health services. Apart from there are other sources of funding, namely those from profit-sharing natural resources in the oil-gas mining sector in Article 56 paragraph (1) of the Law Number 21 of 2001. Article 59 paragraph (1) of the Special Autonomy Law strictly states the obligation of the provincial government to set quality standards and provide health services to the population. In addition, obligations are also set by provincial and district/city governments to tackle endemic diseases or diseases that endanger the survival of the population. Obligation of local government to meet the health needs of the population, carried out by not burden the poor socio-economically but obtain health services at the lowest possible cost clearly defined. The lag in development in the field of human resource quality is also caused by the low quality of life of the population of Papua Province, which is greatly influenced by the low quality of health and nutrition services, especially for residents who feel Remote areas. This situation is basically an indicator of the high mortality rate of children and toddlers, which causes the infant mortality rate to be still high, the child mortality rate is still high and the maternal mortality rates. As elsewhere, the quality of human resource in Papua is also determined by the level of public health in general, in addition to the sector educational, economic

and social.

Quoted from the Ministry of Communication and Information Technology (Kominfo) website (17), Kominfo has provided fast internet access at 3,126 points of health service facilities in Indonesia to make it easier for the public to access health services online. The government also invites private sector cooperation to strengthen technology platforms to support health facilities digitally, for example, by developing the pedulilindungi.id application for tracing and tracking residents who have been vaccinated against Covid-19. In addition, this application can also limit Covid-19 sufferers from visiting public places or taking public transportation to avoid the spread of this diseases. Every person who performs an antigen test or PCR test, the data will be directly integrated with the pedulilindungi.id application through the population identification number (NIK). Since the beginning of the pandemic in March 2020, the use of telemedicine applications has increased in Indonesia. The Halodoc application, which is managed by the private sector in the second quarter of 2020, has reached 20 million users, and the Alodokter application has reached 33 million users. This number shows the public's interest in switching from face-to-face consultations to online consultations through applications. As a personal user of an online consultation application, the author finds it very helpful to be able to consult with a specialist directly without the need to queue and be prescribed medicine immediately and then sent via online motorcycle taxi, and payment is made via transfer. Patients no longer need to come to the hospital and queue, especially during a pandemic like today. The increasing use of telemedicine in the era of the pandemic shows that people in cities are ready to use telemedicine in terms of health services. People who live in urban areas have the ability to adapt faster when it comes to the use of technology than people who live in remote areas. This pandemic has also made the government in Indonesia to prioritize health services, especially for remote areas. Health services in remote areas began to be provided with the provision of facilities both in terms of buildings, medical equipment and resources for health workers.

DISCUSSION

The state is given the obligation to provide health care facilities by law. Public health is a pillar of the development of a nation (18). Health is one of the basic human needs (19). So important that it is often said that health is everything; without health, everything is meaningless (20) (21) (22). The 1945 Constitution of the Republic of Indonesia is regulated in several articles, namely Article 28 H paragraph (1), paragraph (2), and paragraph (3), as well as Article 34 paragraph (2) and paragraph (3) (23) (24). In Article 28H paragraph (1) it says, "everyone has the right to live in physical and spiritual prosperity, to live, and to get a good and

healthy living environment and the right to obtain health services, (25)" then in paragraph (2) it says, "everyone has the right to get facilities and special treatment to obtain equal opportunities and benefits in order to achieve equality and justice" (26) and in paragraph (3) it is stated that "everyone has the right to social security that enables his/her full development as a dignified human being." (27), In addition to Article 28 H, the 1945 Constitution also stipulates in Article 34 paragraph (2) and paragraph (3), in paragraph 2 it is stated that "the state develops a social security system for all people and empowers the weak and incapable in accordance with human dignity." (28) in paragraph (3) it says "the state is responsible for the provision of proper health care facilities and public service facilities." In addition to the 1945 Constitution of the Republic of Indonesia, the state's obligation to fulfill people's health services is also regulated in Law Number 36 of 2009 concerning Health, Law Number 40 of 2004 concerning the National Social Security System, and Law Number 39 of 1999 concerning Human Rights, and Law No. 12 of 2005 which ratifies the International Covenant on Economic, Social and Cultural Rights.

The government has tried to fulfill its obligation to provide health facilities in Indonesia by building government hospitals or collaborating with private parties (29), increasing health centers, and providing Social Security Administrator for Health (BPJS) services for all groups. Currently, the government and the private sector have facilities for floating hospitals to meet the health needs of the Indonesian people, which are located in islands far from access to hospitals or health centers. In addition to those mentioned above, currently, many health clinics also serve BPJS. This should be appreciated because the government has permitted the private sector to manage health facilities that make it easier for the community to access good health services. In addition to hospitals and health centers, Indonesia also has Posyandu. Posyandu or Integrated Service Post is the government's effort to facilitate the Indonesian people in obtaining health services for mothers and children with the main objective of preventing an increase in maternal and infant mortality during pregnancy, childbirth, or after childbirth through communities who are involved by the puskesmas which are then referred to as posyandu village health worker (kader) (30). Posyandu has several activities to increase maternal awareness regarding personal health and infant health, such as maternal health programs, child health, family planning, immunization, nutrition monitoring, and diarrhea prevention (31). In addition to the main activities above, several posyandu have also developed the Family Medicinal Plants (TOGA) program, monitoring the elderly, and early childhood education or early childhood education. The Posyandu also educates mothers to be more aware of their children's health (32).

Indonesia also has three floating hospitals (33),

managed by the government and the private sector. The floating hospitals include KRI Soeharso (34), which the Indonesian Navy manages. KRI Soeharso is equivalent to a Type B Hospital which provides an inpatient room, an Emergency Unit (ER), three operating rooms, x-rays, and seven health polyclinics such as pediatric, dental, eye, ENT, and nerve polyclinics. In addition, KRI Soeharso is also equipped with a pharmacy and mortuary. In addition to KRI Soeharso, Indonesia also has a floating hospital managed by Universitas Airlangga named the Ksatria Airlangga Floating Hospital or RSTKA (35), which has two operating rooms, a medicine warehouse, a laboratory, and a medical room. Before the two ships, Indonesia had a Floating Hospital owned by dr. Lie Dharmawan, which has been operating since 2013, the establishment of this hospital was motivated by the disparity in health services that occurred in Eastern Indonesia and the difficulty of public access to health. The focus of this hospital is to serve the people in Eastern Indonesia.

So far, health care facilities are needed the most by people with lower economies, but access to health services is still concentrated in groups with high economies. As compiled from alinea.id, according to the Secretary-General of the Ministry of Health or KEMENKES, Oscar Primadi, this disparity in health services is suspected to be due to the geographical and topographical location in Indonesia, which is a challenge. However, the disparity in the provision of health services is still a problem given the lack of existing health service capacity, as well as the synergy of various actors in the national health system such as hospitals, health offices, and educational institutions, especially the medical faculty, which are the essential things to realize quality health services and throughout Indonesia.

The Covid-19 pandemic is increasingly showing the inequality of health services in Indonesia. In addition to the presence of doctors piling up in big cities, several facts also show that health service facilities such as breathing apparatus or ventilators and laboratory examinations are minimal in several areas. Moreover, recently there has been a surge in positive cases of Covid-19 in several provinces outside Java and Bali. It is feared that this disparity will hamper the process of handling patients, such as PCR tests, tracking, and handling patients, as well as administering drugs and oxygen due to lack of supply and difficult access to hospitals.

However, the disparity in health services in Indonesia has begun to be slightly overcome with technology. Nevertheless, technology is not a substitute for health workers but only helps to improve access and quality of services. The government and the private sector provide these online health services, for example, Call Center 119 ext 8, which will be connected to the Indonesian Ministry of Health officers, as well as the *alodokter* and *halodoc* applications which can be installed via

mobile phones and paid for to consult with doctors and specialists, as well as drug delivery will also be done via expeditions or online motorcycle taxis.

This disparity has made the government more optimal in improving health facilities, especially during a pandemic. The government has appealed to all hospitals to add special beds for COVID-19 referral hospitals and provide several facilities to serve as isolation locations for sufferers. Covid-19 without symptoms or with mild symptoms to reduce transmission rates and queues at hospitals. With the increase in availability as of July 20, 2021, DKI Jakarta experienced an increase of 1.5% compared to the previous week, East Java rose to 7.5% in a week, and Central Java rose by 2.9% (36). In addition to adding beds for Covid-19 patients, the government is also recruiting volunteers to handle Covid-19 patients.

Unlike Indonesia, our neighboring country, Singapore, is one of the six countries with the best health facilities globally; as reported by IDN Times, one of Indonesia's news portals, WHO ranks Singapore as the sixth country with a good health care system. Currently, around 22 hospitals and medical facilities in Singapore are accredited by the International Joint Commission (JCI). This accreditation is the world's recognized gold standard for measuring the quality of hospital or clinic medical services (37). In addition, one of Singapore's health service innovations is the National Electronic Health Record (NEHR), which has been in use since 2011, making the medical history of all patients stored in one place and accessible from different hospitals. The benefits of this system include:

- a. Make it easy for doctors from different specialist fields to collaborate by referring to the patient's medical history data at NEHR
- b. Doctors can better understand the patient's condition and medical history so that they can make a diagnosis and provide the most optimal treatment
- c. Because data on drug consumption, allergies, and the results of medical investigations are stored in the NEHR, and patients are much safer from misdiagnosis
- d. Save time and money for patients who change hospitals or doctors because their medical history can be accessed quickly by the medical personnel who handle them.

In addition to NEHR, Singapore has also released a Telehealth Program, which monitors patient conditions remotely, such as blood pressure, pulse, and blood glucose levels, so that patients do not need to go to the hospital.

Reflecting on Singapore, which has used technology to reduce patient arrivals to the hospital. Indonesia can follow its example to reduce disparity in health services which is still a problem in Indonesia, especially now that Indonesia has started to use ID cards as one of the requirements for treatment. Technology such as

consulting with doctors online through applications can also be maximized so that people do not have to pile up in hospitals. Indonesia also needs to increase the number of doctors for areas where health facilities are still minimal. Besides that, Indonesia can also imitate the Telehealth Program. People with comorbid diabetes mellitus, stroke, heart disease, and other serious diseases do not need to come to the hospital every month for control and get routine medicine, especially during a pandemic like now. Indonesia can certainly match Singapore in Health Service technology as long as Internet access is evenly distributed throughout Indonesia. Of course, Indonesia can have a one-place patient data storage portal that all hospitals can then access, so there is no need for complicated consultations.

To improve health services in Indonesia, the government must also strengthen health services closer to the community, such as puskesmas and posyandu village health workers (Kader), in educating the public. Such as providing a sufficient number of doctors at the puskesmas and providing simple inpatient rooms to reduce the surge in the queues for inpatient rooms and Emergency Installations in hospitals, especially Regional General Hospitals. The government can also recruit general practitioners to be assigned to the hospital. puskesmas, especially puskesmas, in areas where the reach of the hospital area is far enough to avoid deaths due to untreated patients. The addition of specialist doctors is also needed so that when there are residents whose homes are far from regional hospitals, they can still obtain health services from medical professional who are professional in their fields, not only relying on general practitioners whose knowledge is sadder than specialist doctors. However, even in some areas, patients need to be carried by other residents to go to the hospital to get health facilities because of the difficulty of accessing roads for public transportation. The existence of this case may be a lesson for the government to add health centers not only to sub-districts but also to villages depending on road access and distance. In addition to providing health services, Puskesmas can also be a driving force for public education about hygiene, health, and health protocols, such as during a pandemic like now. In addition to public health centers and general practitioners, the government also needs to add ambulance facilities to transport patients with severe conditions because not all residents have four-wheeled vehicles, thus avoiding incidents of corpses being transported using motorbikes as has happened in Indonesia.

Another thing that is the focus of preventive efforts in terms of reducing health service disparities is the welfare of health workers who work in remote areas. The existence of financial support from the Government is important and should be prioritized. The responsibility of the Government as stated in Article 14 of Law Number 36 of 2009 concerning Health is the Government has

to responsible for planning, regulating, organizing, fostering, and supervising the implementation of health efforts that are equitable and affordable by the community. The government's responsibilities are focused on public services. Furthermore, it is emphasized in Article 16 that the Government is responsible for the availability of resources in the health sector that is fair and equitable for the entire community to obtain the highest degree of health. Equitable distribution of health services through appropriate arrangements is also needed, in this case in accordance with the prevailing laws and regulations in Indonesia, Regional Governments have the authority to procure and utilize health workers according to their regional needs. The placement of health workers is carried out with due regard to the rights of health workers and the right of the community to obtain equitable health services, this is an affirmation of Article 26. If you look at the specific regulation that regulates the financial rights of health workers in remote areas, this nominal is still categorized as not ideal, so this also affects the rights of health workers who are deemed inadequate. Therefore, the Government should conduct a comprehensive research of the financial rights of health workers placed in remote areas, because this will affect the aspect of health services and also the distribution of health workers, because with ideal financial rights, of course this is a consideration of the resources assigned do not feel burdened and can provide excellent service.

CONCLUSION

Disparities in health services can be reduced when the government can work together with the private sector in managing a good internet system. In this era of globalization, it is not only dependent on the government but also all parties must participate in advancing national health as a manifestation of the implementation of Article 34 of the 1945 Constitution of the Republic of Indonesia. In addition to the government and the private sector to advance the field of technology, the participation of health workers and the general public is also necessary. Health workers need to improve their services to optimally serve patients, and the general public who sells need to educate each other about cleanliness, especially during a pandemic like today. All levels of society need to promote health services in Indonesia and reduce disparities in health services, especially outside Java and Bali, which have diverse geographical contours, from islands, forests to mountains that make it difficult to access health services. The government's accuracy in fulfilling the financial rights of health workers also needs to be improved, planning and placement arrangements must also be accompanied by financial rights that must be provided fairly and ideally.

ACKNOWLEDEMENT

We would like to thank to LIPJPHKI and Faculty of Law, Universitas Airlangga for supporting this research.

REFERENCES

1. Letak geografis dan astronomis Indonesia beserta Pengaruhnya [Internet]. Kumparan.com. 2020 [cited 2021 Jun 10]. Available from: <https://kumparan.com/kumparantravel/letak-geografis-dan-astronomis-indonesia-beserta-pengaruhnya-1ttKMIL36AP>.
2. Siregar PP and AYM. Health inequity in Indonesia: is it declining? Bandung; 2013. Report No.: 201316.
3. Albi A and Johan S. Metode Penelitian Kualitatif. Ella Deffi Lestari, editor. Sukabumi: CV Jejak; 2018. 9 p.
4. Albu A and Johan S. Metode Penelitian Kualitatif. Sukabumi: CV Jejak; 2018. 18 p.
5. Mahendradhata Y, Trisnantoro L, Listyadewi S, Soewondo P, MArthias T, Harimurti P, et al. The Republic of Indonesia Health System Review. Vol. 7. 2017.
6. President of the Republic of Indonesia. Undang-undang RI No. 44 tahun 2009. Tentang Keperawatan 2009 p. 2–4.
7. Emily Benotti, Lisa Hirschhorn, Saraswati Sugiyarso and JA. Promising Practice Indonesia: Puskesmas and The Road to Equity Access [Internet]. 2018. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307376/Promising_Practice.pdf
8. Jelly Juliany Mentang, Adisty A. Rumayar FKK. Hubungan Antara Kualitas Jasa Pelayanan Kesehatan Dengan Kepuasan Pasien Di Puskesmas Taratara Kota Tomohon. Kesmas. 2019;7(5).
9. President of the Republic of Indonesia. Immigration. Indonesia; 2001 p. 1–24.
10. President of the Republic of Indonesia. Citizenship of the Republic of Indonesia. Indonesia; 2006.
11. Manyika J. DIGITAL GLOBALIZATION: THE NEW ERA OF GLOBAL FLOWS. Vol. 47. San Francisco; 2016.
12. Theresia Anita Christiani. Normative and Empirical Research Methods: Their Usefulness and Relevance in the Study of Law as an Object. Soc Behav Sci. 2016;201.
13. Vidya Prahassacitta. Penelitian Hukum Normatif Dan Penelitian Hukum Yurudi. Binus University Business Law. 2019.
14. Jonny Ibrahim. Teori dan metode penelitian hukum normatif. Malang: Bayumedia Publishing; 2005. 403 p.
15. Ditjen Pencegahan dan Pengendalian Penyakit. Rencana Aksa Program (RAPI) 2020 - 20214 [Internet]. Kemenkes RI. 2020 [cited 2022 Jul 15]. Available from: <https://e-renggar.kemkes.go.id/file2018/e-performance/1-029017-2tahunan-218.pdf>
16. Gubernur Papua. PERATURAN DAERAH PROVINSI PAPUA TENTANG PELAYANAN KESEHATAN. 2010.
17. Kementerian Komunikasi dan Informatika. Layanan Kesehatan dan Kemajuan Teknologi Digital. Kementerian Komunikasi dan Informatika. kominfo.go.id. 2019.
18. WHO. ESSENTIAL PUBLIC HEALTH FUNCTIONS, HEALTH SYSTEMS, AND HEALTH SECURITY. 2018.
19. WHO. Health is a fundamental human right [Internet]. WHO Newsroom. 2017 [cited 2021 Mar 12]. Available from: <https://www.who.int/news-room/commentaries/detail/health-is-a-fundamental-human-right#:~:text=No one should get sick,education and safe working conditions>.
20. Perwira I. Kesehatan Sebagai Hak Asasi Manusia. Bandung; 2009.
21. Bagir Manan et. a. Dimensi-Dimensi Hukum Hak Asasi Manusia. Bandung; 2009.
22. Fheriyal Sri Isriawaty. Tanggung Jawab Negara Dalam Pemenuhan Hak Atas Kesehatan Masyarakat Berdasarkan Undang-Undang Dasar Negara Republik Indonesia Tahun 1994. J Ilmu Huk Leg Opin. 2015;3(2).
23. President of the Republic of Indonesia Fourth Amendment. The 1945 Constitution of the Republic of Indonesia. 2002.
24. President of the Republic of Indonesia. The 1945 Constitution of the Republic of Indonesia Fourth Amendment. 2002.
25. Agus Triono. THE FULFILMENT OF THE RIGHT TO HEALTH SERVICES THROUGH CONTROL OF OMBUDSMAN FUNCTIONS IN THE REGION. In: The 3rd International Multidisciplinary Conference on Social Sciences (IMCoSS). Bandar Lampung: Bandar Lampung University (UBL); 2015.
26. UNHR. International standards Special Rapporteur on the right to adequate housing. UNHR Office in the high Commission.
27. ILO. Universal social protection for human dignity, social justice and sustainable development. Geneva; 2019.
28. Ardiansah A. Responsibility of Public Health Service Based on the Constitution of Indonesia. Diponegoro Law Rev. 2020;5(1):51–66.
29. Chee, Grace, Michael Borowitz AB. PRIVATE SECTOR HEALTH CARE IN INDONESIA. 2009.
30. Sienny Agustin. Ini Kegiatan Posyandu dan Manfaatnya bagi Ibu dan Anak [Internet]. Alodokter. 2021 [cited 2021 Mar 12]. Available from: <https://www.alodokter.com/ini-kegiatan-posyandu-dan-manfaatnya-bagi-ibu-dan-anak>
31. Setiawan A, Christiani Y. Integrated Health Post for Child Health (Posyandu) As A Community-Based Program in Indonesia: An Exploratory Study. J Keperawatan Indones. 2018;21(3):150–8.
32. Lumongga N, Sudaryati E, Theresia D. The Relationship of Visits to Posyandu with the Nutrition Status of Toddlers in Amplas Health Center. Budapest Int Res Critics Inst Humanit Soc Sci. 2020;3(3):2165–73.

33. SYLVIANA HAMDANI. Third Floating Hospital to Help Indonesians on Remote Islands [Internet]. Jakarta Globe. 2017 [cited 2022 Mar 13]. Available from: <https://jakartaglobe.id/news/doctorshare-holds-a-charity-concert-and-art-auction-for-third-floating-hospital/>
34. Asia Sentinel. Floating Hospitals: Meeting Healthcare Gaps in Indonesia [Internet]. Asia Sentinel. 2017 [cited 2021 Mar 14]. Available from: <https://www.asiasentinel.com/p/floating-hospitals-healthcare-gaps-indonesia?s=r>
35. Bambang Bes. UNAIR Floating Hospital Ready to Provide Healthcare Service in Remote Areas [Internet]. Unair News. 2016 [cited 2021 Mar 14]. Available from: <http://news.unair.ac.id/2016/11/15/unair-floating-hospital-ready-to-provide-healthcare-service-in-remote-areas/?lang=en>
36. Tempat Tidur RS Rujukan Covid-19 Jawa Bali Bertambah Hingga 7,5 Persen. atabooks. 2021.
37. Health S. Seperti Apa Sistem Kesehatan Singapura Yang Mendunia Itu? [Internet]. Smarter Health. 2020 [cited 2021 Mar 14]. Available from: <https://pasien.smarterhealth.id/seperti-apa-sistem-kesehatan-singapura-yang-mendunia-itu/>