The Problems of Health Development in Indonesia: A Study from a Decentralized Governance Perspective

AL Sentot Sudarwanto* and Dona Budi Kharisma

Faculty of Law Universitas Sebelas Maret, Surakarta, Indonesia

Abstract: Health sector in Indonesia faces many complex challenges. The enactment of the new regional government legislation has resulted in a decentralization policy design that requires the regional government to cover all the health issues. Besides, the policy on health issues is also influenced by the many changes of national strategic environment. Many findings indicate apprehensive situations in the health sector. Some of the problems include health financing, health personnel, and health regulations. Thus, it is recommended that each regional government develop a Regional Health System (RHS) as the implementation of health policy.

Keyword: Problems, Health Development, Decentralized Governance.

INTRODUCTION

Another essential component of the Human Development Index (HDI) education is health, in addition to education and income. In some fields, HDI has become the leading predictor for assessing growth success. HDI figures have now been the key reference point for social and economic growth (Murdi, Supanto, & Novianto, 2019). In order to enhance the quality of human capital, promote economic growth and eliminate poverty, progress in the health sector must therefore be viewed as an investment. For this cause, health development is one of the priorities of the Nawacita of Indonesian President Joko Widodos. Improving the quality of life through the Indonesian Health Card and Social Security in 2019 is one of the objectives (Murdi & Novianto, 2020). The Nawacita is then expressed in the 2015-2019 Medium-Term National Development Plan (RPJMN), which includes the National Health System (SKN) priority to enhance the quality of human capital (Murdi, Supanto, & Novianto, 2020b).

Many attempts to improve the standard of health have been made by the Indonesian government. The National Health Insurance (JKN), which adopts the Universal Health Coverage (UHC) model to provide greater access to health, is one of the strategic initiatives. However, JKN has always had a deficit of IDR 3.3 trillion in 2014, IDR 6.0 trillion in 2015, and about IDR 8.0 to 9.0 trillion in 2016 since the beginning of the program. The government also introduced the Primary Healthcare Practitioner, in addition to JKN (DLP). This service distributes general practitioners to border regions, deprived countries, areas of the archipelago, and people with serious health problems (Murdi, Supanto, & Novianto, 2020a).

The Indonesian government has also allocated 5 percent of the total national budget to cover health issues. The funding for the Ministry of Health and the Special Allocation Fund (DAK) for Health has risen from year to year, amounting to IDR 2.2 trillion in 2015. DAK for Health also increased 195 percent from 2015 to 2016, amounting to IDR 11.8 trillion. It then increased by 30% in 2017 (IDR 5.35 trillion) (Adillah, Handayani, & Sulitiyono, 2019). As one of the national strategic policies at the regional level, JKN needs the local government to suspend the Regional Health Insurance (Jamkesda) program they have been running. This is definitely a polemic, as the JKN initiative also calls on regional governments to improve the quality of health and health services in the regions (Indrastuti, Jaelani, Riyadi, & Sriwijaya, 2019).

The Regional Government Law also influences development in the health sector No. 23/2014 as last amended with Law No. 9/2015. The law mandated a design of decentralization policy, including that in the health sector (Indrastuti & Kadir Jaelani, 2020). The regional government should focus on how to improve the quality of health services in the region. Therefore, provincial governments have to develop local policies to support the accomplishment of national health development goals. This study explores health development problems at the local level, especially in health financing, health personnel, and health regulations. The issues identified will then be examined to analyze the regional health system's strategic role in health development in Indonesia (Harimurti, Jaelani, Maret, Islam, & Sunan, 2019).

In general, the aim of this study is to formulate a model for an ideal health development policy in

*Address correspondence to this author at the Faculty of Law Universitas Sebelas Maret, Surakarta, Indonesia; Tel: 08156715482; Fax: 0271642595; E-mail: alsentotsudarwant@staff.uns.ac.id

E-ISSN: 1929-4409/20

Indonesia. In particular, the aim of this study is to identify different health development problems in the region and to explain the role of the regional health system in Indonesia's health development (Sudarwanto & Handayani, 2019b).

METHOD

This is an empirical or sociological legal research that applies the paradigm of legal constructivism. The research was carried out in Surakarta, Central Java; Jembrana, Bali; Nganjuk, East Java and Wonogiri, Central Java (Sudarwanto & Handayani, 2019a). The data were collected through depth interviews, focus group discussions, literature studies, and document observations. The nature of this research is a descriptive, in that it describes various problems of health development in various regions. The analysis is mainly juridical analysis, namely legal interpretation, legal reasoning, and legal argumentation (Sudarwanto & Pujiyono, 2020).

FINDINGS

The Problems of Health Development in Indonesia

The role of local governments to improve the quality of health services is highly dependent on the capacity of the region to identify problems that hinder health development. Each region should be able to carefully identify the real problems in health sector so that they can develop a policy to improve the quality of health services, (Jaelani, Ayu, Rachmi, & Karjoko, 2020). Below are some findings of this study. The first one is about the budget allocation for health sector, as summarized in Table **1**.

The second finding is about the number of the health personnel. Table **2** shows the ratio of the number of health personnel and the ideal number in each region.

The third finding is about health regulations. In 2017, Nganjuk, Wonogiri, Jembrana and Surakarta did not have any specific regulation on to deal with health issues. Table **3** shows some health regulations in these four regencies.

Article 171 of the Indonesia Health Law No. 36/2009 stipulates that regional government should allocate 10 percent of the total regional budget for health sector. This does not include the salary for health personnel (Karjoko, Winarno, Rosidah, & Handayani, 2020). This study, however, found that not all regions have complied with this regulation. In health personnel, the Regulation of the Minister of Health of the Republic of Indonesia Number 33/2015 on the Planning Guidelines for Health Human Resources declares that the ratio of health personnel to the total population in every region must be ideal. However, there are still some discrepancies between the number of health personnel

Table 1: APBD Budget Allocation for Health

APBD Budget Allocation for Health		
Region	**Budget Allocation**	**Percentage to APBD**
Nganjuk Regency, East Java	Rp 146.750.718.691,-	5.81%
Wonogiri Regency, Central Java	Rp 157.742.358.594,-	14.2%
Jembrana Regency, Bali	Rp 195.319.916.859,-	19.31%
Surakarta City, Central Java	Rp 104.058.252.046,-	14.4%

Note: APBD Nganjuk in 2016, Wonogiri in 2017, Jembrana and Surakarta in 2015.

Table 2: Number of Doctors and the Ideal Ones

Number of Doctors and the Ideal Number		
Region	**Number of Doctors***	**Ideal Number**
Nganjuk Regency, East Java	36	44
Wonogiri Regency, Central Java	161	171
Jembrana Regency, Bali	63	80
Surakarta City, Central Java	644	508

Note: Data as per is December 2015 (Nganjuk); 2017 (Wonogiri), 2015 (Bali), and 2016 (Surakarta).

Table 3: Health Regional Regulations

Regional Regulations in Health Sector			
Nganjuk Regency, East Java	**Wonogiri Regency, Central Java**	**Jembrana Regency, Bali**	**Surakarta, Central Java**
Nganjuk Regency's Regional Regulations No. 12/2011 on Public services retribution	Wonogiri Regent's Regulation No. 12/2012 on Breastfeeding	Regional Regulation No. 4/2016 on Non-smoking Areas	Regional Regulation no. 12/2014 on Prevention and Control over HIV/AIDS
East Java Province's Regional Regulations No. 1/2016 on Province Health System	Wonogiri Regent's Regulation No. 21/2009 on Dengue Fever Control	Regional Regulations No. 8/2013 on Waste Management	Mayor Regulation no. 4-A/2010, on Minimum Standard of Service in Health Sector in Surakarta city government
East Java Province's Regional Regulation No. 1/2016 on Health Efforts	Wonogiri Regent's Regulation No. 21/2010 about Non-smoking and Smoking Areas	Regional Regulation no 1/2008 on HIV & AIDS Eradication	Central Java Province's Regional Regulations no. 11/2013 about prevention and control of disease in Central Java
		Regional Regulations No. 6/2007 about Control and Monitoring on Alcoholic Beverages	Central Java Governor's Regulation no 20/2011 about regional action plan for the millennium development goals (MDG's) 2015.
		Jembrana Regent's Regulation No. 29/2012 about Minimum Health Service Standards.	

and the population in Nganjuk, Wonogiri and Jembrana Regencies. As the result, the health personnel are not evenly distributed to support the health development in the regions (Ahmadi, Handayani, & Karjoko, 2019).

The last but not least is the regulatory aspect. Nganjuk, Wonogiri, Surakarta and Jembrana do not have the Regional Regulations that specifically cover the health issues. It means that they have not fully supported the development of health because they do not have a systematic program to deal with health issues (Handayani, Seregig, Prasetyo, & Gunardi, 2017). They do not have any references to create a number of policies in health sector. Therefore, it is important that each all regional government have regional regulations on health issues as the guidelines for all stakeholders of health sector. As highlighted above, many areas in Indonesia have to face various challenges in health development, such as the financing, personnel and regulations. These problems become one of the reasons for a poor health development in the regions (Sudarwanto & Handayani, 2019b). According to, health development must be supported by many aspects, including the regulations and financing. This system serves as the guideline to deal with health issues in the regions. However, the absence of such regional regulations indicates the absence of a system as a guideline in the regions (Sudarwanto, 2020).

Article 2 Paragraph (2) of Presidential Regulation No. 72/2012 states that health development must be carried out in tiers, either at the central or in the regional government levels. It means that health development also the Regional Health System (SKD) to support the SKN. SKD will function as the guideline for all stakeholders, the private organizations, and the community to deal with the health problems in each region (Indrastuti & Kadir Jaelani, 2020). Principally, SKD is should be regulated through regional regulations. SKD should also cover about health financing, that comprises at least three areas: source, allocation and use of funding. First, it is a mandatory that each region must allocate at least 10% of the APBD, however it is certainly hard for regions that have low fiscal capacity (Indrastuti *et al*., 2019). JKN that belongs to central government program does not automatically release the responsibility to the local government. JKN even requires the local governments subsidize the poor if they cannot pay the shares. Therefore, health financing sources need to be regulated in the SKD (Baranyanan, Handayani, & Isharyanto, 2019).

Health financing sources may come from local governments, the private sectors, and the community. The deficit in JKN deficit indicates that not all elements, including the private sectors, have contributed to the health development. Consequently, the government must create certain programs to strengthen the role of

the private sectors (Sukmoro, Sulistiyono, & Karjoko, 2019). This can actually be accomplished through Corporate Social Responsibility (CSR) programs that help their employees to apply for the JKN. Secondly, related to APBD allocations to health sector, SKD must control the amount of health budget allocation as stipulated in Health Law. The budget allocation for health, when stipulated in the SKD, indicates the commitment of the regional governments to obey the Law. Third, SKD needs to control the procedure of health financing. It is important to realize that health financing must prioritize public services, including the access to health services for the poor, elderly and children. In addition, developing the infrastructure in the health sector such as hospitals, health centers and integrated service posts (*posyandu*) is also important (Sudarwanto & Handayani, 2019a).

Implementation of Regulation of the Health Sector in the Era of Broad Autonomy and Its Implications for Health Services in the District of North Konawe

In state organizations, the adoption of decentralization does not mean abandoning centralization, because the two principles are not dichotomous, but a continuum. Without centralization, decentralization in that direction is not possible. Since disintegration will be brought about by decentralization without centralization, regional autonomy essentially contains freedom and freedom of initiative, requiring guidance and supervision from the government not to turn into sovereignty. Provisions concerning the distribution of power are laid down in Regional Government Law No. 23 of 2014, which states that government affairs are broken down into absolute government affairs, concurrent government affairs, and general government affairs. Contemporary affairs are divided into two: mandatory government affairs relating to essential services, mandatory non-critical services-related government affairs, and optional government affairs. The enactment of Law No 36 of 2009 on health and Regional Government Law No 23 of 2014 affects the transfer of certain authorities from the central government to the provincial and district/urban areas, including the health sector. Article 167 of Law No 36 of the Year 2009 on Health states that Health Management is carried out by the Government, the Regional Government and the Community through the powers of Health Management, Health Information, Health Resources, Health Funding, City Participation and Empowerment, Health Science Knowledge and Technology, and Health Mathematics.

The duty of health management is followed by the requirement to allocate a minimum budget of 5 percent of the state revenue and expenditure budget except central government salaries and 10 percent of the federal revenue and expenditure budget excluding local district/city government salaries. Regency Southeast Sulawesi allocates Rp's 2016 health budget to Konawe Utara Provinsi. Of the total APBDs, 19,058,510,282 total Rp. From 407,097,501. 210 and 2017 allocate a budget for wellbeing of Rp. Of the total APBD, 18,928,836,340 total Rp. 783.166.309.250. 309.250. On the basis of the overall health budget for 2017 and 2018, the North Konawe Regency does not comply with the requirements of Article 171(2) of Law No 36 of the Year 2009 on Health, which mandates that at least 10% of the regional income and expenditure budget be allocated to the local district/city health sector outside of salaries.

There is no question that the reduction in the health expenditure and the non-fulfillment in the health sector of the minimum budget allocation would have a direct effect on the quality of services and health care in the community. The regional government, as the party to which responsibility is provided, must give serious attention and continuity to the provision of community services especially in the health sector. A Regent Regulation developed by the North Konawe District Government in the field of health, reviewing various data for the period from 2007 to 2017, the ambiguous legal umbrella in the form of a Regional Regulation seemed to explain what was claimed by Melinda Eka Yuniza in her dissertation, namely that the region did not have the capacity and willingness to regulate the health system. By comparison, Article 7 and 8 of Law No 12 of 2011 relating to the creation of legislation, Law No 23 of 2014 relating to regional government and Law No 6 of 2014 relating to villages provide the Regency / City Governments with an opportunity to devise and enact regional policies to provide community health security. With this legislation, the North Konawe Regency Regional Government has the ability to promote local safety-oriented and health-guaranteed structures in the region.

With the North Konawe Regent's Regulation (Perbub) No. 16 of 2017 on Technical Guidelines for the One Nurse and One Midwife Program in One Village in Konawe Utara Regency, health management is carried out in North Konawe, Southeast Sulawesi Province. This legislation is one of the legal bases for the introduction in the North Konawe Regency of health decentralization. The introduction of decentralization is

a big shift in the role of regions in the health sector. The regional government, which had previously only adopted the center's agenda, is now the policymaker. Another crucial change is that after local ministry agents in the regions have been abolished, regional offices and departmental offices are replaced by provincial offices in charge of regional governments. Authority reforms should provide regional governments with wide access to enhance the quality of health services in order to facilitate health decentralization.

As a strategic strategy to strengthen facilities and accelerate growth and community empowerment in North Konawe Regency, the Decree is for North Konawe Regency. This policy is expected to minimize inequalities between regencies in the province of Southeast Sulawesi and to provide opportunities for the citizens of North Konawe to engage as actors and development goals in their regions. Regent Regulation No. 16 of 2017 ensures that health services with the lowest burden - as low as - are obtained by any citizen of North Konawe. The government of North Konawe is obligated to set quality standards and provide people with health facilities to prevent and treat endemic diseases and diseases that threaten the survival of the population. The Konawe District Government is also preparing and implementing projects to enhance and improve population nutrition, life expectancy, and community agencies, non-governmental organizations and companies that meet the criteria are active in implementing them.

Health development policy through the North Konawe District Head Regulation (Perbub) Number 16 2017 aims to increase the scope and quality of health services through disease eradication programs, human immunodeficiency virus (HIV) prevention and prevention, enhancement of human capital in both medical and healthcare sectors, puskesmas services, hospital services, provisional Immunodeficiency Virus (HIV) services, Six topics are discussed in this policy: the establishment of public and private collaboration in the provision of health services and infrastructure, the advancement of public health, the rise in life expectancy to 70 years, and the recruitment and creation of medical and paramedical workers for professionals.

Review the legal basis, the evidence, and the facts in the sector. Health services in Konawe Utara Regency lack many items. First as regards the legal basis, the absence of legislation becomes the legal umbrella for health programs to be enforced. Secondly, the North Konawe District Government is inconsistent in the budgeting of health funds and does not even fulfill the 10 percent minimum budget. This suggests a lack of seriousness, specifically, health, in the handling of critical community services. The size of the health budget plays an important role in growing public health, according to Famer and Prichett, so three things must happen: public accounts spending on health must create efficient health care for the city. The overall number of health facilities accessed by the population must be altered by appropriate health services. And in maintaining wellbeing, new resources consumed by the organisation must be cost-effective. Third, population growth is not matched by a rise in facilities and resources for health care. In providing and enhancing the quality of health, the North Konawe local government should have improved on these issues. An important part of this case is the legal basis, since it will be the primary reference field. And the last, but not least, aspect is the political will of regional leaders themselves.

CONCLUSION

Based on the description that has been discussed before, it can be concluded that the aspect of health personnel, SKD functions to meet the needs of the society for health personnel. There are three important guidelines in SKD: the optimization of health personnel to meet the needs of the society; social protection when receiving the implementation of Health Efforts; and the quality improvement of Health Efforts provided by Health Personnel. Meanwhile in health regulation aspect, SKD functions as an umbrella act for all stakeholders, the private sector and the community in the development of health. According to, the absence of health regulation will harm the existence of health development. SKD controls the procedure of various health subsystems in the regions. As a component of regional health development, SKD has various sub-systems to empower the society, such as the health efforts, health research and development, health financing, health human resources, stock of pharmaceuticals, medical devices, and food, management, information, and health regulations.

RECOMMENDATION

The authors include suggestions based on the above findings, including:

1. It is hoped that the Regional Government will carry out the mandate of Article 171 of Law No

36 of the Year 2009 on Health with a budget allocation of at least 5% of the state revenue and expenditure budget except central government salaries and 10% of the regional revenue and expenditure budget excluding local, regency and municipal government compensation.

2. It is hoped that a draft regulation of the North Konawe Regency concerning the program of one nurse and one midwife in one village would be prepared immediately by the Regional Government of North Konawe Regency.

REFERENCES

Adillah, S. U., Handayani, I. G. A. K. R., & Sulitiyono, A. (2019). Juridical Study of Factors Causing Low Informal Worker Participation to Participate in Social Security Employment (Case Study in Central Java Province). *Advances in Social Science, Education and Humanities Research, Volume 358, 3rd International Conference on Globalization of Law and Local Wisdom (ICGLOW 2019)*. Atlantik Press. https://doi.org/10.2991/icglow-19.2019.72

Ahmadi, M. H., Handayani, I. G. A. K. R., & Karjoko, L. (2019). Problems in law of mortgage right law number 4 Tahun 1997. *International Journal of Advanced Science and Technology*, *28*(20), 321–324. https://doi.org/10.2991/icglow-19.2019.33

Baranyanan, S. D., Handayani, I. G. A. K. R., & Isharyanto. (2019). Political law of local government to resolve disputes adat law in Kei Island. *International Journal of Advanced Science and Technology*, *28*(20), 494–499.

Handayani, I. G. A. K. R., Seregig, I. K., Prasetyo, T., & Gunardi, A. (2017). The application of article 359 of the criminal code in the investigation of the death of post-operative patients. *Journal of Advanced Research in Law and Economics*, *8*(5), 1517–1525. https://doi.org/10.14505/jarle.v8.5(27).15

Harimurti, F., Jaelani, A. K., Maret, U. S., Islam, U., & Sunan, N. (2019). *Implications of Halal Tourism Sector to Optimize Regional Own Source Revenue of Tax and Tourism Charges*. *28*(15), 830–838.

Indrastuti, L., & Kadir Jaelani, A. (2020). Role of consern information in completion medical criminal acts in the police of the republic of Indonesia. *International Journal of Advanced Science and Technology*, *29*(4), 1767–1773.

Indrastuti, L., Jaelani, A. K., Riyadi, U. S., & Sriwijaya, U. (2019). *Decentralization of Health in the Era of Extensive*. *28*(15), 845–853.

Jaelani, A. K., Ayu, I. G., Rachmi, K., & Karjoko, L. (2020). *The Impact of Corona Virus on Supply Chain of Halal Tourism Management in West Nusa Tenggara*. *9*(5), 823–831.

Jaelani, A. K., Handayani, I. G. A. K. R., & Karjoko, L. (2020). Development of tourism based on geographic indication towards to welfare state. *International Journal of Advanced Science and Technology*, *29*(3 Special Issue), 1227–1234.

Jaelani, A. K., Rachmi Handayani, I. G. A. K., & Karjoko, L. (2019). Executability of the Constitutional Court Decision Regarding Grace Period in the Formulation of Legislation. *International Journal of Advanced Science and Technology*, *28*(15), 816–823.

Jatmiko, D. R., Hartiwiningsih, & Handayani, G. A. K. R. (2019). A political communication regulation model in local leaders election and legislative election for realizing a just political education. *International Journal of Advanced Science and Technology*, *28*(20), 349–352.

Karjoko, L., Winarno, D. W., Rosidah, Z. N., & Handayani, I. G. A. K. R. (2020). Spatial planning dysfunction in East Kalimantan to support green economy. *International Journal of Innovation, Creativity and Change*, *11*(8), 259–269.

Murdi, P. B., & Novianto, W. T. (2020). *Health Services in the National Health Guarantee*. *29*(4), 1531–1537.

Murdi, P. B., Supanto, & Novianto, W. T. (2019). Calculation method of state financial losses in the procurement of medical devices in Indonesia. *International Journal of Advanced Science and Technology*, *28*(15), 824–829.

Murdi, P. B., Supanto, & Novianto, W. T. (2020a). The application of the IPSA loquitur principle in the regulation of medical malpractice resolution. *International Journal of Innovation, Creativity and Change*, *12*(12), 756–764.

Murdi, P. B., Supanto, & Novianto, W. T. (2020b). The legal analysis of use online media towards doctor consultation in Indonesia. *International Journal of Advanced Science and Technology*, *29*(4), 1538–1542.

Prasetyo, B., Handayani, I. G. A. K. R., Sulistyono, A., & Karjoko, L. (2019). Legal framework for social security state civil apparatus. *International Journal of Advanced Science and Technology*, *28*(20), 310–313.

Sudarwanto, A. S. (2020). Issues and challenges of local government in industry standardisation in Indonesia. *International Journal of Innovation, Creativity and Change*, *12*(12), 775–788.

Sudarwanto, A. S., & Handayani, G. A. K. R. (2019a). The implementation of land provision for development for the public interest in Merauke land Papua Province. *International Journal of Advanced Science and Technology*, *28*(20), 269–275.

Sudarwanto, A. S., & Handayani, I. G. A. K. R. (2019b). Reconstruction of society endevoring through establishing the live environment cadre as an embrio of service suplying institution of the resolution of the live environment dispute out of the court. *International Journal of Advanced Science and Technology*, *28*(20), 560–567.

Sudarwanto, A. S., & Pujiyono. (2020). Responsibilities of banks to loss of customers using mobile banking. *International Journal of Advanced Science and Technology*, *29*(4), 1702–1706.

Sukmoro, E., Sulistiyono, A., & Karjoko, L. (2019). The politic of law of PT. Kereta api Indonesia (persero) track access charge policy based on justice. *International Journal of Advanced Science and Technology*, *28*(20), 353–361.

Received on 01-11-2020 Accepted on 09-12-2020 Published on 14-12-2020

DOI: https://doi.org/10.6000/1929-4409.2020.09.195