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Universal Health Coverage (UHC) in the Legal Regulations for Fulfilling Public Health in Indonesia

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Abstract. Health services are part of human rights and are bound by applicable legal rules. In an effort to implement these rights, the UN and WHO have initiated the universal health coverage (UHC) program. The UHC program must be implemented by considering the values and benefits to be achieved. This study was conducted to determine the extent of the internalization of legal norms in Universal Health Coverage (UHC) in Indonesia and who is involved in the process.

Keywords: Health, Society, Law.

1. BACKGROUND

Indonesia is one of 84 countries that have approved UHC and then made domestic laws to support UHC values. Indonesia is one of four countries in Southeast Asia that implement the UHC program along with Myanmar, Vietnam, and Thailand. Related to efforts to realize UHC, the Indonesian Government started the National Health Insurance (JKN/KIS) program since January 1, 2014. This program is held by BPJS Kesehatan in accordance with Law Number 40 of 2004 concerning the National Social Security System (SJSN). Until 2018, the JKN program became the largest single-payer in the world with 203 million participants (Agustina et al., 2019). This program started in 2014. As of September 2022, the number of participants in the JKN BPJS Kesehatan program has reached 275 million people. (BPJS Kesehatan, 2022)

Meanwhile, the Indonesian Government is accelerating the distribution of participants through Presidential Instruction Number 1 of 2022. The Presidential Instruction explains that the President of the Republic of Indonesia orders all Ministries and State Institutions to participate in accelerating the distribution of BPJS Kesehatan participants so that all Indonesians can be protected in the JKN/KIS program.

According to Presidential Instruction 1 of 2022, the process of accelerating the distribution of UHC participants in Indonesia is not only the task of BPJS Kesehatan, but also the responsibility of all Ministries/Institutions as well as the Provincial Government and Regency/City Government. The Presidential Instruction explains that the Governor must prepare and determine regulations and allocate funds to support the National Health Insurance program in his/her region. Then, the Regents/Mayors are asked to ensure that all residents in their region are registered as participants in the National Health Insurance program

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("Presidential Instruction Number 1 of 2022," 2022). This shows that the commitment to driving the UHC process is the responsibility not only of the Central Government, but also of the Provincial Government and Regency/City Government. Several studies have examined how UHC should be implemented in a country. In an article entitled Together Towards Universal Health Coverage, it is stated that every country must declare UHC as a political priority and ensure that the health insurance program is in accordance with the needs of the people in that country (World Health Organization, 2017). Meanwhile, an article entitled Universal Health Coverage: Measuring Indonesia's Achievements explains that with the introduction of the JKN program, there has been an increase in national health rates (Prakarsa, 2020).

2. METHOD

According to Peter Mahmud Marzuki, normative legal research is the process of finding legal rules, legal principles, and legal doctrines to answer existing legal problems. Based on this definition, the research in this thesis is normative legal research, because the researcher uses library materials as the main data to analyze cases, and does not conduct field research. This study uses library materials (secondary materials) or library legal research which is generally aimed at: research on legal principles, research on legal systematics, research on legal synchronization.

3. RESULTS AND DISCUSSION

Universal Health Coverage (UHC) is a new term in the international world. It began when UHC was proposed on December 12, 2012, when the UN General Assembly passed a resolution on foreign policy related to global health that encouraged member countries to achieve Universal Health Coverage faster. On that occasion, it was explained that UHC is a program that ensures that everyone can get quality health services without worrying about costs (UHC2030, 2022). The initiative also explained that UHC is an integral part of the priority plan of UN member countries to make the national health insurance system part of each country's health insurance system. The United Nations (UN) explained that there is no standard system related to the form of UHC implementation. Countries that are involved and ratify UHC are given the freedom to determine the best health insurance system in their region as long as they meet several aspects related to UHC. These aspects include quality, efficiency, equity, accountability, sustainability, and resilience (World Health Organization, 2016). Quality is defined as an important aspect of health services that must be provided to the community.

Efficiency is important in the implementation of health insurance systems in various countries. Countries are expected to optimize the structure of health insurance schemes according to the needs of the community. The meaning of the word Equity is equality enjoyed by all citizens without discrimination based on social, economic, demographic, and geographical factors.

The state can provide information and reasons related to decision-making and policies related to UHC. Sustainability and resilience mean that the state is encouraged to create a sustainable and long-term health system so that it can meet current and future needs (World Health Organization, 2016). To achieve UHC in Indonesia, the Indonesian Government in 2014 launched a program called the National Health Insurance (JKN). The JKN program initiated by the Indonesian Government appointed a public legal institution called the Social Security Administering Agency (BPJS) Health. Before BPJS Health and the JKN program, the Indonesian government had a health insurance scheme from the Ministry or state institutions. Health insurance has existed since 1949 for civil servants and their families. In 1968, BPDPK was formed for civil servants, retirees, and families. After BPDPK, health insurance in Indonesia changed to PERUM HUSADA BHAKTI (PHB) based on Government Regulation Number 22 and 23 of 1984 which serves civil servants, retired civil servants, Veterans and Independence Pioneers and all their family members (BPJS Health, 2020). PHB was changed to PT Askes (Persero) in 1992. PT Askes then also guaranteed BUMN employees and expanded membership to other segments. ASKESKIN is a program operated by PT. Askes (Persero) was established in 2004 with the aim of providing health protection for the underprivileged with a target of 34 million people (Kania Damayanti, 2008). Then in 2005, the local government began implementing a health insurance scheme called JAMKESDA at the district/city and provincial levels. This is in accordance with Law No. 32 of 2004 which states that local governments must create social and health insurance programs. Constitutional Court Decision Number 007/PUUIII/2005 gave permission to local governments to manage health insurance in each region (IBP Indonesia Core Team, 2012). The next program is JAMKESMAS which was introduced by the Ministry of Health of the Republic of Indonesia and replaced the ASKESKIN program. The target of the JAMKESMAS program is poor and near-poor people who do not have other health insurance. The estimated number of participants in this program is 76.4 million people (IBP Indonesia Core Team, 2012). The next program is called ASKESOS, aimed at informal workers who are considered poor and aged 18 to 55 years. This program is managed by the Ministry of Social Affairs of the Republic of Indonesia. After the JKN Program was launched, all participants in the previous scheme became BPJS Kesehatan participants with several participant classifications. Parts of BPJS Kesehatan include

independent participants, participants receiving contribution assistance, wage workers, and non-worker segments. Independent workers are people who register themselves and their families as participants. They pay according to the class chosen. Wage workers are workers registered by employers in Indonesia. Meanwhile, participants who receive contribution assistance are Indonesian people who are believed to be underprivileged and disadvantaged people who are recorded and supported by both the APBN or APBD. People who are not workers are participants who are not included in the participant groups previously explained (Presidential Regulation 82 of 2018, 2018). From each section, there are differences in contribution payments and classes received by the community. The segment of participants who receive contribution assistance can obtain class 3 health services without paying contributions because they have been registered by the central government and local governments. Then, for the worker contribution segment, based on the worker's salary deduction scheme of 1% and 4% of the worker's salary paid by the employer. In the worker section, there are several participants such as private workers, TNI, Polri, and PNS. For independent participants and non-workers, contributions are based on the selected inpatient class (International Labor Organization, 2021).

To accelerate UHC in Indonesia, President Joko Widodo has issued Presidential Instruction Number 1 of 2022 which stipulates steps to improve the implementation of the JKN program. The Presidential Instruction provides instructions to the highest government leaders in Indonesia, Ministries, and Institutions in Indonesia to support the JKN program. This shows that the Government is committed to improving the implementation of UHC in Indonesia.

The acceptance of the UHC norm by the majority of countries in the world based on research results shows that the UHC norm has entered the second phase, namely the cascade norm where the actors involved are countries and international organizations. At this stage, a norm is considered reasonable and good so that it will encourage other actors to join in implementing the norm (Finnemore & Sikkink, 1998). Furthermore, in the presentation of the results it is also explained that the UHC norm has entered the third or final stage, namely internal ization. This can be seen from the issuance of legal products that are deliberately made to support the implementation of rules in society in a country. Legal products help the state in spreading norms. In the final stages of internalizing norms, the state uses legal products and bureaucracy. The concept of norm localization according to Amitav Acharya shows that the implementation of UHC norms in Indonesia was successful with the involvement of BPJS Kesehatan. Amitav Acharya explained that in the concept of local norms, local actors such as state institutions, local governments, NGOs, and international organizations in a region can

carry out the process of spreading norms (Acharya, 2004). The process of adjusting norms in Indonesia has occurred with the creation of new legal products, such as Presidential Instruction 1 of 2022. This legal product has been expanded to the regions, so that a local framework is created that is in accordance with the wishes of norm entrepreneurs and the community. Policies issued by the central government and local governments to support the JKN program will affect people who are not yet registered in the JKN program. On the other hand, this policy shows that global standards on UHC have been adopted in Indonesia.

4. CONCLUSION

Universal Health Coverage (UHC) is part of the global standard recognized by various countries. The dissemination of norms regarding UHC has reached the final stage, where the norm is considered good and supported by almost all countries in the world. The final stage of the norm is also marked by the commitment of countries to accelerate UHC through legal products and regulations that apply in their respective countries. In Indonesia, the process of disseminating norms has also reached the final stage with the issuance of various legal products by the Indonesian Government to implement the UHC norm. The Indonesian Government includes the UHC norm into BPJS Kesehatan to internalize the norm locally and ensure that the localization process of the norm runs smoothly. Regarding suggestions for further research, this study is expected to be a basis for developing future research using more complete data and information in accordance with the development of the JKN program in the community.

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