

CHALLENGES AND CHANGES CONCERNING NATIONAL HEALTH DEVELOPMENT IN INDONESIA: LEGAL PERSPECTIVES, SERVICE ACCESS, AND INFECTIOUS DISEASE MANAGEMENT

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Abstract -. *This research examines the challenges and changes in national health development in Indonesia from the perspectives of law, service access, and infectious disease management. The literature study method was used to collect and analyze information from various secondary sources such as journal articles, books, and official reports. The research findings show that Indonesia faces significant disparities in health status between regions and socio-economic groups. In addition, the double burden of communicable and non-communicable diseases is a major challenge that requires a balanced promotive, preventive and curative approach. The varying quality of health services, weak consumer protection in the field of drugs and food, and low public awareness of healthy lifestyles are also major problems. To address gaps in access to health and nutrition services, comprehensive interventions are needed including increasing health insurance coverage and developing community-based health services. Finally, meeting the adequate number and distribution of health workers requires better planning of needs and incentives. This research provides important insights for policymakers in formulating more effective and inclusive health development strategies in Indonesia.*

Keywords: *National Health Development, Health Disparities, Infectious Diseases, Access to Health Services, Health Regulation.*

INTRODUCTION

Health is a sector that has a significant impact on the level of welfare and quality of life of the community, especially in the face of disease. Therefore, public health development is the responsibility of the government in accordance with the mandate of the constitution. Currently, national health development in Indonesia faces various challenges and significant changes. Health development is essentially an important effort in improving the quality of people's welfare and dealing with disease. This is the government's obligation in accordance with the mandate of the constitution. National health development is faced with the problems of health status disparities, double burden of disease, quality, equitable distribution of affordability of health services, public protection in the field of drugs and food, clean and healthy living behavior, increasing population access to health and nutrition services, as well as fulfilling the number and distribution of health workers.

Another encouraging development is the increasing number of health facilities participating in the JKN program. Data from BPJS Health until October 2016, the number of health facilities that have collaborated with BPJS health to serve JKN participants amounted to 25,828 health facilities. This indicates an increase in public access to health services.

In the legal context, it is necessary to anticipate or stipulate special legislation related to the handling of infectious diseases, as happened in the COVID-19 pandemic. This kind of event may occur with the emergence of new diseases whose epidemiology and pathophysiology and natural history are not yet known (Riyanto et al., 2023). By itself, its surveillance and health workers require cross-sectoral cooperation in order to counteract the wide spread of the outbreak and prevent greater casualties (Issalillah, 2021). In this case, the legal aspect requires anticipation and the establishment of specific legislation related to the handling of infectious diseases, as happened in the COVID-19 pandemic. Events like this often occur when a new disease emerges with unknown epidemiological characteristics, pathophysiology, and natural history. Therefore, cross-sectoral cooperation between surveillance and health workers is very important in an effort to stop the spread of the outbreak and prevent wider impacts.

An increase in the number of patients or deaths from infectious diseases in an area can cause a stir in the community (Juliarto et al., 2023). This kind of event is often referred to as an extraordinary event and can cause an outbreak that infects the community in a short time. This outbreak has an impact on social and economic aspects, such as loss of productivity, the need for treatment for sufferers, as well as panic and a decline in the country's economy due to the large number of deaths. Changes in regulatory aspects also occur, such as the emergence of health emergency laws, regional autonomy laws, social safety net laws, and so on.

In preventing the spread of the outbreak, it is necessary to take an example from the phenomenon of COVID-19 patients under surveillance (PDP) forced by family members (Khayru, 2021). There are many cases where the bodies of patients under surveillance tested positive for COVID-19 after swab tests were conducted. However, the family did not comply with health protocols in the funeral. The police take these reckless acts seriously as they endanger the safety of

others. Some perpetrators are charged with Article 214 of the Criminal Code jo. Article 335 of the Criminal Code jo. Article 336 of the Criminal Code jo. Article 93 of the Criminal Code (Law No.6/2018) in an effort to enforce the law. The problem with Article 152 of the Health Law is the absence of sufficiently strict sanctions. This can reduce the effectiveness of efforts to prevent and eradicate disease outbreaks due to a lack of coercive power. Therefore, to strengthen the policy, it is necessary to have criminal sanctions as stated in Article 351 Paragraph 4 of the Criminal Code which threatens with imprisonment or fines for perpetrators who are equated with intentionally damaging the health of others.

Thus, the formulation of this study is how are the main challenges faced in national health development in Indonesia today, especially related to disparities in health status, the double burden of disease, the quality of health services, public protection in the field of drugs and food, healthy living behavior, increasing access to health and nutrition services, and fulfilling the number and distribution of health workers?

RESEARCH METHODS

This research was conducted to understand the challenges and changes in national health development in Indonesia from various perspectives, namely law, service access, and infectious disease management. Given the complexity and breadth of this issue, the literature study method was chosen to obtain a comprehensive and in-depth overview based on existing scientific sources. Literature review is a method that allows researchers to collect, analyze, and interpret information from various relevant secondary sources. In this study, the sources used include journal articles, books, official reports from government agencies, as well as statistical data published by relevant institutions.

Data collection and organization was done by organizing the selected literature based on the main themes that emerged, such as disparities in health status, double burden of disease, quality of health services, consumer protection in the field of drugs and food, promotion of healthy living behavior, improving access to health and nutrition services, and fulfilling the number and distribution of health workers.

Data analysis was conducted by sorting and bringing out the information obtained with a descriptive and comparative approach. In addition, the findings were organized based on key themes to provide an overall picture of the national health situation in Indonesia. Next was synthesizing the findings from various sources to provide a comprehensive explanation of the challenges and changes in national health development. Finally, the data were interpreted to highlight policy implications and provide relevant recommendations for the improvement of the health system in Indonesia. The literature study method in this research enabled the researcher to gain broad and deep insights into the challenges and changes in national health development in Indonesia. The results of this study are expected to make a significant contribution to the development of more effective and inclusive health policies.

RESULTS AND DISCUSSIONS

Indonesia as a developing country is currently facing various complex challenges in building an effective and equitable national health system. Some of the key issues of concern are disparities in health status, double burden of disease, quality of health services, consumer protection in the field of drugs and food, promotion of healthy behaviors, increasing access to health and nutrition services, and meeting the number and distribution of health workers. Understanding and addressing these challenges is key to realizing a resilient and quality health system for all Indonesians.

Health Status Disparities

Health status disparities are significant differences in health quality between regions, socioeconomic levels, regions, and urban-rural areas. Health status disparity in Indonesia is a complex issue that involves differences in health conditions between different regions, socio-economic strata, and community groups. This issue is reflected in various indicators such as life expectancy, maternal and infant mortality rates, and the prevalence of communicable and non-communicable diseases. The causes include unequal access to health services, economic disparities, as well as cultural and behavioral diversity. Addressing these disparities requires comprehensive and coordinated interventions, including increased budget allocations and equitable distribution of health resources. Although the government has made several efforts to improve accessibility, there are still many people who find it difficult to access health services, especially in remote and hard-to-reach areas. The transformation of the health system is expected to provide better accessibility to the community. In this case, the government needs to conduct a comprehensive evaluation of existing health policies, improve the accessibility and quality of health services in marginalized areas, and promote inclusive and sustainable public health programs (Khayru & Issalillah, 2022; Wuryani et al., 2023). It is also important to strengthen public education and awareness of the importance of healthy lifestyles and improve health literacy to reduce disparities in access and utilization of health services (Khayru et al., 2021). Thus, these disparities are an important concern in efforts to improve the quality of public health and reduce health disparities between regions as the availability and quality of health resources, such as health workers and infrastructure, are still a challenge in some areas. To overcome DSK, cooperation between the local government and the central government is needed, as well as the fulfillment of adequate human resources and financial resources.

Double Burden of Disease

Indonesia is currently facing a double burden of disease, a combination of infectious disease and non-communicable disease. On the one hand, Indonesia is still battling infectious diseases such as tuberculosis, HIV/AIDS, and other infectious diseases. On the other hand, the prevalence of non-communicable diseases such as diabetes, hypertension and cancer is increasing. This demands an increase in the capacity of the health system to deal with a broad spectrum of diseases, as well as a balanced application of promotive, preventive and curative approaches.

There are infectious diseases that are still endemic in Indonesia such as tuberculosis, HIV/AIDS, malaria, dengue fever, pneumonia. Tuberculosis (TB) is a disease that is still one of the leading causes of death in Indonesia, especially in areas with high poverty rates. HIV/AIDS is a disease that is still widespread and requires strong efforts to overcome. Malaria is a disease that is still endemic in some areas, especially in rural areas. Dengue fever (DHF) is a disease that is still a threat in some areas, especially in urban areas. Pneumonia is still one of the leading causes of death in Indonesia, especially in areas with high poverty rates.

There are increasing non-communicable diseases in Indonesia such as diabetes, hypertension, cancer, heart disease, kidney failure. Diabetes is a disease that is increasing due to changes in lifestyle and an unbalanced diet. Hypertension is a disease that is increasing due to changes in lifestyle and unbalanced diet. Cancer is a disease that is increasing due to changes in lifestyle and an unbalanced diet. Heart Disease is a disease that is increasing due to changes in lifestyle and an unbalanced diet. Kidney Failure is a disease that is increasing due to changes in lifestyle and an unbalanced diet.

To address the double burden of disease, Indonesia needs to increase the capacity of the health system to deal with a broad spectrum of diseases. The government also needs to apply promotive, preventive and curative approaches in a balanced manner. In addition, other efforts that can be made include:

- a. Harm Reduction: Methods that can help reduce the risk of non-communicable diseases by reducing the consumption of alcohol and harmful drugs.
- b. Risk Reduction: Efforts that can help reduce the risk of non-communicable diseases by reducing consumption of unbalanced diets and increasing physical activity.
- c. Health Education: Better health education can help Indonesians better understand the importance of a balanced lifestyle and reduce the risk of non-communicable diseases.

Thus, Indonesia can overcome the double burden of disease by increasing the capacity of the health system and implementing a balanced promotive, preventive and curative approach.

Quality of Health Services

The quality of health services in Indonesia still varies, both in terms of availability, accessibility, and quality of service. Problems that are often encountered include a lack of health facilities, uneven distribution of health workers, unoptimal competence of health workers, and inefficient service management. Efforts to improve the quality of health services need to involve improving infrastructure, developing human resource competencies, strengthening governance, and innovation in service delivery (Issalillah & Khayru, 2023).

Lack of health facilities is one of the most significant problems in improving the quality of health services in Indonesia (Subiakso et al., 2023; Tampil et al., 2023). Some areas still face a shortage of health facilities, such as limited hospitals in some remote areas. In addition, some areas still have limited doctors, especially in remote areas, and limited medical equipment, such as medical devices and diagnostic equipment. The uneven distribution of health workers is another significant problem in improving the quality of health services in Indonesia. Some regions still face a shortage of health workers, especially in remote areas.

To improve the quality of health services in Indonesia, several efforts need to be made, such as improving health infrastructure, such as hospitals and other health facilities, to improve the quality of health services and developing the competence of human resources, such as health workers, to improve the quality of health services. In addition, strengthening governance, such as efficient service management, needs to be done to improve the quality of health services and innovation in service provision, such as the use of information and communication technology, needs to be done to improve the quality of health services.

Thus, efforts to improve the quality of health services in Indonesia need to involve infrastructure improvements, human resource competency development, governance strengthening, and innovation in service delivery. This can help increase Indonesians' access to quality healthcare and improve their quality of life.

Consumer Protection in the Food and Drug Sector

The issue of consumer protection in the field of drugs and food is a challenge for Indonesia. It is still found that the circulation of drugs and food that are unsafe, counterfeit, and do not meet safety standards. This can endanger public health (Djazilan & Darmawan, 2023). Efforts to strengthen regulation, supervision and law enforcement in this area need to be carried out comprehensively, involving various stakeholders.

The circulation of unsafe, counterfeit and food that does not meet safety standards is a significant problem in consumer protection in Indonesia (Prasetyo et al., 2023). Some examples of unsafe circulation include counterfeit drugs,

unhygienic food and the use of hazardous materials. Drugs that do not meet safety and quality standards, such as drugs that are not registered or do not have a distribution license. Food that does not meet safety and hygiene standards, such as food that is not properly stored or does not have a distribution permit. The use of hazardous materials in medicine and food products, such as the use of hazardous chemicals in medicines.

The circulation of unsafe drugs and food can endanger public health. Some of the impacts that can occur include morbidity and mortality and drug dependence. To address the circulation of unsafe drugs and food, the Indonesian government needs to make several efforts, including:

- a. Strengthening regulations in the field of drugs and food is necessary to ensure that these products meet safety and quality standards.
- b. Supervision of drug and food circulation needs to be carried out intensively to stop unsafe circulation.
- c. Law enforcement against the circulation of unsafe drugs and food needs to be carried out strictly to stop unsafe circulation.
- d. Supervision of drug and food production facilities needs to be carried out to ensure that they meet safety and quality standards.

Thus, consumer protection efforts in the field of drugs and food need to be carried out comprehensively, involving various stakeholders, such as the government, industry and the community. This can help improve consumer protection and reduce the circulation of unsafe drugs and food.

Promotion of Healthy Living Behavior

Changing people's behavior towards a healthy lifestyle is a complex challenge. There is still low public awareness of healthy lifestyles, such as lack of physical activity, unbalanced food consumption, and high smoking and alcohol consumption habits. Health promotion efforts that are effective, innovative, and involve various sectors are key to encouraging people to adopt healthy behaviors (Issalillah & Aisyah, 2022).

Low public awareness of healthy lifestyles is a significant problem in improving public health. Some examples of low public awareness include lack of physical activity, unbalanced food consumption, and high smoking and alcohol consumption habits.

Challenges in increasing public awareness of healthy lifestyles are limited resources, such as limited sports facilities and limited access to a balanced diet. In addition, information limitations, such as limited access to information about the importance of a healthy lifestyle; and communication limitations, such as limited access to effective communication to increase public awareness.

To increase public awareness of healthy lifestyles, several effective, innovative, and multi-sectoral health promotion efforts need to be carried out, among others:

- a. Development of effective and innovative health promotion programs, such as technology-based health promotion programs.
- b. Development of sports facilities that are balanced and available in various regions.
- c. Development of a balanced diet that is available in various regions.
- d. Development of effective and innovative education programs, such as technology-based education programs.

Thus, health promotion efforts that are effective, innovative, and involve various sectors are key to encouraging people to adopt healthy behaviors. This can help increase public awareness of the importance of a healthy lifestyle and reduce the risk of diseases caused by unhealthy lifestyles.

Improved Access to Health and Nutrition Services

Despite efforts to improve access to health and nutrition services, disparities still exist, especially in remote and underdeveloped areas. Fundamental to this is distribution (Darmawan, 2024). Problems often include long distances to health facilities, limited infrastructure, and low economic capacity. Comprehensive interventions are needed, including the development of community-based health services, increased health insurance coverage, and community nutrition strengthening programs (Tamaka et al., 2023).

Disparities in access to health services are a significant problem in improving public health. Some examples of health service access gaps are that people in remote and underdeveloped areas still have to walk long distances to reach health facilities. There are also infrastructure limitations, such as damaged and unavailable roads, making access to health facilities difficult. In addition, people's low economic capabilities make them unable to pay for expensive health services. To address the disparity in access to health services, several efforts need to be made, including:

- a. Infrastructure development, such as damaged and unavailable roads, to facilitate access to health facilities.
- b. Development of community-based health services that can help communities in remote and disadvantaged areas.
- c. Increased health insurance coverage that can help communities in remote and disadvantaged areas to have access to better health services.

Thus, comprehensive efforts are needed to address gaps in access to health and nutrition services, and improve the health of communities in remote and disadvantaged areas.

Fulfillment of the Number and Distribution of Health Workers

The availability and distribution of adequate health workers is a crucial challenge for Indonesia. There is a significant gap between the number and distribution of health workers in urban and rural areas, as well as between the western and eastern regions of Indonesia. These issues impact the accessibility and quality of health services for the community. Efforts to address this challenge include improving the number, quality, and distribution of health workers through adequate demand planning, education, and incentives and retention. The availability and distribution of adequate health workers is a significant issue in improving the quality of health services in Indonesia. The disparities in health status in Indonesia can be seen in several examples of gaps, including: a. The imbalance in the number of health workers between urban and rural areas makes access to healthcare services difficult for rural communities. b. The distribution of health workers in the western region is better compared to the eastern region, resulting in limited access to healthcare services for people in the eastern region. c. The quality of health workers in urban areas is better compared to rural areas, leading to limited access to quality healthcare services for rural communities.

The impact of inadequate availability and distribution of health workers is limited access to healthcare services for people in rural and eastern areas, resulting in increased vulnerability to illness and death. In urban areas, where the quality of health services is higher, people in rural areas face challenges in accessing quality healthcare services. This disparity in access to healthcare can also contribute to higher infant and under-five mortality rates in rural and eastern regions. Efforts to address these challenges include increasing the number of health workers through demand planning and education, improving their quality through incentives and retention strategies, and better distribution through demand planning and education. These measures aim to develop more effective and equitable health services. Thus, comprehensive efforts are needed to address the challenges of health workforce availability and distribution, as well as to improve the quality of health services in Indonesia.

CONCLUSIONS

This review highlights the challenges and changes in national health development in Indonesia. Disparities in health status between regions and socio-economic groups indicate inequities in access to and quality of health services. The double burden of diseases, both communicable and non-communicable, requires serious attention with a comprehensive approach. The variable quality of health services and weak consumer protection in the field of drugs and food indicate the need for improved regulation and supervision. Low public awareness of healthy lifestyles requires more innovative health promotion efforts involving various sectors. Disparities in access to health and nutrition services in remote and underdeveloped areas call for comprehensive interventions, including increased health insurance coverage and the development of community-based services. Finally, the availability and distribution of adequate health workers requires adequate needs planning, education, and incentives and retention.

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