
The Principles of Good Governance in Health Services: Indonesian Perspective

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Abstract

This study provides an overview of the principles of good governance in health services in Indonesia. This needs to be known considering that health services are a constitutional right for citizens and their services must be carried out as well as possible. Providing health services is a state obligation and getting good and guaranteed health services are the right of citizens. This research is normative-legal research using statute, comparative and conceptual approaches. The results show the principles of good governance in health services that are reflected in the principles of participation, the principles of openness and transparency, the principles of effectiveness and efficiency, and the principles of accountability. Providing health services and covering all health insurance costs for the poor and underprivileged will automatically unconditionally be the responsibility of the government following the mandate of the constitution.

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1. Introduction

The responsibility of the state to its people, especially in the field of health care, is enshrined in the Constitution contained in the fourth paragraph of the preamble to the Constitution of 1945¹. As one of the goals of the state, namely, the mandate of Article 43 (1) of the Constitution of Indonesia 1945 (hereinafter the Constitution of

¹ The Meaning and Objectives of the Preamble of the 1945 Constitution. Retrieved from www.pusakaindonesia.org. (Accessed on 12 May 2020)

the Republic of Indonesia of 1945) explicitly states that "the state takes care of poor and abandoned children and provides appropriate public services".

The health system problem since the last few years has attracted a lot of attention, not only within the world of health (medicine) but also outside the health sector (medicine), not only at home but also abroad. In the health care system, there are 3 (three) groups of people who are at least involved, namely the human group that provides medical services (health care providers, such as doctors, nurses, and other medical staff), in second is the group of recipients of health services (health consumers) and, third, those who are indirectly involved, for example, administrators (both between companies and government, in this case, the state). Other groups intervene indirectly, namely the general public or the relatives of patients, often very decisive in the health system.

The right to health services is earned since the human being is still in the womb. This right is part of the basic human rights known as human rights. Although this basic right has been recognized by various religions and has followed the development of the world, literature records the name John Locke (1690) as the originator fourth paragraph of the Preamble to the 1945 Constitution states very clearly that: "The state protects the entire state of Indonesia and all bloodshed in Indonesia," protection, which is no exception, is a matter of ensuring the rights of the sector. In 1960, the right to health was recognized only by Indonesian law. Article 1 of Law No. 9 of 1960 states: "Every citizen has the right to the highest attainable standard of health and must participate in the efforts of the government. This provision is updated in Article 4 of Law No. 23 of 1992, which states that "everyone has the same right to optimal health". As contained in Law No. 36 of 2009 (hereinafter referred to as the Medical Law), Section 5 (1) of the Medical Law states: "Everyone has the same right of access to or resources in the field of medicine. Health "Paragraph (2) states:" Everyone has the right to safe, quality and affordable medical services. Instead, everyone is also required to participate in a social health insurance program.²

² Siliwadi, D. N., & Bakhtiar, H. S. (2017). Implementation of the National Health Insurance Scheme in the Public Health Center in Palopo City in Indonesia. *Journal of Health, Medicine and Nursing*, Vol. 34: 52-59

In addition, Article 4 (g) of Law No. 8 of 1999 (hereinafter referred to as the Consumer Protection Law) states that: "Consumers have the right to be treated or served in an appropriate and honest and non-discriminatory manner". What is regulated in art. 4, paragraph g, of the medical law, becomes the obligation of businessmen/service providers, as regulated in art. 7, letter c, of the medical law, which: "The entrepreneur/service provider should treat or serve consumers appropriately and honestly, in a non-discriminatory manner". Likewise, Article 44 of Law No. 29 of 2004 (hereinafter referred to as the Medical Practice Law), stipulates that: "In exercise of medical practice, the doctor or dentist is obliged to follow rules of medical or dental services. Article 52 (c) of the Medical Practice Law, stipulates that: "patients, when receiving services in medical practice, are entitled to receive services according to medical needs".

Thus, all professions involved in the health sector are obliged to re-explore the foundations of the Indonesian state philosophy regarding the basic values adopted, including in health services, so that they can be translated consistently from the central level to the regional level. These basic values which are stated in the laws and regulations need to specify rights, obligations, and responsibilities. For health care, the UN Declaration of Human Rights and health legislation can be used as a reference document in this way:³

1. Rights:

- a) Everyone has the right to ensure a good standard of living, including health care, and to ensure safety in times of distress (1948 United Nations Declaration of Human Rights).
- b) Everyone has the same right to gain access or resources in the healthcare sector, including the right to secure, quality, and affordable healthcare services. (Article 5 (1) and (2) Law No. 36 of 2009, hereinafter referred to as the Health Law).

2. Responsibilities:

The government is responsible for improving the degree of public health (Article 9 Health Law).

³ Soedarmono Soejitno, *et. all.* (2002). *Reformasi Perumahaskitan Indonesia*. Jakarta: Grasindo. p.21

The existence of a free health program as a form of government support for the needs of the underprivileged in the health sector, as well as the government's response to the mandate of the Constitution, Health Law, and other regulations in the health sector. The free health service program is a positive solution for underprivileged people who expect a safe, quality, and affordable health service system. So that the various complex problems faced by the community so far, especially in the health sector, such as the high price of drugs, as well as the inaccessibility of hospital treatment costs, and the inability of the community to go to doctors because the costs are quite expensive, it is hoped that the free health service program can solve various problems that have been faced by the poor. This hope turns out that not all of them can match the reality, many problems are still felt and faced by the underprivileged in their efforts to obtain rights and services for free health programs.

Law No. 40 of 2004 (hereinafter referred to as the National Social Security System Law) aims to meet the expectations of all people, namely to provide security for social protection and the well-being of all people, following article 3 of the Law on the National Social Security Regime, namely: The National Social Security Regime aims to fully meet the basic needs of a dignified life for every participant and/or members of their families.

The National Social Security System as a government program aimed at ensuring security for the protection of human rights and social security for all people, as stipulated in paragraph (1) of Article 28H, paragraph (2) and paragraph (3) and paragraph of Article 34 (1) and paragraph (2) of the 1945 Constitution of the Republic of Indonesia. In addition, by Decree No. X / MPR / 2001 of the People's Consultative Assembly, the President is appointed to create a national social security system to provide more comprehensive and comprehensive social protection to society.

Following the constitutional mandate, Law No. 24 of 2011 was adopted (hereinafter referred to as the Law on Social Security Administration Bodies). This law regulates the body that will administer social security under the law on the national social security system. This law requires the transformation of the governing body of the existing administrative body into the Health Social Security Administration (BPJS

Kesehatan) and the Labor Social Security Administration (BPJS Ketenagakerjaan). BPJS Kesehatan will launch on January 1, 2014, and BPJS Ketenagakerjaan on July 1, 2015. BPJS Kesehatan will provide health insurance while BPJS Ketenagakerjaan offers work accident insurance, retirement insurance, retirement insurance, and death insurance.⁴

The Minister of Health, through the Head of the Ministry of Health's Health Financing and Insurance Center, Donald Pardede, emphasized that the National Health Insurance (JKN) is not a free health service program. "JKN is a health insurance program that guarantees equality and justice as well as community independence. Donald said, everyone has a risk of falling ill, and the costs can be very high. Therefore, JKN protects Indonesian citizens so that they do not experience social shocks, which may push them to the brink of poverty when sick. For poor people who cannot afford it, the contribution will be borne by the government. This group is called the Contribution Aid Recipients (PBI) which currently numbers 86.4 million people. Beneficiaries are entitled to health services in all Health Service places that collaborate with BPJS Kesehatan, including inpatient class III rooms in advanced health facilities or hospitals in collaboration with BPJS Kesehatan.⁵

During the Covid 19 pandemic, the government must be careful and effective in taking the necessary policies such as establishing government services for the Covid 19 pandemic. Therefore, every policy must be studied in depth to lead to good policies during this pandemic. This is because in upholding the principles of good governance, the government itself must meet the criteria of being effective and efficient, namely efficient and effective. For the government to function effectively and efficiently, government officials must also have the full capacity to develop plans that are in line

⁴ Ahmad Nizar Shihab, (2012). Hadirnya Negara Di Tengah Rakyatnya Pasca Lahirnya Undang-Undang Nomor 24 Tahun 2011 Tentang Badan Penyelenggara Jaminan Sosial, *Jurnal Legislasi Indonesia*, Volume 9 Nomor 2, p. 177

⁵ Sinar Harapan. *JKN Memang Bukan Pelayanan Kesehatan Gratis*. Retrieved from <http://sinarharapan.co/news/read/33048/jkn-memang-bukan-pelayanan-kesehatan-gratis>, (Accessed on 26 February 2020)

with the needs of the community and are designed to be as rational and sizeable as possible.⁶

Better governance, more complex issues will be fixed, especially during this pandemic. Therefore, the principles of good governance can be realized by creating good conditions and synergies between the government, private sector, and civil society in the management of natural, economic, social, and environmental resources. The principle of good governance is used as a reference in the process and structure of good political and socio-economic relations. Because this concept refers to the achievement of a decision and its implementation, which can be accounted for collectively. The state is fully involved in providing good services for the welfare of the people with a good legal system and a government system that is accountable to the public.⁷

In many low-and middle-income countries, there is a dramatic scatter in market relations in the health sector, with a large proportion of health spending and direct payment transactions attributable to them. Most countries have developed pluralistic health systems with a wide range of providers of health-related goods and services, although many governments continue to focus on the public sector.⁸ Many studies conclude that quality of health is better in high-income countries, as higher-income gives greater control over many health-promoting goods and services. Health outcomes can be influenced not only by income levels but also by income distribution. Poverty and inequality negatively affect health by limiting access to healthy and nutritious food. Franco and Rogers found that the level of inequality and poverty in a country is an important determinant of their relative health status.⁹ However, Osler found no link between income inequality and health after income adjustment.¹⁰

⁶ Suhartoyo, S. (2020). Governance Services Against Pandemic Covid 19 as a Form of Good Governance. *Administrative Law and Governance Journal*, 3(4), 708-718.

⁷ *Ibid.*

⁸ Siddiqi, S., Masud, T. I., Nishtar, S., Peters, D. H., Sabri, B., Bile, K. M., & Jama, M. A. (2009). Framework for assessing governance of the health system in developing countries: gateway to good governance. *Health policy*, 90(1), 13-25.

⁹ Franco, Á., Álvarez-Dardet, C., & Ruiz, M. T. (2004). Effect of democracy on health: an ecological study. *Bmj*, 329 (7480), 1421-1423.

¹⁰ Klomp, J., & De Haan, J. (2008). Effects of governance on health: A cross-national analysis of 101 countries. *Kyklos*, 61(4), 599-614.

2. Problem Statement

Therefore, based on the previous description, this article will discuss the principles of good governance in public health services. This study provides an overview of the principles of good governance in health services in Indonesia. This needs to be known considering that health services are a constitutional right for citizens and their services must be carried out as well as possible.

3. Methods

This article uses a normative juridical review¹¹, namely by focusing its study by viewing law as a complete system, a set of legal principles and legal norms. Research is carried out by abstracting concepts, principles, doctrines, theories, legal norms, and legal rules (written or unwritten)¹² in addition to values, principles, norms, and rules that will be described with state responsibility in a just free health service.

4. Discussion

4.1. Good Governance in Health Services

Public services in the health sector are the functions of government to realize and ensure fundamental rights, which are understood by all components of society as the right to a dignified life and the rights recognized by laws and regulations. In its role as a provider of public services, the state must perform its services professionally, not just administering them, but requiring them to be based on the principles of good governance. The most important issue in the process of realizing fundamental human rights is the issue of the right of access to the needs of public services. Access to fundamental rights for such people must be adapted to development. Without meeting basic needs, participation based on independence and equality can hardly be expected. According to the provisions of Article 1 of Law No. 25 of 2009, this is an activity or a set of measures aimed at meeting the need for the provision of services by-laws and regulations for each citizen and resident of goods, services, and/or administrative services provided by publicly available service providers, in this case, the government that manages the services must be based on laws and pay attention

¹¹ Soerjono Soekanto, (1986). *Pengantar Penelitian Hukum*, Jakarta: UI Press, p.10

¹² Achmad Ali, (2002), *Menguak Tabir Hukum (Suatu Kajian Filosofis dan Sosiologis)*, Jakarta: Tokoh Gunung Agung, p. 319

to the principles of good governance and must be prepared to accept the consequences of what is implemented through the application of administrative law.

Implementing good governance only for free health services mentioned in this study represents the implementation of good governance principles in the health sector through free public health programs that meet equity requirements. The new concept, which became the Health Program of the Indonesian Ministry of Health, has evolved into a major program in Indonesia called Participant Sponsors (PBI) to replace the term "free health care". Correction of program documentation.¹³ According to the Director of the Health Service of the Republic of Indonesia, the term "free health" is a political term used in political processes such as the Regional State Electoral Authority (PILKADA). This term is often used by politicians as a symbolic program designed to win the sympathy and support of voters, but medical services are either the National Income and Expenditure Budget (hereinafter APBN).

Currently, given the wide range of governance issues, the application of these principles to government administration today is still four key indicators:¹⁴

- a) Participation.
- b) Openness and Transparency.
- c) Effectively and efficiently.
- d) Accountability.

The four principles mentioned above are what the National Good Governance Group Bappenas calls "More Administrative Good Governance".¹⁵ A more detailed explanation of the four principles in full can be explained in the following description:

a) Participation

Community involvement means active participation of the community in governance-related decisions. Community involvement is necessary for public managers to better

¹³ Interview with the Director-General of Health Services, Ministry of Health of the Republic of Indonesia, dr. Bambang Wibowo, Sp. OG (K), MARS on November 1, 2016.

¹⁴ Bappenas, (2008), *Modul Penerapan Tata Pemerintahan Yang Baik (Good Public Governance) di Indonesia*, Jakarta: Bappenas, p.15.

¹⁵ Afkar, Launa. (2017). "Representasi Ideologi Aparatur Negara dalam Media (Studi Konstruksi Realitas Wartawan Humas Pemda DKI Mengenai Lingkungan Pemda DKI dalam Pemberitaan Website Beritajakarta.com)." *Jurnal Studi Komunikasi dan Media*, vol. 21, no. 2. p. 204

know their citizens, their way of thinking and lifestyle, the problems they face, the way they propose, or how to solve them, which can contribute to solving the problems they face. In this way, the interests of the community can lead to policy decisions that accommodate as many community aspirations and interests as possible and are supported by the wider community.¹⁶

The presence of direct participation is important because the system of national representation through parliament cannot be considered the only channel for the aspirations of the people. The principle of expressing ideas is different from conventional expressions. Because physical expressions do not necessarily reflect expressions of thoughts or aspirations.¹⁷ In law enforcement, be it the police, prosecutors, lawyers, judges, and security guards, everyone needs public scrutiny to act effectively and efficiently and to guarantee justice and truth.

The presence and participation of community members in public forums, and their effective role in stimulating ideas and proposals for public health, demonstrate that health issues are a matter for both the public and government. This is not a bureaucratic issue.¹⁸ However, it must be recognized that it is not easy to involve society at all levels in the health sector. An alternative solution is to provide access to all communities and members of society at different levels, participate in expressing the interests of the groups they represent, and present suggestions and thoughts in forums of public gatherings. Development level meetings Discussion of solutions in a city or local development councils. State policy in the field of health care. Lack of government involvement in public health can lead to public policy decisions that fail to address the diverse aspirations and interests of society in health services and do not contribute to improving public satisfaction with health services. The goals of the state health policy were not achieved. Participation means that each community has a voice that can contribute to decisions related to public health services, directly or

¹⁶ Jati, Rahendro. (2012). Partisipasi Masyarakat dalam Proses Pembentukan Undang-Undang Yang Responsif. *Jurnal Rechts Vinding: Media Pembinaan Hukum Nasional*, 1(3), 329-342.

¹⁷ Effendi, Jaka. (2019). Implementasi Peraturan Daerah Nomor 2 Tahun 2014 Tentang Rencana Tata Ruang Wilayah Terkait Pelaksanaan Ruang Terbuka Hijau di Kota Samarinda, (*Doctoral dissertation, Universitas Islam Indonesia*).

¹⁸ Kuddy, Aprianto La'lang. (2018). Partisipasi Masyarakat, Transparansi Anggaran, dan Peran Pengawasan dalam Pengelolaan Dana Otonomi Khusus Sektor Pendidikan di Kabupaten Paniai. *Jumabis: Jurnal Manajemen dan Bisnis* Vol. 2.1.

through the Ministry of Health. Participation is based on freedom of association, speech, and constructive participation.¹⁹

b) Openness and Transparency

Transparency is based on the free flow of information. All government processes, agencies, and information should be available to stakeholders, and the information available should be sufficient to understand and monitor. Transparency means the availability and clarity of information so that the general public is aware of the process of design, implementation, and the results achieved in the framework of public policies. All governance issues in the form of public policy for both civil service and regional development must be publicly known. The content of the decision and the reason for establishing public policy must be made available to the public.²⁰ Likewise, disclosure and disclosure of the implementation of the policy and its implications should be made. In this case, officials must be ready to openly and honestly provide the necessary information to the public. Efforts to build a transparent society, forums for direct communication with the executive and legislative branches of government, and forums for communication and information between participants in both print and electronic media are examples of concrete expressions of the principles of openness and transparency.²¹ Lack of openness and transparency in public affairs will lead to misunderstandings of various public policies. There is a lack of openness and transparency in public affairs, which leads to a misunderstanding of the various public policies implemented.

The presence of transparency and open social control over the implementation of the public health system and the use of the medical budget allocated for APBN / APBD, and therefore the shortcomings and shortcomings contained in the bureaucratic mechanisms of the Ministry of Health, can be compensated for Direct participation (direct participation) in ensuring public justice in participating public health services.

¹⁹ Mukmin, Mas Nur, and Siti Maemunah. (2019). Pengelolaan Dana Pemerintah Desa: Kajian Pada Kecamatan Babakan Madang, Sukaraja Dan Ciawi." *Jurnal Akunida* 4.2: 73-85.

²⁰ Febriananingsih, Nunuk. (2012). Keterbukaan informasi publik dalam pemerintahan terbuka menuju tata pemerintahan yang baik. *Jurnal Rechts Vinding: Media Pembinaan Hukum Nasional* 1.1: 135-156.

²¹ Amini, Dzakia. (2017). Pengaruh Penerapan Good Government Governance Terhadap Kinerja Instansi Pemerintah (Survei Pada 29 Skpd Di Kota Bandung). *Doctoral dissertation, Universitas Widyatama*.

That means the implementation of basic health rights, in line with the government's moral commitment to improving healthcare by providing transparent, participatory, efficient, effective, fair, professional, and responsible services,²² for all forms of services. Be transparent to the community. This means that the bureaucratic chain and the use of mandatory medical budgets must be communicated to the public. This way, those in need of health care can have a clear understanding of the health care system, rights, and responsibilities, and meet community satisfaction or justice.

Building public trust in government requires transparency in free health care services from the Ministry of Health. The transparency and accountability of free health care services can help you meet the basic rights of the public health sector. This tells you whether the rights of individual citizens, patients, and communities have been realized.

Transparency is defined as the public's freedom to access information, it can be directly accommodated by those who need it, and easily accessible by decision-makers in community services. The information must be understood and monitored by the community.²³

The main guidelines for implementing transparency in the health service sector are as follows:

- a. Agencies should provide information in a timely, timely, clear, accurate, and comparable manner and should be readily available to interested parties following their respective obligations.
- b. information that needs to be disclosed includes the vision, mission, goals, and strategy of the organization, financial position, including internal controls and control systems, the system and implementation of good governance, the level of compliance, and significant events that can affect health. The state of the organization of the sector.

²² Silalahi, Ulber, and Wirman Syafri. (2015). *Desentralisasi Dan Demokrasi Pelayanan Publik: Menuju Pelayanan Pemerintah Daerah Lebih Transparan, Partisipatif, Responsif Dan Akuntabel*. IPDN Press.

²³ Irawan, Andri. (2018). *Transparansi Pelayanan Publik Pada Dinas Penanaman Modal Dan Pelayanan Terpadu Satu Pintu (DPMPTSP)*. *MADANI Jurnal Politik Dan Sosial Kemasyarakatan* 10.3: 86-101.

- c. The agency's principle of transparency does not detract from its obligation to respect the agency's confidentiality provisions by legal, professional, and human rights standards. Openness and transparency about the cost of treatment and care for patients and their families are very important in the health sector.
- d. Institutional policies should be drawn up and communicated proportionally to stakeholders.

c) Effective and efficient

To uphold the above principles, a good and clean government must meet effective and efficient standards, that is, efficient and efficient standards. An effective criterion is usually measured by product parameters capable of reaching the maximum possible interest in communities of various groups and social strata. For the government to operate effectively and efficiently, public officials must be able to plan and organize a government reasonably and measurably according to the real needs of the community.²⁴ Hope for community involvement will easily disappear through such rational planning. Because these programs are part of their needs. Government processes and agencies generate results based on the needs of citizens and optimize the use of available resources.²⁵

To uphold the above principles, a good and clean government must meet effective and efficient standards, that is, effective and efficient standards.²⁶ An effective criterion usually measures the parameters of a product that can generate the greatest possible interest in communities of various groups and social strata. For a government to operate effectively and efficiently, public officials must be able to plan and organize a government reasonably and measurably according to the real needs of the community. Hope for community involvement will easily disappear through such

²⁴ Safitri, Teti Anggita, and Rigel Nurul Fathah. (2018). Pengelolaan Alokasi Dana Desa Dalam Mewujudkan Good Governance. *Jurnal Litbang Sukowati: Media Penelitian Dan Pengembangan* 2.1: 89-105.

²⁵ Setiawan, Herri. (2010). Pembangunan IT Governance di Sektor Publik (Pemerintahan) yang Baik. *Proceeding; Vocational Education in IT Polytechnic; Competitive Advantage in ICT*. Also look to, Putra, Hendi Sandi. (2017). Tata Kelola Pemerintahan Desa Dalam Mewujudkan Good Governace Di Desa Kalibelo Kabupaten Kediri. *Jurnal Politik Muda* 6.2: 110-119.

²⁶ Masnun, M. (2018). Good Governance Dan Kualitas Laporan Keuangan Pemerintah: Suatu Kajian Di Pemerintah Daerah Provinsi Jambi. *Ekonomis: Journal of Economics and Business*, 2(1), 175-182.

rational planning. Because these programs are part of their needs.²⁷ Government processes and agencies generate results based on the needs of citizens and optimize the use of available resources.

d) Accountability

Decision-makers in government, the private sector, and civil society organizations are accountable to the authorities and the public.²⁸ The form of responsibility depends on the type of organization in question. Responsibility is the responsibility of civil servants to society, which allows them to take care of their interests. Decision-makers in government, the private sector, and civil society organizations are accountable to the authorities and the public. This form of responsibility depends on the type of organization. The main instruments of accountability are existing laws and regulations with the political will for accountability and accountability mechanisms.²⁹

4.2. Good Governance Practices in Health Services

Health as a basic need for human life is clearly defined in the 1945 Constitution of the Republic of Indonesia, it is a human right, which states that everyone has the right to live in conditions of physical and mental well-being. You have the right to a healthy and good living environment and medical services. In the international world, the 1948 Constitution of the World Health Organization (WHO) states that "health is a fundamental right", which includes the obligation to feed the sick, maintain and promote health.³⁰

This is the essence of the idea that health is a human right and health is an investment. The essence of the civil servant is to provide excellent services to communities that have expressed their duty as civil servants. This statement underlines the government's responsibility to provide quality services to the public

²⁷ Sasauw, R. C., Pangemanan, S., & Monintja, D. (2020). Tata Kelola Pemerintahan Dalam Pengembangan Desa Perbatasan (Studi Kasus di Desa Kalongan Kecamatan Kalongan Kabupaten Talaud). *Jurnal Eksekutif*, Vol. 2 (5).

²⁸ Kamaluddin, Santrio. (2019). Tata Kelola Pemerintahan Yang Baik (Good Governance) Pada Kantor Distrk Okhika Kabupaten Pegunungan Bintang." *Papua Review: Jurnal Ilmu Administrasi dan Ilmu Pemerintahan* 3.1: 222-228.

²⁹ Ririhena, Samel W., and Fitriani Fitriani. (2018). Penerapan prinsip-prinsip Good Governance terhadap kualitas APBD Kabupaten Merauke. *Societas: Jurnal Ilmu Administrasi dan Sosial*, 7.2: 84-97.

³⁰ Maramis, Jeana Lydia. (2010). Hubungan Lingkungan Intra dan Ekstra Oral Terhadap Status Kesehatan Gigi pada Siswa Sekolah Dasar di Kecamatan Langowan Timur Kabupaten Minahasa. *Infokes-Jurnal Ilmu Kesehatan* 4.2: 142-146.

through public service providers. Because people are citizens whose governments have to fulfill their rights.³¹ The role of good governance in providing good health services is to:

1) Health services at public health centers (Puskesmas)

After visiting Makassar City Health Center to conduct research and observations related to public service in the health sector, and conducting interviews with one of the public health department staff, Makassar City's government policy on health care was initially intended. To receive service. It was enough to use an ID and a family card. Free medical services are provided by Puskesmas, but services are provided free of charge only to patients who have a BPJS card and are registered as PBI health insurance patients after the service system BPJS Kesehatan is issued. According to him, this is directly proportional to the fact that since the inception of the BPJS Kesehatan program, the strength and awareness of the community has increased due to the effectiveness of the bureaucratic process that previously came for treatment between 50-60 people a day. When asked if this program is like Jamkesmas in Jamkesda in January 2016, I asked for 60 to 100 people a day. The agenda is different because everyone, including the poor and the marginalized, must participate in BPJS. I have to register. The service also provides outpatient and inpatient care according to the performance, responsibilities, and functions of the guns as a type of treatment Tier 1 health care facility³², including local health centers or equivalent health care facilities, individual physician care, dental care, and primary care. Clinic or equivalent hospital Class D Basic or equivalent.

2) Public Health Insurance (Jamkesmas)

Public health insurance (Jamkesmas) is a national social assistance program for health care for the poor and marginalized, with cross-subsidies occurring in the context of realizing comprehensive health care for the poor.³³ Before the PBI program

³¹ Santoso, Eko. (2015). Implementasi Kebijakan Citizens Carter Untuk Meningkatkan Pelayanan Yang Lebih Responship (Studi Kasus di RSUD Dr. Iskak Tulungagung). *Jurnal Bonorowo*, 2.2: 65-85.

³² BPJS. *Fasilitas Kesehatan Tingkat Pertama BPJS Kesehatan, Brosur BPJS Kesehatan*. Retrieved from www.bpjs-kesehatan.go.id. (Accessed on 24 Agustus 2016)

³³ Sudjadi, A., Widanti, A., Sarwo, Y. B., & Sobandi, H. (2018). Penerapan Pelayanan Kesehatan Masyarakat Miskin Yang Ideal Dalam Pelayanan Kesehatan Masyarakat Miskin Melalui Program Jamkesmas. *SOEPRA*, 3(1), 14-25.

through the BPJS program, there was a national social assistance program for healthcare services for the poor and marginalized.³⁴ Efforts to implement Jamkesmas are the enforcement of the rights to the health of the people and order of Act No. 40 of 2004 and is one of the government's commitments to health development in Indonesia.

One of the ministry's flagship programs, the Jamkesmas program, has been in operation since 2005 and has attracted 36.1 million poor people. In 2007 and 2008, the number of state-guaranteed poor and low-income groups of the population continued to grow to 76.4 million people. Increased use of the Jamkesmas program shows that the goals of the program have been achieved. To provide health care to the poor, since 1998, the government has implemented several health care activities for the poor. 1998-2001, Beginning with the development of the Social Security Network for Health Programs (JPS-BK), the 2001-2004 Energy Subsidy Reduction Program (PDPSE), and the 2002-2004 Oil Subsidy Compensation Program (PKPS-BBM).

The fourth amendment to the 1945 Constitution, approved by the General Assembly of the National Assembly on August 11, 2002, laid the foundation for the financial guarantees specified in the article. In short, the government has a mission to develop social protection for all. Two years later, on October 19, 2004, this provides a legal basis for the social protection and well-being of all Indonesians. Social security, referred to in Law No. 10.40 of 2004, is social security that ensures that the basic needs of every person for a quality life, including health.

In 2005, the government launched a health insurance program for the poor and vulnerable, known as the Poor Health Insurance Program (Askeskin). The organizer of the program is PT. Asquez (Percero), Regulation of the Minister of Health No. 1241 / Menkes / SK / XI /, provided under the provisions on the appointment of P.T. Askes (Pursero) in 2004. The leadership of health programs for the poor. The implementation of public health insurance programs is governed by Health Ordinance No. 903 / Menkes / Per / V / 2011 on guidelines for public health insurance programs; Ordinance No. 40 of the Minister of Health of the Republic of

³⁴ Yulianda, Airine. (2015). Evaluasi Pelaksanaan Program Jaminan Kesehatan Masyarakat. *JIANA (Jurnal Ilmu Administrasi Negara)* 13.2: 121-126.

Indonesia 2012, Ordinance No. of the Minister of Health: 903 / MENKES / PER / V / 2011 Guidelines for the Implementation of the National Health Insurance Program Application for cancellation and refusal in 2012 is more valid as stated in article 4 Article 40 of the Indonesian Ministry of Health Regulations.

According to Article 40 Article 1 of the Regulations of the Ministry of Health of the Republic of Indonesia in 2012, the provisions of the "Health Insurance Enforcement Guidelines are intended to provide reference material to the central and local governments. When the organizer implements the following, the Regency/City Government and the relevant parties concerned. Health insurance to mention:

- a. Trust funds and non-profit organizations are used exclusively to improve the health of the poor.
- b. Comprehensive by medical service standards that are cost-effective and rational.
- c. Structured, tiered services with portability and equity.
- d. Efficient, transparent, and accountable.

The United Nations Universal Declaration of Human Rights in 1948 (signed in Indonesia) and Article 28 H of the 1945 Constitution stipulated that health is the basic right of all individuals and that all citizens are entitled to medical services, including the poor. Progress is being made gradually, depending on the financial capabilities of the government and local governments.³⁵

Awareness of the importance of social security continues to increase under the order to amend Article 34(2) of the Constitution of the Republic of Indonesia in 1945, in particular requiring the state to develop a social security system for all Indonesians.³⁶ With the inclusion of social security in the 1945 constitution amendment, the enactment of Act No. 40 of 2004 is strong evidence that the government and related

³⁵ Wuwung, Eldy. (2014). Profil Pasien Jamkesmas Yang Menjalani Operasi Di Smf Bedah Blu RSUD Prof. RD Kandou Periode Agustus 2012 Sampai Oktober 2012." *e-CliniC* Vol. 2.2.

³⁶ Panjalu, Ranum Budiyo. (2017), Model Penyediaan Dan Distribusi Kartu Indonesia Sehat (Kis) Bagi Peserta Penerima Bantuan Iuran Jaminan Kesehatan (Pbi-Jk) Berdasarkan Uu No. 40 Tahun 2004 Tentang Sistem Jaminan Sosial Nasional (Studi Di Kecamatan Kedungjati Kabupaten Grobogan Provinsi Jawa Tengah). *Doctoral dissertation*, Universitas Negeri Semarang.

stakeholders have a strong commitment to creating social welfare for all. Your people. As a form of social security, SJSN aims to meet everyone's basic needs.³⁷

According to the Constitution and Law of 2005, the Ministry of Health, the Poor Health Insurance Program (JPKMM) or the better known poor health insurance program (Askeskin) 2005-2007, which subsequently changed its name to the Public Health Insurance program (Jamkesmas) since 2008.³⁸ JPKMM / Askeskin and Jamkesmas all have the same objective, namely to guarantee health services for the poor and disadvantaged, using the principles of social health insurance.³⁹ The implementation of the Jamkesmas program follows the operational principles stipulated in Law 40 of 2004, which is nationally managed, non-profit, with portability, transparency, efficiency, and effectiveness. The implementation of the Jamkesmas program is an effort to maintain continuity of health services for the poor and disadvantaged, which is a transition period until the health insurance program is delivered to the Social Security Administration Body (BPJS Kesehatan) following Law no. 24 of 2011.

After evaluating and in the context of efficiency and effectiveness, in 2008 there was a change in the implementation system. The change in program management is the separation of the management function from the payment function, which is supported by the placement of verifier staff in each hospital. The name of the program also changed to Community Health Service Guarantee (Jamkesmas) and the government subsequently implemented the Contribution Assistance Participant (PBI) program, based on Government Regulation No. 101 of 2012, and then amended based on Government Regulation Number 76 of 2012 and fully managed through a program (BPJS Kesehatan).

As explained earlier, before the government implemented the Kesehatan BPJS program, several earlier programs were known as the Jamkesmas program. The legal

³⁷ Runtuuwu, V. A., Mandey, J., & Dengo, S. (2015). Implementasi Program Universal Coverage Dalam Pelayanan Kesehatan Di Rumah Sakit Prof. Dr. RD Kandouw Manado. *Jurnal Administrasi Publik*, 3 (031).

³⁸ Sari, A., Lestari, H., & Lituhayu, D. (2014). Analisis Kualitas Pelayanan Pasien Jamkesmas Rawat Jalan di RSUD Kabupaten Sukoharjo. *Journal of Public Policy and Management Review*, 3(3), 16-24.

³⁹ Suparwi, H. M. (2015). Perlindungan Hukum terhadap Pelayanan Pasien di Puskesmas Kecamatan Jaten Kabupaten Karanganyar. *Serambi Hukum*, 8(02), 23091.

basis of the Jamkesmas program is the Constitution of the Republic of Indonesia 1945, Law no. 23 of 1992, Law No. 1 of 2003, and Law No. 45 of 2007. In the past, the health care program for the poor was called Health Insurance for the Poor Communities or Askekin. The main obstacle is the incomplete collection of data on the poor for the period 2005-2007. Thus, the main problem for the government, in this case, is the weakness of the system for collecting accurate data using the field survey method. The second, no less important problem is the fate of poor families, which is not covered by state data, and the third problem is that the state does not take the fate of the poor seriously. This issue then became the basis for the issuance of regional insurance compensation for damage. This spirit came from the 2008 National Health Insurance (Jamkesmas) policy issued by the head of the Health Insurance and Funding Center on March 10, 2008, which stipulates that poor families (RTMs) who do not have a Jamkesmas card will be eligible for health. benefits are covered by a budget request from the provincial and regional/municipal APBDs where the poor patient lives.

3) Regional Health Insurance (Jamkesda)

Regional Health Insurance (Jamkesda) is a medical service that is guaranteed by the local government of the country where Jamkesda was born, since there are poor people who are not registered with Jamkesda and do not receive medical services, then Jamkesda has the primary function of placing coverage. Jamkesmas for not being covered by Jamkesmas, which becomes a domain. jamkesda. This program aims to develop quality, accountable, simple, cheap, fast, correct, and equitable governance and public services for all communities to support community interests and promote value-added activities, and encourage community participation and empowerment.

Based on the results of interviews with the head of the Health Insurance Funding Center of the General Directorate of Health Services of the Ministry of Health of the Republic of Indonesia, it can be concluded that after the reform, Autonomy is also transferring its problems to the health of the service. In many counties, health services are viewed not as a community right to provide services, but as a source of local revenue. This liberal approach has resulted in the public health center (Puskesmas) achieving the goal of increasing its income year after year. In some

areas, the health budget is very small because most of the budget is used for day-to-day expenses.

4) Social Security Administration Agency Program (BPJS)

BPJS was born in January 2014, until March 2016 the BPJS office was never empty of participants and people registering to become BPJS participants or changing data, or just looking for information.

Based on data on the total number of BPJS Health participants in March 2016 were: 163,327,183 (one hundred sixty-three million three hundred twenty-seven thousand one hundred and eighty-three), the increase in the number of participants was extraordinary. BPJS Kesehatan participants are divided into 3 categories of participants⁴⁰, namely:

1. Contribution Aid Recipient or PBI

The PBI has 103,735,804 (one hundred three million seven hundred thirty-five thousand eight hundred and four) members or 63% of the total BPJS members. BPJS participants in the PBI program are those who are publicly funded from APBD or APBN funds as specified in Section 1 No. 7 of Law No. 24 of 2011, which regulates the following: Contribution Aid is a contribution paid by the government to the poor. and disadvantaged as participants in the social safety net. Likewise, in the provisions of Government Ordinance No. 101 of 2012 numbered 3. "Health Insurance Contribution Assistance hereinafter referred to as Contribution Assistance, is a contribution to the health insurance coverage of the poor. and poor People receiving payments from the state ", No.4. Beneficiaries of Health Insurance Premium Assistance, hereinafter referred to as PBI Health Insurance, are the poor and poor enrolled in Health Insurance # 5. Poor people are people who have no means of livelihood and/or sources of income. livelihood, but they are unable to meet the corresponding basic needs for themselves and/or their family., and number 6. Poor people are people who have a livelihood, a salary, or a wage that can only meet basic needs but are unable to pay the dues for themselves and his family. The type of medical care for PBI members is Class 3.

⁴⁰ BPJS. *Informasi BPJK*. Retrieved from <http://infobpjs.net/jumlah-total-peserta-bpjs-maret-2016/>, (Accessed on 15 January 2017)

2. Workers Receiving Wages (PPU)

The category of PPU participants is workers who receive wages with a total of 38,697,609 participants or 24% of the total number of BPJS Kesehatan participants, PPU consists of Civil Servants (PNS / ASN), members of the police, soldiers, government officials, and others.

3. Independent Participants

BPJS Mandiri participant group with a total of 20,993,770 or around 13% of the total number of participants (BPJS Kesehatan), BPJS participants with independent status are still divided into sub-categories, namely non-workers and non-wage earners. As many as 13% are Independent Participants whose contributions are paid by themselves, of a total of 20,993,770 people consisting of 15,994,602 non-wage workers, 15,993,399 Indonesian Citizens (WNI), while foreigners (WNA) as many as 1,203. As many as 4,999,168 non-workers, consisting of 107,660 private pensioners, 4,304,248 government pension recipients, 421,761 veterans, 2,725 independence pioneers, 2,777 other non-workers.

5. Conclusion

The principles of good governance must be implemented based on the mandatory rules of the constitution and applicable legal rules. There are still many poor and underprivileged people who have not been reached by the Contribution Assistance Participants (PBI) program by the government, transparency in the financing, medicines and there are still many complaints from the public (consumers) in health services, especially in the PBI program managed by BPJS. So that the poor and underprivileged people should not be seated as Contribution Beneficiary (PBI) participants, but the state has a "constitutional obligation" to automatically place them as participants in free health services financed by the government and become the "constitutional right" of the poor, not as a community receiving contribution assistance.

The author also suggests that the term Health Insurance Contribution Beneficiary should be straightened out and replaced with a participant of "Government-Financed Health Insurance Recipients" so that it is fairer and emphasizes the state/government obligation to bear all health insurance costs for those classified as poor and less well-off automatic without any conditions.

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