

# Analysist of Universal Health Coverage Principles for Indonesian Peoples During Pandemic Covid-19

Satria Unggul Wicaksana Prakasa, A.A.<sup>1\*</sup> Sagung Ngurah Indradewi<sup>2</sup> Al-Qodar Purwo<sup>3</sup>

<sup>1</sup>Faculty of Law, University of Muhammadiyah Surabaya, Surabaya, Indonesia

<sup>2,3</sup> Faculty of Law, Dwijendra Bali University, Denpasar, Indonesia

Corresponding Author: [satria@fh.um-surabaya.ac.id](mailto:satria@fh.um-surabaya.ac.id)

## ABSTRACT

This research focused on analyzing regarding universal health coverage and it's implementation in Indonesia during pandemic COVID-19. Universal Health Coverage has been displaced by the COVID-19 pandemic while disparities in outcomes have exposed stark gaps in quality, access, equity, and financial risk protection regarding health services in Indonesia. This research would answer the following questions: (1). What is obligation of the government of Indonesia to respect, protect and fulfill regarding universal health coverage during pandemic COVID-19; (2). How political-legal mechanism to comprehensive implementation of universal health coverages in Indonesia. This research used socio-legal studies to identify correlation between universal health coverages and fulfill of health rights for Indonesian peoples. In Indonesia, with system of national health assurances (Jaminan Kesehatan Nasional-JKN) must be implemented and relevance with Universal Health Coverage efforts have yet to carry through to provision of good quality, accessible and equitable service delivery could potentially benefit from concurrent Networks of Care implementation. Documentation of Networks of Care in the context of Universal Health Coverage should be prioritized to understand how Networks of Care can be used to help realize the goals of Universal Health Coverage to respect, protect, and fulfill of health rights for Indonesia peoples.

**Keywords:** *Universal Health Coverages, Indonesian Health Services, Political-legal systems*

## 1. INTRODUCTION

The COVID-19 pandemic, which has become a problem with the world community, has had a multi-sectoral effect. The sector most affected is in the health sector. In recent times alone, more than 2.6 million new cases and 72,000 new deaths were reported globally, including the development of various viral variants (VOCs) Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1) and Delta (B.1.617.2), which makes the number of COVID-19 worldwide not showing a low trend.[1]

In Indonesia has the worrying situation, the prevalence of COVID-19 does not show a downward trend. Data from the Ministry of Health of the Republic of Indonesia on June 23, 2021, in Indonesia penetrated 2,018,113 cases which 70% were cured, and the death toll was 55,291.[2] One of the sectors that are tackling

Covid-19 is related to the state's obligation to fulfil the right to health for the people in Indonesia.

The international community knows that the fulfilment of the right to health as Universal Health Coverages (UHC), is a recommendation concept from the World Health Organization (WHO) to ensure access to guaranteed health services for all citizens without worrying about the financial problems. One of the big goals of UHC minimizes direct payments to individuals through a comprehensive social security system.[3]

UHC means that “all people and communities can use the health services that they need, of sufficient quality to be effective, while also ensuring that the use of these services does not put users in financial difficulty”.[4] Then the significance of UHC is the country's commitment to the fulfilment of social rights community, including social security health shall be

guaranteed in the policy of affirmative, and increase the participation of civil society.[5] The issue of health for all also an inseparable part of the sustainable development goals (SDGs) and the World Bank would have a significant impact on economic growth.[6]

The COVID-19 and UHC pandemics are an urgent global agenda. The hope that has been achieved is to overcome them in fulfilling the quality of health services, strength and protection from risks caused by Covid-19 and its derivative services for health services for countries around the world.[7] Prior to Covid-19 pandemic, many countries did not prioritize UHC as a policy package that needed to be fulfilled, considering that protection for vulnerable communities, the risks and impacts of financial losses were not a priority for countries in the world.[8]

There are at least three key frameworks in the implementation of UHC for countries that prevent Covid-19 pandemic, namely: (1). Expanding and improving the quality of health services through a strong system and foundation; (2). All citizens without exception get health services, vaccines, and various kinds of health needs as a principle of social justice, and; (3). Creating a mechanism with transparent and accountable financial support so that the health access needed can be fulfilled, including access to medicines, incentives for health workers, etc.[9]

As a country that complies with international mechanisms, Indonesia through the National Health Insurance system and the administrative system regulated by the Health Social Security Administration is intended to provide health insurance with light payment methods, and some vulnerable groups of people get protection from government to be borne.[10]

The issue of UHC and health insurance in Indonesia meets serious challenges during the Covid-19 pandemic, starting from the issue of the inability of homes in Indonesia to provide health services for infected citizens, not being sick that health care workers bear for Covid-19 patients in Indonesia, the issue of incentives. unpaid for health workers, to various other problems.[11]

This research focused on the analysis of UHC as part of the human rights of citizens, how the state's obligations during the Covid-19 pandemic, as well as

the political-legal dimensions that must be carried out by the Indonesian government in tackling Covid-19 on the one hand, and the fulfilment of UHC on the one hand. the other side. Therefore, this research answered: first, what are the obligations of the Indonesian government to respect, protect, and comply with universal health insurance during the COVID-19 pandemic; and second, What is the political-legal mechanism towards the implementation of universal health coverage in Indonesia?

## **2. METHODE**

The research method used a socio-legal study. This research was not limited to text, but also the context deeply which included all processes, for example from 'law-making' to 'implementation of law'. The label socio-legal studies have gradually become a general term encompassing a group of disciplines that apply a social science perspective to the study of law, including sociological law, legal anthropology, legal history, psychology and law, the study of judicial political science, and comparative law.[12] The socio-legal approach is a combination of approaches in the social sciences, including political science, economics, culture, history, anthropology, communication and many other sciences, combined with approaches known in legal science, such as learning about the principles of law. principles, doctrines and hierarchies of laws and regulations.[13] Thus, the analysis of UHC, the right to health, and legal political commitment during the Covid-19 pandemic can be described in this research.

## **3. RESULT AND DISCUSSION**

### **I. UNIVERSAL HEALTH COVERAGE AS A PART OF HUMAN RIGHT**

The right to health is a basic right that is protected under the framework of international human rights law mechanisms. It is binding on all countries in the world. In the General Declaration of Human Rights, the right to health is regulated in Article 25 which explains "Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, illness, disability, widowhood, old age or disability. other means of livelihood in circumstances beyond his control".[14] In the Covenant on Economic, Social and Cultural Rights.[15] the right

to health entered in Section 14, at least there are some elements that must be met and an obligation for the state to fulfil, namely:

| Key Points   | Elements  |
|--|---|
| The right to health is an inclusive right  | Safe drinking water and adequate sanitation; Safe food; Adequate nutrition and housing; Healthy working and environmental conditions; Health-related education and information; Gender equality   |
| The right to health contains freedoms  | Free from non-consensual medical treatment, such as medical experiments and research or forced sterilization, and Free from torture and other cruel, inhuman or degrading treatment or punishment.  |
| The right to health contains entitlements  | The right to a system of health protection providing equality of opportunity for everyone to enjoy the highest attainable level of health; The right to prevention, treatment and control of diseases; Access to essential medicines; Maternal, child and reproductive health; Equal and timely access to basic health services; The provision of health-related education and information; Participation of the population in health-related decision-making at the national and community levels. |
| Health services, goods and facilities must be provided to all without any discrimination         | Enjoyment of the right to the highest attainable standard of health   |
| All services, goods and facilities must be available, accessible, acceptable and of good quality | Functioning public health and health-care facilities, goods and services must be available in sufficient quantity within a State. They must be scientifically and medically appropriate and of good quality   |

Table 1: The concept of Right to Health (Office of the United Nations High Commissioner of Human Rights (OHCHR) and World Health Organization (WHO)).[16]

As a basic right that must be fulfilled that the right to Health needs to be met with a comprehensive policy and framework. Starting from adequate infrastructure and facilities, the availability of professional medical

personnel with maximum welfare fulfilment, access to affordable health services, as well as transparent and accountable financial support.[17] If the state is unable to fulfill the right to health, the state is considered to have committed a human rights violation.

**II. STATE OBLIGATIONS REGARDING UNIVERSAL HEALTH COVERAGE DURING THE COVID-19 PANDEMIC**

Related to the obligation of the state be a sign that the state is still able and willing to fulfill its obligations in fulfilling the rights of citizens. One of all is related to UHC and in handling Covid-19 pandemic. Christian Eckart explained, the meaning of state obligations in relation to the capacity of the state before the international community provided the confirmation to the international community regarding the functions and actions and legal consequences that accompany the state, especially in dealing with the Covid-19 pandemic situation.[18]

In Indonesia, the urge to make state policies during an emergency can also be an option in policies made by the government to deal with the impact of Covid-19 pandemic, whose emphasis is on health issues.[19] The most visible is the policy map that Indonesia has in dealing with the Covid-19 emergency situation, namely: Including micro, small and medium business debtors as referred to in paragraph (3) shall contain at least: (a) criteria for debtors who are determined to be affected by COVID-19; and (b) sectors affected by COVID-19, two Finance Minister Sri Mulyani asked all ministries / institutions, both at the central and regional levels, to reallocate their budget for handling the COVID-19 outbreak. This is in line with the government's new focus that the 2020 State Budget focuses on health and society, which includes several policies as follows: The Physical Special Allocation Fund in the health sector can be used for prevention and / or handling of Covid-19 through a revised activity plan. In the event that there is no activity menu for Covid-19 prevention / handling, an activity menu will be carried out, The distribution of Phase I Health Assistance Funds is carried out without submitting a report on the realization of the previous fiscal year without taking into account the remaining funds in the Regional General Treasury Account. Judges and officials who experience illness, especially coughs, colds, fever and shortness of breath and / or have a history of interaction with people or

neighborhoods who have been confirmed to have Covid-19 can be given permission to leave the office by their respective work units,

Judges and Apparatus can manually enter / leave office attendance, Apparatus who provide direct services to the community wear masks according to the local situation and conditions, Each work unit provides a hand sanitizer to be placed at each office entrance and siding room, Trials of criminal, military criminal, jinayat cases will continue to be held in accordance with the trial schedule that has been determined. This Circular Letter is a continuation of the President's directive regarding the priority of using village funds to strengthen the joints of the economy through Community Cash Work (PKTD) and strengthening the health of village communities. The Village Fund can then be used with PKTD through self-management, as well as the utilization of natural resources, appropriate technology, innovation and village human resources. Workers are prioritized for poor family members, unemployed and underemployed as well as other marginalized communities with daily wages.

Through this circular, to counteract the rate of spread of Covid-19 to villages the Village Government has formed Drelawan Desa Against Covid which is chaired by the Village Head consisting of BPD, village officials, hamlet heads, village midwives, RT and RW heads, community leaders etc. carry out prevention patterns, handling of villagers and victims of Covid-19. With this also, the Village Fund can also be used for handling Covid-19 through changes to the APBD which shift spending in other fields and sub-fields into disaster management, emergencies and urging villages and the implementation of village development for PKTD activities. Based on Article 28 H paragraph (1) and Article 33 paragraph (3) of the 1945 Constitution of the Republic of Indonesia, it is clear that health care is the right of every person who is the responsibility of the state for its provision.

The Infectious Disease Outbreak Act clearly states that the government is responsible for controlling infectious disease outbreaks through examination, treatment, treatment and isolation of sufferers, including quarantine measures as well as prevention and immunity. The purpose of this law is related to the prevention of infectious disease outbreaks, the government should do it as early as possible because of

the very broad consequences. COVID-19 by WHO has been declared a pandemic, namely quoting from Tempo, which means when an infectious disease can easily infect one person to another in many countries at the same time.

During the emergency response phase, the government has obligations as stipulated in Articles 53 and 54 to prioritize vulnerable groups. Isolation of people affected by COVID-19 is quite time consuming. For those affected by COVID-19 and who are the backbone of the family, of course, it will have an impact on the family economy. Moreover, more than 60% of Indonesia's population works in the informal sector. Therefore, the government should also pay attention to this. "The right to enjoy the highest attainable standard of physical and mental health."

Article 12 paragraph (1) of the International Covenant on Economic, Social and Cultural Rights states the right to enjoy the highest attainable standard of physical and mental health. Then through General Comment 14 which is based on the 22nd session by the Committee on economic, social and cultural rights, it is further explained that Article 12 paragraph (1) covers the socio-economic conditions and resources that exist in the State. In accordance with Article 12 paragraph (1), the state accepts the right of everyone to receive the highest attainable standard of health. Therefore, according to this general comment, the right to health is defined as the right to the fulfillment of various facilities, services and conditions essential for the realization of adequate and affordable health standards. Therefore.[20]

The state's obligation becomes an important point in realizing UHC during the Covid-19 pandemic that is one of the steps must be fulfilled by a country also in Indonesia. Handling this fluctuating pandemic, it is necessary to learn from various countries that have succeeded in handling the Covid-19 pandemic in one area and fulfill UHC obligations on the other. They were also economic issues and the involvement of many parties including private actors, socio-community aspects, etc. as well as mainstreaming the fulfilment of the right to health through UHC.[5]

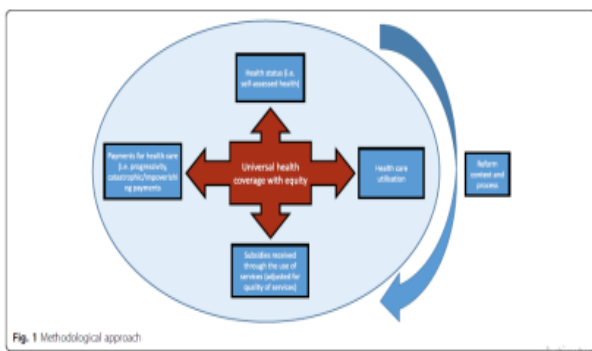
Building a model of limiting interactions between citizens that is measurable with adequate capacity and strategy from epidemiologist experts in their

country.[21] Therefore, the pandemic conditions are under control, herd immunity is getting stronger, and the economic and social impacts are stable.[22]

### III. POLITICAL-LEGAL MECHANISM TO COMPREHENSIVE IMPLEMENTATION OF UNIVERSAL HEALTH COVERAGES

These policies and laws must be with adequate implementation and legal politics in dealing with Covid-19 pandemic and fulfilling the right to health and its relevance to UHC. Therefore, it can be realized in a comprehensive strategy in fulfilling these two things with the emphasis on the UHC principle.[23] On the principle of national health assurance which is one of Indonesia's commitments in realizing UHC that is expected to be able to protect 40% of the Indonesian population with full financing from the government, and the rest is self-financing from premium holders in 2019.[24] Although it has been covered, not all features of health services have been covered. During the Covid-19 pandemic, it has an impact on the condition of the citizens.

At least, the need for a political-legal reform agenda in realizing the strength of UHC in dealing with the Covid-19 pandemic, namely: (1). Assessment of public health status through self-assessed health in meeting health needs; (2). Improvement and fulfilment of existing health utilities in each Regency/City equally; (3). Providing subsidies and incentives for health services, both for hospitals and for health workers; (4). Fulfilment of a progressive payment mechanism for health rights.[25]



Picture 1: Universal Health Coverage with Equity Mapping[25]

An adequate health policy system through national health assurance which is transformed and harmonized with the UHC context would be able to bring Indonesia into a country capable of becoming a model for

fulfilling the right to health that occurred during the Covid-19 pandemic. It can be taken as a step to achieve herd immunity and make the socio-economic conditions of people in Indonesia to grow and to be strengthened.

### 4. CONCLUSION

In Indonesia, with system of national health assurances (*Jaminan Kesehatan Nasional-JKN*) must be implemented and relevance with Universal Health Coverage efforts have yet to carry through to provision of good quality, accessible and equitable service delivery could potentially benefit from concurrent Networks of Care implementation. Documentation of Networks of Care in the context of Universal Health Coverage should be prioritized to understand how Networks of Care can be used to help realize the goals of Universal Health Coverage to respect, protect, and fulfill of health rights for Indonesia peoples.

### ACKNOWLEDGMENTS

Acknowledgments to the Rector of Universitas Dwijendra Denpasar and the Rector of the Universitas Muhammadiyah Surabaya for their help and support. Therefore, this research can be completed properly and optimally.

### REFERENCES

- [1] A. T. Tjitrawati and M. A. Arwin, "Harmonization Of Protection Principles Of Migran Workes Right To Health In The Effort Of Asean Universal Health Coverge Implementicon," vol. 18.
- [2] Kemenkes RI, "Data Covid-19 Indonesia. Jakarta: Kementerian Kesehatan RI."
- [3] Wasir, R., "Use of medicine pricing and reimbursement policies for universal health coverage in Indonesia," 2019.
- [4] WHO 3 (2021), "Weekly epidemiological update on COVID-19 - 15 June 2021," 2021.
- [5] T. S. Katerini, S. Fukuda-Parr, and S. K. Kittelsen, "The political determinants of health inequities and universal health coverage."
- [6] S. U. Prakasa, "Bantuan Dana Bank Dunia dalam Perspektif Pemenuhan Hak-hak EKOSOB; Studi Kasus pada Sektor Pendidikan di Indonesia," vol. 2.
- [7] A. E. Eoghan Brady, *Harnessing the Power of Networks of Care for Universal Health Coverage*.
- [8] M. A. Arwin and A. T. Tjitrawati, "Harmonization of Protection Principles of Migran Workers' Right To Health in the Effort of Asean Universal Health Coverage Implementation," *J. Din. Huk.*, vol. 18, no. 1, p. 78, 2018.
- [9] C. Lahariya, "Strengthen primary health care to advance universal health coverage."
- [10] F. F. Widjaja, "Universal health coverage in Indonesia – The forgotten prevention," *Med. J. Indones.*, vol. 23, no. 3, pp. 63–64, 2014.
- [11] A. Roziqin, S. Y. F. Mas'udi, and I. T. Sihidi, "An analysis of Indonesian government policies against COVID-19," *Public Adm. Policy*, vol. 24, no. 1, pp. 92–107, 2021.
- [12] B. Z. Tamanaha, *Realistic Socio-Legal Theory: Pragmatism and a Social Theory of Law*. Oxford: Clarendon Press, 1997.

- [13] W. D. Putro and H. P. Wiratraman, "Tantangan Metode Penelitian Interdisipliner Dalam Pendidikan Hukum Indonesia."
- [14] D. F. Satria, C. W. Haruni, and F. Esfandiari, "Kepastian Hukum Terhadap Iuran Peserta Bpjs Pasca Putusan Mahkamah Agung Nomor 7P/HUM/2020," *Indones. Law Reform J.*, vol. 1, no. 2, pp. 153–164, 2021.
- [15] T. H. McDonald, "The Global Human Right to Health: Dream or Possibility?"
- [16] WHO Indonesia. (2016), "Universal health coverage and health care financing Indonesia."
- [17] R. T. Bosco, H. Masud, and S. Sekalala, "Human rights mechanisms for anti-corruption, transparency and accountability."
- [18] C. Eckart, *Promises of States under International Law (Studies in International Law)*, Illustrate. London: Hart Publishing, 2012.
- [19] M. Lundgren, M. Klamberg, K. Sundström, and J. Dahlqvist, "Emergency Powers in Response to COVID-19: Policy Diffusion, Democracy, and Preparedness," *Nord. J. Hum. Rights*, vol. 38, no. 4, pp. 305–318, 2020.
- [20] YLBHI LBH Yogyakarta, *Kajian Penanganan COVID-19 di Indonesia: Telaah Yuridis Terhadap Kewajiban Negara dalam Memenuhi Hak atas Kesehatan Warga Negara*. Yogyakarta: LBH Yogyakarta.
- [21] R. Kumar, "Bringing the developmental state back in: explaining South Korea's successful management of COVID-19."
- [22] M. Bazzyar, V. Yazdi-Feyzabadi, A. Rashidian, and A. Behzadi, "The experiences of merging health insurance funds in South Korea, Turkey, Thailand, and Indonesia: a cross-country comparative study," *Int. J. Equity Health*, vol. 20, no. 1, pp. 1–24, 2021.
- [23] N. Mboi, "Indonesia: On the way to universal health care," *Heal. Syst. Reform*, vol. 1, no. 2, p. :91-97, 2015.
- [24] W. H. Organization, "Organisasi Kesehatan Dunia. Universal health coverage and health financing," *World Health Organizations*, 2021. [Online]. Available: [https://www.who.int/health\\_financing/universal\\_coverage\\_definition/en/](https://www.who.int/health_financing/universal_coverage_definition/en/).
- [25] V. Wiseman *et al.*, "An evaluation of health systems equity in Indonesia: study protocol," *Int. J. Equity Health*, vol. 17, no. 138, pp. 3–9, 2018.