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Fulfillment Of The Right To Health As A Human Right (HAM) In The Integration Of Primary Health Services (ILP) In Indonesia

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ABSTRACT : The most basic human right is the right to health. This concept is reflected in Article 25 of the Universal Declaration of Human Rights, which states that "every individual has the right to a standard of living adequate for the health, well-being and well-being of his family". In the Second Amendment to the 1945 Constitution, health is affirmed as part of human rights. Article 28H paragraph (1) states that: "Everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and has the right to obtain health services". To fulfill the Right to Health, the government is structuring primary health services, in the form of a new approach that is oriented towards service needs in each life cycle that is provided comprehensively and integrated between levels of health service facilities. This new approach is called Primary Health Service Integration (ILP), involving Health Centers, health service units in villages/sub-districts which are also called Assistant Health Centers and Integrated Health Posts. This study focuses on the problem of how to fulfill the Right to Health as a Human Right (HAM) in the Integration of Primary Health Services (ILP). The results of the study concluded that the fulfillment of the right to health as a human right is a constitutional mandate that must be realized in real terms by the state. Integration of primary health services is a strategic approach that aims to strengthen accessibility, affordability, acceptability and quality of health services. Integration of Primary Health Services ensures the continuity of comprehensive, promotive, preventive, curative and rehabilitative services. However, in its implementation there are still challenges in the form of limited health facilities in remote areas, health facilities at the village level, limited health workers, inequality in the distribution of resources, cross-sector coordination, and skills of health workers.

KEYWORDS : *Human Rights, Right to Health (HAM), Integration of Primary Health Services (ILP)*

I. INTRODUCTION

The most fundamental human right is the right to health. This concept is reflected in Article 25 of the Universal Declaration of Human Rights, which states that "every individual has the right to a standard of living adequate for the health and well-being of himself and his family." The Second Amendment to the 1945 Constitution, health is affirmed as part of human rights. Article 28H paragraph (1) states that: "Everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment, and has the right to obtain health services." The inclusion of these provisions in the 1945 Constitution illustrates an extraordinary paradigm shift. Health is no longer seen as merely a personal matter related to fate or God's gift that has nothing to do with the responsibility of the state, but rather a legal right[1]

The idea of the right to health as a human right continues to develop in both national and international law. Article 4 of Law Number 17 of 2023 concerning Health states that everyone has the right to live a healthy life physically, mentally and socially, to receive safe, quality and affordable health services in order to achieve the highest level of health[2]. Meanwhile, various human rights instruments have been developed in International Law, including the International Covenant on Economic, Social and Cultural Rights which was established in 1966. Article 12 paragraph (1) of the Covenant states that "everyone has the right to enjoy the highest attainable standard of physical and mental health"[3].

Committee on Economic, Social and Cultural Rights (CESCR), a committee under the UN and WHO, has determined the main components of health as a human right, namely Availability; Accessibility, the dimensions of which consist of non-discrimination, physical accessibility, economic accessibility, accessibility of information; Acceptability, and Quality[4,5]. In an effort to respect, protect and fulfill as an obligation for the state to implement human rights norms on the right to health, these components must be met.

The International Covenant on Economic, Social and Cultural Rights (ICESCR) requires state parties to make a commitment to fulfill the right to health. This commitment actually requires the obligation to adopt national instruments or laws and implement the Primary Health Care (PHC) strategy from the World Health Organization[6].

To fulfill the right to health of citizens and see the results of the Indonesian Health Survey and the report of the Ministry of Health 2023 revealed various health challenges at every stage of the life cycle. The coverage of health checks in Indonesia is still low. Data from the Ministry of Health in 2023 shows that only 39.87% of the population has been screened for non-communicable diseases. In addition, as many as 32.6% of the population aged >20 years have never checked their blood pressure, 80.82% have never measured their waist circumference, 35.61% do not monitor their weight, 61.6% do not check their cholesterol levels, and 62.6% have never checked their blood sugar levels[7]. The government through the Ministry of Health is making efforts to strengthen primary health services. The Ministry of Health seeks to revitalize promotive and preventive programs in primary services, implement the transformation of primary health services by implementing the concept of Primary Health Care (PHC) through the integration of primary health services (ILP)[8].

Integration of Primary Health Services is a government effort in fulfilling citizens' health rights. Does the Integration of Primary Health Services (ILP) ensure the availability, affordability, acceptability and quality of health services provided to citizens? This is the formulation of the problem in this study. So the purpose of this study is to analyze the fulfillment of the right to health as a Human Right (HAM) in the Integration of Primary Health Services in Indonesia.

II. METHOD

This study uses a juridical-normative research method in the form of tracing and collecting (inventory) of international and national laws and regulations and legal products in the field of human rights, especially the right to health. In addition, a search was also conducted on the results of research or literature related to human rights, especially the right to health. Furthermore, the legal materials were analyzed in accordance with the juridical-qualitative method, so that clarity was obtained on the form of fulfillment of the right to health in the laws and regulations. The results of the literature search and data from the Ministry of Health are presented descriptively.

III. RESULTS AND DISCUSSION

3.1 Right to health as a Human Right (HAM)

According to Immanuel Kant, the purpose of the state to enforce the law to guarantee the freedom of its citizens is freedom in the sense that it is limited by law, while those who have the right to make laws are the people themselves. In other words, the law itself is an incarnation of the will or desire of the people. So that the people represent the highest power or sovereignty of the people. On December 10, 1948, universal human rights (the Universal Declaration of Human Rights/UDHR) were proclaimed in the world which expressly recognized basic human rights. Likewise, Indonesia has also ratified international legal instruments related to human rights. And in essence, it is a manifestation of the constitutional mandate[9].

The right to health is part of the basic rights of every human being, and is a basic need of every human being that cannot be reduced under any circumstances. Even in General Comment No. 14 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) it is stated that the right to health is a fundamental and invaluable human right for the implementation of other human rights. The provisions in the instrument state the responsibility for health on the part of the state by formulating health as an individual right and/or by establishing concrete state obligations. Article 25 of the Universal Declaration of Human Rights, Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and Article 24 of the Convention on the Rights of the Child generally mention the provisions of the right to health based on rights and the formulation of a number of state responsibilities ©n the health sector[10,11]. Article 12 of the ICESCR states that “everyone has the right to the enjoyment of the highest attainable standard of physical and mental health.” This provision explains that the right to health is an individual right. While the highest standard achieved is the enjoyment of each individual’s right to health.

The provisions of Article 28H paragraph (1) which regulates human rights, especially the right to health, are related to Article 34 paragraph (3) and paragraph (4) concerning state responsibility. On the one hand, Article 28H paragraph (1) regulates the human rights aspect, namely obtaining health services, while on the other hand Article 34 regulates the state’s responsibility in providing adequate health service facilities and public service facilities and regulated by law[12]. Law Number 17 of 2023 concerning Health in Article 4 paragraph (1) states that everyone has the right to: (a) live a healthy life physically, mentally, and socially; (c) obtain safe, quality, and affordable health services in order to achieve the highest level of health[13].

In the concept of Human Rights, the State is the holder of obligations in ensuring the fulfillment of rights. The State is an entity that has the authority to create basic conditions in protecting and improving individual health. The responsibility of the state has been clearly regulated in the ICESCR, and explained in General

Comment Number 14 on the Right to Health. There is a general obligation regulated in Article 2 of the ICESCR, which reads[14] :

1) Each State Party to the present covenant undertakes to take steps, individually and through international assistance and cooperation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the present covenant by all appropriate means, including in particular the adoption of legislative measures.
2) The States Parties to the present covenant undertake to ensure that the rights referred to in the present covenant will be implemented without discrimination of any kind such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article (1) explains that states may use all available resources to fulfill the right to health to achieve full realization which can be done progressively (gradually). Through ratification of the Human Rights treaty, states parties are obliged to implement these rights within their jurisdiction. More specifically, Article 2 Paragraph (1) of the ICESCR underlines that states have an obligation to progressively achieve full realization of the rights under the ICESCR. This is an implicit recognition that states have resource constraints and need time to implement the provisions of the treaty. As a result, some components of the rights protected by the ICESCR, including the right to health, are considered subject to progressive realization[15].

3.2 Fulfillment of the Right to Health as the State's Responsibility in the Integration of Primary Health Services (ILP)

As a term for Health Service Law, it can be found in Law Number 17 of 2023 concerning Health. The Law states that Health Services are all forms of activities and/or a series of service activities provided directly to individuals or communities to maintain and improve the health of the community in the form of promotive, preventive, curative, rehabilitative, and/or palliative. Article 26 states that health efforts in the form of services are carried out through Primary Health Services and Advanced Health Services[16]. Furthermore, Article 31 (2) states that primary health services are health services that are closest to the community as the first contact for health services. This Law also emphasizes the importance of integrating primary health services including individual and community health efforts. This is carried out with the aim of meeting health needs in every phase of life, improving health determinants, and strengthening the health of the Indonesian people. Primary health services are carried out through health centers and the primary health service network system in their working areas[17].

Primary Health Care is carried out by encouraging increased promotive and preventive efforts, supported by innovation and utilization of technology. The World Health Organization (WHO) recommends the Primary Health Care (PHC) approach through 3 (three) main strategies, namely the integration of individual and community primary health care services, empowerment of individuals and communities, and multi-sector policies and actions. The global strategy of health care services focuses on integrated individuals (people-centered) in order to realize more comprehensive, responsive and affordable services to address the various health needs required by the community[18]. Integration of primary health care services is an effort to organize and coordinate various primary health care services with a focus on meeting health care needs based on the life cycle for individuals, families and communities. Integration of primary health care services aims to bring closer access and health services that are promotive, preventive, curative, rehabilitative, and/or palliative at every phase of life in a comprehensive and quality manner for the community. Integration of primary health care services as emphasized on[19] :

1) strengthening promotive and preventive through an approach at every phase of life while still implementing curative, rehabilitative and palliative;
2) health service approach through a primary health service network system starting from the sub-district, village/sub-district, hamlet, community association, neighborhood association level; and
3) Strengthening Local Area Monitoring (PWS) through digitalization and monitoring with a health situation dashboard per village/sub-district, as well as family visits/home visits.

3.3 Implementation of Primary Service Integration in Community Health Centers

Integration of Primary Health Services in Indonesia is carried out by Community Health Centers (Puskesmas) as Health Facilities at the Sub-district level or in certain work areas, supported by Assistant Puskesmas (Pustu) in Villages or Primary Posyandu. The number of Puskesmas is currently 10,212 units, consisting of 4,234 inpatient Puskesmas units, 5,978 non-inpatient Puskesmas units. Fulfillment of primary health care needs can be seen in general from the ratio of Puskesmas to sub-districts. The ratio of Puskesmas to sub-districts in 2023 is 1.4. This illustrates that the ideal ratio of Puskesmas to sub-districts, namely a minimum of 1 Puskesmas in each sub-district, has been met nationally, but it is necessary to pay attention to the distribution of these Puskesmas across sub-districts. The provinces with the lowest ratios are in Central Papua, West Papua, Southwest Papua, and Papua Pegunungan Provinces. This illustrates that public access in these provinces to primary health care facilities is still not ideal.

Geographical conditions are one of the most dominant factors influencing the accessibility of health services because everything related to geographical conditions such as distance, travel time, and transportation facilities cause suboptimal utilization of health facilities and result in worse health outcomes. In the context of primary service integration, health services can be carried out at the village level in the form of Assistant Health Centers (Pustu), in the Health Law it can be in the form of Village Health Units. The current problem is that there are still villages that are not ready to implement this concept. The implementation of Primary Service Integration (ILP) in Kapuas Regency, Central Kalimantan, shows that not all health centers are ready to implement this program in full. Many Assistant Health Centers (Pustu) and integrated health posts are still in the preparation stage. One of the main challenges is limited funds and cross-sector support. Funding for the orientation of health workers and the implementation of ILP mostly comes from the Special Allocation Fund (DAK), which only covers health workers in health centers, while the needs in the health centers and integrated health posts are still not met. In addition, access and quality of services are also problems, because not all villages have adequate health facilities. Sometimes, even though the building is available, there are no health workers on duty, or vice versa.

To strengthen the implementation of Primary Health Care Integration, the Ministry of Health has prepared a service implementation guideline in the form of the Health Center and Health Center Work Guidelines, which is an integration of various program guidelines in primary health care. This can encourage the implementation of Primary Health Care Integration that is more qualified, efficient, and measurable.

IV. CONCLUSION & SUGGESTIONS

Fulfillment of the right to health as a human right is a constitutional mandate that must be realized in real terms by the state. In Indonesia, integration of primary health services is a strategic approach that aims to strengthen accessibility, affordability, acceptability and quality of health services throughout the region. Integration of Primary Health Services ensures the continuity of comprehensive, promotive, preventive, curative and rehabilitative services. Primary health services are the main foundation in ensuring the fulfillment of the right to health, because they function as the first and continuous entry point into the national health system. However, in its implementation there are still challenges such as limited health facilities in remote areas, health facilities at the village level, limited health workers, inequality in resource distribution, cross-sector coordination, and health worker skills. Therefore, the state must continue to strengthen regulations based on Human Rights, build an inclusive service system, and ensure accountability and supervision of the implementation of the right to health. Strengthening the integration of primary health services that are oriented towards the principles of human rights, Indonesia can progressively realize the highest level of health for all people as part of the fulfillment of human rights as a whole.

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REFERENCE

[1] Affandi, Hernadi. *Implementasi Hak atas Kesehatan Menurut Undang-Undang Dasar 1945: antara Pengaturan dan Realisasi Tanggung Jawab Negara*. Jurnal Hukum POSITUM Vol. 4, No. 1,Juni 2019 Buku Saku Hak Atas Kesehatan, LBH Masyarakat, 2019

[2] Cahya, Rieke. dkk. *Dampak Hambatan Geografis dan Strategi Akses Pelayanan Kesehatan. Literature.* Review MPPKI (Mei, 2023) Vol. 6. No. 5

[3] Fajar, J. *Implementasi Integrasi Layanan Primer (ILP) di Kabupaten Kapuas: Tantangan dan Harapan*. Dinas Kesehatan Kabupaten Kapuas. 2024 https://dinkes.kapuaskab.go.id/web/implementasi-integrasi-layanan-primer-ilp-di-kabupaten-kapuas-tantangan-dan-harapan

[4] Hendrawan, Donny. dkk. *Pelayanan Primer yang Berkualitas: Sebuah Tinjauan Literatur The Qualified Primary Care: A Literature Review*. Jurnal Jaminan Kesehatan Nasional, Volume 1 Number 1, July 2021

[5] Kementerian PPN/Bappenas, *Penguatan pelayanan dasar di Puskesmas*. Direktorat Kesehatan dan Gizi Masyarakat Kedeputian Pembangunan Manusia, Masyarakat dan Kebudayaan Kementerian PPN/Bappenas.2015

[6] Keputusan Menteri Kesehatan Republik Indonesia Nomor Hk.01.07/Menkes/2015/2023 tentang Petunjuk Teknis Integrasi Pelayanan Kesehatan Primer

[7] Keputusan Menteri Kesehatan HK.01.07/MENKES/1690/2024 tentang Data Pusat Kesehatan Masyarakat Teregistrasi Semester I Tahun 2024

[8] Kementerian Kesehatan. *Pedoman kerja puskesmas Klaster 1 Manajemen* ; Kemenkes. 2024

[9] _____, *Pedoman Kerja Puskesmas Pembantu dan Puskesmas Pembantu Desa*, Kemenkes 2024 Profil Kesehatan Indonesia 2023, Kemenkes. 2024

[10] Perwira, Indra. *Memahami Kesehatan Sebagai Hak Asasi Manusia*, Journal Pusat Dokumentasi ELSAM, 2014
[11] Toebes B, *Towards an Improved Understanding of the International Human Right to Health* (1999) Vol.21/3 Human Rights Quarterly 661
[12] Survei Kesehatan Indonesia Dalam Angka, BKPK Kemenkes, 2023
[13] Undang-Undang Kesehatan (UU RI No.17 Tahun 2023), Sinar Grafika, 2023
[14] UN Economic and Social Council. CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health
[15] United Nations, Office of the United Nations High Commissioner for Human Rights dan World Health Orginization , Fact Sheet No.31 : The Right to Health (Office of the United Nations High Commissioner for Human Rights 2008
[16] World Health Organization. *Primary health care*, 26 March 2025 in https://www.who.int/news-room/fact-sheets/detail/primary-health-care di akses 12 April 2025
[17] Zakia, Rahma Muthia. *Analisis Implementasi Integrasi Layanan Kesehatan Primer di Indonesia: Tinjauan Literatur Sistematis*. Availabke www.researchgate.net di akses 21 Juni 2025