Implementation of the Right to the Primary Health Care Integration Program at Community Health Centers (A Case Study at Community Health Centers in Boalemo Regency)

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Abstract

Law No. 17 of 2023 emphasizes the responsibilities of the central government, regional governments, and villages in providing primary health care services through community health centers (Puskesmas). To strengthen this function, the Primary Health Care Integration Program (PHSI) was launched, focusing on life cycle-based services and increasing promotional and preventive efforts at the village and hamlet levels. This study aims to analyze the regulations, implementation, challenges, and efforts to fulfill the right to health in the PHSI program based on four indicators: availability, affordability, acceptability, and quality. Using empirical legal methods with a qualitative approach, data were obtained from interviews with Puskesmas, the Health Office, and service users in Boalemo Regency. The results show that the legal basis for PHSI is regulated in the 1945 Constitution, Law No. 17 of 2023, Government Regulation No. 28 of 2024, Minister of Health Regulation No. 19 of 2024, and Minister of Health Decree No. 01.07/MENKES/2015/2023. The main obstacles to implementation include limited facilities, health workers, funding, coordination, and the absence of local regulations. Recommended efforts include optimizing capitation funds, policy advocacy, strengthening cross-sector coordination, and drafting local regulations.

Keywords: Community Health Centers, Health Services, Primary Care, Right to Health

Abstrak

Undang-Undang Nomor 17 Tahun 2023 menegaskan tanggung jawab Pemerintah Pusat, Daerah, dan Desa dalam penyelenggaraan layanan kesehatan primer melalui Puskesmas. Untuk memperkuat fungsi tersebut, diluncurkan Program Integrasi Layanan Kesehatan Primer (PHSI) yang berfokus pada layanan berbasis siklus hidup dan peningkatan upaya promotif serta preventif di tingkat desa dan dusun. Penelitian ini bertujuan menganalisis pengaturan, implementasi, tantangan, dan upaya pemenuhan hak atas kesehatan dalam program PHSI berdasarkan empat indikator: ketersediaan, keterjangkauan, keterimaan, dan kualitas. Menggunakan metode hukum empiris dengan pendekatan kualitatif, data diperoleh dari wawancara dengan pihak Puskesmas, Dinas Kesehatan, dan pengguna layanan di Kabupaten Boalemo. Hasil penelitian menunjukkan bahwa dasar hukum PHSI diatur dalam UUD 1945, UU No. 17 Tahun 2023, PP No. 28 Tahun 2024, Permenkes No. 19 Tahun 2024, dan Kepmenkes No. 01.07/MENKES/2015/2023. Hambatan utama implementasi meliputi keterbatasan fasilitas, tenaga kesehatan, pendanaan, koordinasi, dan belum adanya peraturan daerah. Upaya yang disarankan mencakup optimalisasi dana kapitasi, advokasi kebijakan, penguatan koordinasi lintas sektor, serta penyusunan peraturan daerah.

Kata kunci: Pusat Kesehatan Masyarakat, Layanan Kesehatan, Pelayanan Kesehatan Primer, Hak atas Kesehatan.

INTRODUCTION

Indonesia is constitutionally designed as a welfare state. The welfare state is considered the most appropriate answer to the form of state involvement in promoting the welfare of the people. The welfare state does not only cover how welfare or social services are managed but emphasizes how everyone obtains social services as their right.[1]

Welfare is one of the human rights, which also includes a person's right to obtain health services. Health is a very basic human right that is needed to implement other human rights. Without health a person cannot get education properly, cannot work optimally or cannot organize, gather, express opinions. In other words, a person cannot fully enjoy life as a human being when they are sick.

The fulfillment of health rights is imposed on the state, especially the government, which has been emphasized in the 1945 Constitution, namely in Article 28I (4), which states that the protection, promotion, enforcement and fulfillment of human rights are the responsibility of the state, especially the government. Together that the administration of the state is subject to the constitution to realize the idea of a welfare state with an active role for the state in ensuring the welfare of citizens.[2]

Along with changes in legislation in the health sector and the shifting paradigm in the health sector, health services are more focused on promotive and preventive efforts without neglecting curative and rehabilitative efforts. Health, according to Law Number 17/2023 is defined as a healthy state of a person both physically, mentally, and socially and not just free from disease to enable him to live productive.

To achieve this, health efforts and health services are needed. Health efforts are all forms of activities and / or a series of activities carried out in an integrated and sustainable manner to maintain and improve public health status in the form of promotive, preventive, curative, rehabilitative, and / or palliative by the Central Government, Regional Governments, and / or the community. Then health services are all forms of activities and / or a series of service activities provided directly to individuals or the community to maintain and improve public health status in the form of promotive, preventive, curative, rehabilitative, and / or palliative.[3] Attempting to face globalization, digitalization's need and learn from the Covid-19 Pandemic, the Ministry of Health is carrying out a health transformation consisting of six pillars and one of them is the transformation of primary care. This transformation focus on strengthening preventive promotive activities to create more healthy people, improve health screening and increase primary care capacity. Primary health care in Indonesia plays a crucial role in providing access and equitable health services to the entire community.

This change is derived from a grand opinion that most of the deaths that occur in Indonesia are cases that could have been prevented or partially prevented, but due to delays in disease detection and delays in providing services and treatment, the disease is detected at a severe level so that the risk of death is even greater. Furthermore, the poor performance of Minimum Service Standards (MSS) requires system improvement.[4]

The structuring of primary health care requires a new approach that is oriented towards the needs of services in every life cycle that are provided in a way that is consistent with the needs

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[1] Marsudi Dedi Putra, ***"Negara Kesejahteraan (Welfare State) dalam Perspektif Pancasila"***, LIKHITAPRAJNA Jurnal Ilmiah Vol.23, Nomor 2 (September, 2021), pp.139

[2] Lefri Mikhael, **"*Tanggung Jawab Negara Dalam Pemenuhan Hak Atas Kesehatan Jiwa Dihubungkan Dengan Hak Asasi Manusia*"**, Jurnal HAM, Vol.13, No 1, .2022, hlm. 15

[3] Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan

[4] Liestiana Indriyati, et al., ***"Evaluasi Program Pilot Project Transformasi Layanan Primer di Puskesmas***

of the community. Comprehensive and integrated across levels of health care facilities. This new approach is referred as Primary Health Service Integration (PHSI).

At the most basic health fulfillment, Community Health Centers (CHC)act as the frontline in services to individuals and communities. CHC (Community Health Center) is a first-level health care facility that organizes and coordinates promotive, preventive curative, rehabilitative and/or palliative health services by prioritizing promotive and preventive in its working area. The advantage of this program is that people who come will be served comprehensively according to their life cycle. The most prominent thing in the PHSI program is health screening. Health screening is an icon of promotive and preventive health care that is the main task of the CHC. Screening is an important process to detect disease or early disease conditions even before symptoms appear.

Multidisciplinary, collaborative health services on an ongoing basis and providing a wide range of health services are essential factors in health care. However, multidisciplinary health care still has many challenges. [5] These challenges include:

1. Lack of medical personnel and health workers;
2. Difficult access to transportation and communication;
3. Insufficient fulfillment of facilities, infrastructure and medical equipment;
4. Lack of coordination.

If this condition cannot be handled, the right to health is difficult to fulfilled. In an effort to respect, protect and fulfill human rights as a state obligation on the right to health, it must fulfill the principles of: availability, affordability, acceptability and quality. In addition, National Commission on Human Rights(Komnas HAM) has issued Standard Norms and Regulations(SNR) to provide meaning, assessment, and guidance on the implementation of the right to health, the rights and obligations and responsibilities of various state and non-state actors involved, the rights of vulnerable groups in the context of the right to health, permissible restrictions, and related special themes.

Based on the reason is presented above, the research problems are : 1. How is the regulation of the fulfillment of the right to health in the PHSI Program at the CHC? 2. How are the implementation, obstacles and efforts made by CHC to fulfill the right to health in the implementation of the PHSI Program? The research objectives are: 1. To find out and analyze how the PHSI Program is regulated in fulfilling the right to health at the CHC. 2. To find out the implementation of obstacles and efforts made by Puskesmas to fulfill the right to health in implementation of PHSI Program

RESEACRH METHOD

This research used an empirical juridical method. An empirical research (field research) is a research of which the objects are about symptoms, events, and phenomena that occur in society, institutions or countries that are non-literary in nature by looking at phenomena found in society. This research was conducted at three health centers in Boalemo Regency. Primary data collection was carried out by field observation and interviews with the three Head of the CHC , the Head of the Health Promotion Section of the Boalemo Health Office, and users of the CHC services. The qualitative data had been analyzed descriptively.

[5] Ardina Nugrahaeni, ***"Integrasi Pelayanan Kesehatan Primer Peran dari Pemerintah dan Sektor Swasta"*** dalam https://kebijakankesehatanindonesia.net/4924-integrasi-pelayanan-kesehatan-primer-peran-dari-pemerintah-dan-sektor-swast,a accesed on 1 June, 2025

RESULTS AND DISCUSSION

Implementation of Human Rights Fulfillment

Human rights implementation is carried out at various levels ranging from national to international scale involving various elements ranging from government, law enforcement agencies and society. In the fulfillment of human rights, the methods that can be use like:

1.Establishment and enforcement of law;
   a. Formulation of laws and regulations.
   b. Establishment of Law Enforcement Agency.
   c. Fair law enforcement
2. Education and Socialization;
   a. Human rights education campaign
   b. Dissemination of information
3. Community Participation;
   a. Monitoring
   b. Active participation
4. Protection of Vulnerable Groups.

Legal Instruments for PHSI Program in Fulfilling the Right to Health

Efforts to fulfill the right to health are the responsibility of the state. The guarantee of the right to health has been regulated in both national and international legal instruments. For PHSI Program 's legal instrument can be seen in the table below:

Table 1. Legal Instrument for PHSI Program

	Article
1945 Constitution	Article 28H, Article 34 paragraph ayat 3
Law Number 17 of 2023 on Health Kesehatan	Article 4, Article 30, Article 31, Article 32, Article 33, Article 34, Article 35
Government Regulation Number 28 of 2024 on Health	Article 2, Article 3, Article 4, Article 5, Article 502, Article 503, Article 510, Article 515, Article 523, Article 524
Minister of Health Regulation Number 19 of 2024 on Community Health Sercive (Puskesmas)	Article 3, Article 40

Implementation Right to Health Fulfillment in PHSI Program of CHC

Table 2. Implementation of the ILP Program Based on Indicators of Availability, Accessibility, Acceptability, Quality (AAAQ) and its Implications for Fulfillment of the Right to Health

Indicator	Implementation	Implication
Availability	Health facilities and infrastructure are available but there are still lack of these for services Program ILP, like laboratory services. It needs more resources like human recorces, medical equipment.	The right to health has not been fulfilled
Accessibility	With The Existence of Sub-Community Health CenterSCHC made the access of health can be reach by the community in the remote area, or community located far from CHC. However not all villages have SCHCs in their area.	The right to health has not been fulfilled
Acceptability	There is no differentiation in the provision of health services. All get services according to standards	The right to health has been fulfilled
Quality	There is a guarantee from the health services given by CHCs. CHCs have Standar operating procedure to guarantee the consistence, maintaining the health service delivered. However, the lack of health infrastructure, health resources make the services given not in maximum condition.	The right to health has not been fulfilled

The table above shows the conclusions from interviews and observations about the PHSI Program. There are four elements of the principle of fulfilling the right to health, namely availability, accessibility, acceptance, and quality. Availability can be interpreted as the implementation of public health functions and health care facilities, health goods and services, as well as programs must be available in sufficient quantity. Accessibility means

that health facilities, goods and services must be accessible to everyone without discrimination. Acceptability means that all health facilities must be culturally accepted such as respecting the culture of individuals, minorities, groups and communities, sensitive to gender and life cycle requirements. Then on the quality aspect. In addition to being culturally acceptable, health facilities must be of good quality. This requires, among other things, that personnel have competence in accordance with their profession, adequate medicines and equipment.

Furthermore, in the implementation of a program, the role of the target group is very important. The role of target groups in the implementation of health programs is very important because they are not only beneficiaries, but also active partners in ensuring the program is effective, targeted and sustainable. In the SNR of National Commission on Human Rights (KOMNAS HAM) , there is a role for target groups in fulfilling the right to health. [6] In this study, the role of target groups in the PHSI program is described in the table below.

Table 3. The Role of Target Groups and Their Implementation in Fulfilling the Right to Health in the PHSI Program of the CHC Program

	Right To Health	Implementation
Central State Organizer /Local Government	Ensure that there are no policies and actions that contradict human rights norms, and ensure the legal process and sanctions for perpetrators of actions that violate human rights norms.	In the regulations made regarding the PHSI Program there is no conflict of norms in its implementation. For certainty of legal proceedings and sanctions in the form of supervision from related agencies
Central State Organizer /Local Government	Responsibility and obligation (state responsibility) for the respect, fulfillment and protection of the right to health	The government, both at the central and regional levels, has not been responsible and carried out its obligations to respect, fulfill and protect the right to health because of the lack of facilities, infrastructure, medical equipment, human resources and other supporting elements of health services
Central State Organizer /Local Government	Using maximum resources to ensure that regulation, service delivery, and promotion are always improved according to	In the latest policy with the presence of Law Number 17 of 2023, mandatory spending which was previously at 5% for the State Budget (APBN) and 10% for the

[6] Komisi Nasional Hak Asasi Manusia, ***Buku II Panduan Penggunaan Standar Norma & Pengaturan***. (Jakarta, 2021), p. 47

	WHO standards (at least 5-6 percent of the state budget).	Regional Budget (APBD) was abolished.[7]replaced by the money follow program
Central State Organizer /Local Government	Ensure that everyone, especially the groups of vulnerable, marginalized, and disadvantaged, has their right to health fulfilled and protected.	In PHSI services, health services are carried out in the form of clusters, based on the life cycle, which aims to provide more integrated and comprehensive health services. For pregnant women, maternity, postpartum, children and adolescents, services are provided in cluster two. For the elderly, services are provided in cluster three along with productive age. For financing at C H C s using the National Health Insurance (JKN)/ Boalemo District itself has achieved the Universal Health Target/UHC[8] target 98%. The 98% achievement in UHC indicates that the majority of the population, both well-off and underprivileged, have been enrolled in the National Health Insurance (JKN) program and have access to health services provided by this program.
Central State Organizer /Local Government	Provide and ensure the implementation of health service programs to everyone by providing	Primary Health Service Integration (PHSI) is an effort to organize and coordinate various primary health services with a focus on

[7] Irwandy. ***" UU Kesehatan baru: apakah penghapusan anggaran wajib minimal 5% APBN dan 10% APBD tepat saat ini?", accesed on*** July, 29, 2025. https://theconversation.com/uu-kesehatan-baru-apakah-penghapusan- anggaran-wajib-minimal-5-apbn-dan-10-apbd-tepat-saat-ini-209875

[8]

	efforts and mobilizing maximum resources.	meeting health care needs based on the life cycle not only for individuals, but also for families and communities. The implementation of primary health care is organized in an integrated manner at CHCs, Primary health care networks and networks to meet health care needs in every phase of life. The advantage of the primary health care integration program is that people who come to visit the puskesmas will get comprehensive CHC's services including promotive, preventive, curative and rehabilitative according to the life cycle and health problems experienced by CHCs visitors. In addition, there is involvement from the Central Government, District Government, Village Government to improve the degree of public health. However, in its implementation there are still various obstacles in mobilizing resources to the fullest, one of which is the absence of a Regional Regulation in Boalemo District that regulates the implementation of ILP adapted to socio-cultural conditions
Central State Organizer /Local Government	Prioritizing promotive and preventive activities without neglecting curative and preventive activities	Community health centers, PHSI , and promotive-preventive efforts are three interrelated concepts in the context of primary health care in Indonesia. In PHSI, the main focus is on health

		screening. Screening/early examination is carried out through comprehensive examinations to detect the risk of disease early on, even before there are signs and symptoms, so that it does not develop into a chronic disease.
Central State Organizer /Local Government	Improving public health status	One of the objectives of the PHSI program is to improve health status. Health indicators include mortality, morbidity, and nutritional status. Morbidity is seen from the morbidity rate of several diseases in children under five and adults.[9] With the PHIS program, it is hoped that the health status will improve with the implementation of integrated health programs. .
Central State Organizer /Local Government	Implementing the principles of health services, accessibility, public participation, health promotion, appropriate use of technology, and intersectoral cooperation	In the PHSI Program, SCHCs located in village/remote area is an effort to bring access closer. In addition, the existence of life cycle Integrated Health Service Post (Posyandu) is also part of reaching health services where the Posyandu used to be identical to pregnant women, infants, toddlers but in PHSI, the service covers all ages. Public participation is a process that involves people in decision-making and activities that affect them. In CHC management, it is known as the Survei Mawas

[9] Elmi Nuryati, ***Faktor-Faktor yang Mempengaruhi Derajat Kesehatan Masyarakat***, dalam Ilmu Kesehatan

Masyarakat. Ed. Arif Munandar (Bandung, 2022), p. l 75.

		Diri/Self-Inspection Survey /SMD and Musyawarah Masyarakat Desa/Village Community Deliberation /MMD/ as a form of community involvement in providing input to decide health policies that will be implemented in the next year. As explained in another section, the task of CHCs, especially in PHSI, is to prioritize health promotion in the form of communication, information and education. Using appropriate technology have impact to support the health services. The use of electronic medical records is one of the example in recording patient data, especially for patient information rights.
Central State Organizer /Local Government	Increase universal health service coverage, including financial risk protection, access to quality primary health care and access to safe, effective, quality and affordable medicines and vaccines for all	In the PHSI, this point becomes the focus of program's implementation. CHCs as organizers strive to achieve this target. However, the reality, problems in terms of health funding are one of the factors inhibiting the achievement of this goal.
Individuals, Communities, & Civil Society Organizations	Knowing and understanding everything related to actions that violate human rights norms.	From the interviews results to the patients visiting the health center, six from six informants do not understand kind of actions that violate human rights norms.

Individuals, Communities, & Civil Society Organizations	Participate in health decision making	As explained before decision-making in the implementation of health programs by CHCs must refer to Community Self-Survey (SMD) and Village Community Meeting (MMD). Decision making is based on the identification of problems in the community and how to answer these problems. Furthermore, the management of CHCs is also known as inter-sectoral meetings to design and evaluate health policies carried out by CHCs. The adoption of the principle of public participation is necessary to ensure respect for diversity in health provider.
Provider/ Organizer Healthcare Facility	Developing decent accommodation	As previously discussed, facilities and infrastructure, medical equipment, and human resources are important factors in health services and determine the fulfillment of the right to health. The three health centers lack to provide the things which is mentioned above.

Provider/ Organizer Healthcare Facility	Obligation of health providers	PHSI Program that is carried out seeks to fulfill the obligations of health providers to obtain health services that are safe, quality, effective, anti-discrimination, and prioritize the interests of patients, but on the other hand there are still shortcomings so that obligations have not been fulfilled, such as in the provision of health infrastructure.
Medical/Health Workers	Obligation of health providers	Role of medical and health personnel in providing PHSI services very significant, especially in fulfilling the right to health, but the lack of medical and health personnel both in number and competence has an impact on health services that are not optimal and affect the fulfillment of the right to public health.

Challenges and Efforts to Fulfill the Right to Health in PHSI Program of CHCs

Based on the results of observations and interviews conducted at the all Heads of CHC that were sampled in this study, all three stated similar things in the challenges faced. Lack of facilities and infrastructure, medical devices, medicals consumable and health human resources are obstacles in the implementation of this program, especially in laboratory services. Laboratory services are important because many health screenings require laboratory services in the PHSI program.

Lack of coordination can result in overlaps in programs and policies, waste of resources, and disparities in health services. Coordination must start from the preparation of regulations, planning and budget allocation, implementation to monitoring and evaluation. However, there is no Regional Regulation on PHSI in Boalemo District.

The guarantee and relationship between the human right to health is recognized in several human rights laws and instruments. To guarantee the right to health, several parties are given the responsibility to safeguard, protect, guarantee, and fulfill, as well as provide remedies for any violation of rights. [10] To fulfill the right to health as a human right, the government still needs to make strong efforts to improve the availability, accessibility, acceptability/non-discrimination and quality of accessibility, quality in the delivery of health services. The use

of non-capitation funds, strengthening the role of cross-sectors are efforts that have been made by CHCs to face challenges regarding the lack of health infrastructure and lack of coordination

Dynamics in Implementation of Fulfilling the Right to Health in PHSI Program of CHCs

Law enforcement of the constitutional rights of citizens as guaranteed by the constitution and law, UUD1945 and UU No. 39/1999 on Human Rights mandates that it be carried out both through aspects of legal substance (rules), structural aspects and cultural aspects. In terms of substance, the Right to Health is one of the Human Rights and for its own sake these rights are recognized and protected by law. Based on these considerations, the state has passed several laws and regulations whose legal substance guarantees that the Right to health, which is a basic right inherent in a person, is protected, respected and defended by everyone.

If the PHSI Program is not implemented properly or equally, it indicates that the government has not fully met its legal obligations to ensure the right to health. Violations of this right can occur by commission, when the state improperly interferes, or by omission, when it fails to protect citizens or take necessary legal and administrative actions to guarantee health standards. Although national law recognizes the right to health and provides mechanisms for supervision, the absence of specific regulations addressing violations weakens its enforcement. The fulfillment of the right to health in local governance is closely linked to the Minimum Service Standards (MSS) in the health sector. MSS serves as a measure of regional government performance in providing basic health services and as a reference for the Central Government in setting policies, incentives, and sanctions. According to Government Regulation No. 2 of 2018 on MSS, Regional Heads or their Deputies who fail to implement the standards may receive administrative sanctions, as further regulated by the Minister of Home Affairs in coordination with relevant institutions.

Recommendations for Fulfilling the Right to Health in PHSI Program of CHCs

To response the dynamics in fulfilling the right to health in the PHSI program, several things can be done such as:

1. **Making Regional Regulations**

All efforts made by the government must be based on the spirit that the existence of a welfare state must be able to make its people happy in accordance with the objectives of the state based on a spirit of empathy, dedication, determination, and high commitment through the protection and fulfillment of human rights. The responsibility for the fulfillment and protection of human rights is the obligation of the state, especially the government. In the implementation of PHSI, the Regional Government and Village Government have a big role because they know more about the geographical, economic, socio-cultural conditions and health needs of their communities. Local governments need to develop their own local regulations regarding the implementation of PHSI programs and other health regulations while still referring to existing laws. This will provide a legal framework, policy, certainty at the local level. The existence of local regulations at the provincial, district/city, village level will certainly involve the community from planning, drafting, implementation to monitoring and evaluation, of course this means there is public participation.

The Boalemo District Government needs to make regulations regarding the implementation of ILP in order to adjust to national policies but adapted to the local order. This is important to provide legal certainty in the implementation of the PHSI program, enhancing intersectoral

[10] Zahara Nampewo, et.al . ***"Respecting, protecting and fulfilling the human right to health"***. Int J Equity Health 21, 36 (2022), p. 2

coordination and collaboration. Health budgeting will be more targeted because it is based on health sector development priorities. Then encourage public participation and create innovation in the distribution of health services. Finally, it is part of good governance in supporting MSS on Health.

2. Strengthening Supervisory Institutions

Then no less important in the fulfillment of human rights is the role of institutions that have the authority to provide protection and fulfillment of human rights, including the right to health. The existence of National Commision on Human Rights and Ombudsman can be an agent in ensuring the implementation of respect, protection and fulfillment of human rights.

a. National Commission on Human Rights

National Commission on Human Rights in carrying out its functions has issued SHR (Standard Norms and Rehulation) regarding the right to health. in addition, It also receives complaints regarding the non-fulfillment of the right to health. most of the cases reported are about the stigma experienced by certain groups related to the diseases suffered [11]. In addition to serving complaints, this Commission also disseminates insights about human rights, so that everyone knows about their rights to health.

The government, especially the local government in this case, together with National Commission on Human Rights need to interfere for prevention efforts, awareness to the community, education to the community to behave in accordance with human rights principles such as equality, justice, non-discrimination, especially in the provision of health services.[12]

b. Ombudsman

In order to create justice, a state institution is needed to supervise public services's provision. The Ombudsman is here to answer this challenge. In terms of health, the Ombudsman plays a role in ensuring that community rights are fulfilled and health services run according to the rules.

In improving public services, one way is to improve the provision of facilities that support the quality of these services. Lack or even absence of facilities can hamper the process of organizing public services.

The final product of the Ombudsman of the Republic of Indonesia, known as the Recommendation, is something that must be implemented by service providers if maladministration actions are found, especially in the health sector. The recommendations of the Ombudsman of the Republic of Indonesia have a compulsory character for the organizers to submit reports to the Ombudsman on the implementation of recommendations that have been carried out accompanied by the results of the examination no later than 60 days from the date of receipt of the recommendations, because the ombudsman recommendations contain a description of the results of the examination, the form of maladministration that occurred, as well as conclusions and opinions of the ombudsman regarding matters that need to be implemented.[13]

3. Community participation and empowerment

Issues of legal awareness in society are often at the root of many social issues. For example, a lack of understanding of the law can lead to violations of basic rights, including the right to health. For example, people do not receive health services in accordance with existing service standards due to lack of knowledge or limited information on the matter.

Furthermore, a case that is often encountered in the field related to the right to health is the refusal of parents to immunize their children. Even though immunization is a child's right and

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[11] Ignatius Dwiana, Gloria Fransisca Katharina Lawi. ***"Bahas Kesehatan Bareng Komnas HAM: Negara Harus Berbenah."*** https://prohealth.id/bahas-kesehatan-bareng-komnas-ham-negara-harus-berbenah/. Accesed on July 30, 2025

[12] Komisi Nasional Hak Asasi Manusia . *Op.Cit, p*. 45

[13] Desti Setiawati, et.al, ***"Peran Pengawasan Ombudsman Republik Indonesia (ORI) dalam Pembentukan UU Kesehatan***". Jurnal Pendidikan Tambusai. Volume 7 Nomor 3 Tahun 2023, p. 28629

is an obligation of parents. But as stated earlier the lack of information, knowledge plus various hoaxes cause children not get their health's rights.

Therefore, it is necessary to empower law and human rights through legal counseling and human rights education. With this campaign, the expectation are it can increase legal awareness among the community and prevent human rights violations, increase public awareness and knowledge of their rights and encourage active participation in the community of their rights and encourage active participation in efforts to uphold law and justice.

4. Training of Medical and Health Workers

To support point 3, medical and health workers in health facilities should be trained with knowledge about the right to health. There is a need for special learning methods regarding the provision of human rights-based health services in health care facilities. Including material about the right to health during health counseling in the community, educating the public about their right to health while they are giving health campaign in community

5. Citizen Lawsuit

Every right contained in the constitution is a basic right or human right as stated in the 1945 Constitution, Article 28H(1). Citizen lawsuit efforts can be taken by the community whether it considers that the government is not carrying out its obligations in fulfilling the right to health. The community can demand that the government issue certain regulations or rules that can encourage the fulfillment of the right to health. For example, health funding policies to build health infrastructure, regulations that better defend children's rights to obtain proper health, policies to protect people with infectious diseases from stigma.

Citizen Lawsuit as an alternative right of citizens to sue for the fulfillment of the right to health which is the obligation of the government still needs to be regulated in a special law as mandated in Regulation Number 10 of 2024 Articles 8 and 14. [14] This is important for citizens to obtain legal certainty and justice in health services.

CLOSING

Following the regulation of the fulfillment of the right to health in PHSI Program at CHCs, welfare, which includes health, is a basic human right for every citizen. In this case, the state must be fully responsible for improving the welfare of its citizens. Health is part of human rights so that everyone has the right to health. The Universal Declaration of Human Rights (UDHR) contains the main points of human rights and basic freedoms which are intended as a general reference for the achievements of all peoples and nations to ensure universal and effective recognition and respect for rights and basic freedoms for the nations of the world including Indonesia. Efforts to fulfill the right to health are the responsibility of the state.

The guarantee of the right to health has been regulated in both national and international legal instruments. In the Standar Norms and Regulation (SNR) issued by the National Commission on Human Rights , which is the principle and norm, there are international and national references regarding the fulfillment of the right to health. In the 1945 Constitution, Article 28H paragraph 1 guarantees the right of every person to a good and healthy environment and the right to obtain health services. In Article 34 verse 3 it isstated that the state is responsible for the provision of proper health care facilities. Based on this, the state guarantees the basic needs of a decent life and increased dignity towards the realization of a prosperous, just and prosperous Indonesian society.

In the latest law in health, Law number 17 of 2023, Articles 30 to 35 emphasize the organization and development of Primary Health Care. Furthermore, the

[14] Elly Kristiani Purwendah, et.al, ***Asas Ius Curia Novit: Konsistensi Putusan Hakim Pada Gugatan CLS Lingkungan Hidup di Indonesia. Dalam Citizen Lawsuit di Indonesia: Tinjauan terhadap Substansi, Prosedur, serta Eksekusi***. (Jakarta,2022), p. 97

regulation of Primary Health Service is found in Government Regulation Number 28/2024, in Articles 2 through 7, as well as in Article 502, Article503, Article510, Article515, Article523, Pasal 524. Then Permenkes Nomor 19/2024, PHSIProgram's regulation is found in Article 3, Article40. As well as guidelines regarding the implementation of PHSI at the Community Health Centers are regulated in the Decree of the Minister of Health Number HK.01.07 / MENKES / 2015/2023 about guidelines for Primary Health Service Integration.

Furthermore, for the implementation, obstacles and efforts made by Puskesmas to fulfill the right to health in the implementation of the Primary Health Service Integration program, the three CHCs which are the objects of research have transformed into CHCs that organize the PHSI programs. Marked by health services in the building provided based on clusters and serving based on the life cycle in accordance with established regulations as well as for services by SCHCs and Integrated Health Service Post (Posyandu) have implemented the PHSI system.

The Boalemo District Government has not yet developed regulations for primary health care in the region that refer to national policies as a form of responsibility for the provision of primary health care.

Based on four indicators in fulfilling the right to health, that is, availability, accessibility, acceptance and quality, there are three indicators that show that the right to health has not been fulfilled. The three indicators that have not fulfilled the right to health are availability, accessibility, and quality factors. For the acceptability indicator, there is no service provision which indicates discrimination in service delivery by the CHCs.

The challenges faced by the three HCSs, lack of facilities, infrastructure, health human resources and limited medical equipment. The absence of derivative regulations in the regions, the division of roles across sectors is also an obstacle. Then the mindset that the role of the CHCs is only as a place of treatment not as a health facilities that prioritizes promotive and preventive.

To overcome the third obstacle, Puskesmas always advocates intersectors regarding the PHSI program, seeks funding from the CHCs even though it is very minimal and proposes facilities, infrastructure and medical equipment to the authorities. Also always socialize the role of CHCs as a promotive and preventive service in community.

The state must be present in ensuring the fulfillment of the right to health of its people. The obligation is in the form of an obligation to respect, an obligation to protect and an obligation to fulfill. To realize this, policies and commitments as well as actions are needed not only from the state but the community also takes a role as stated in existing regulations. So that the fulfillment of the right to health can be realized in a full, fair and equitable manner.

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