THE URGENCY OF USING INDONESIA'S NATIONAL HEALTH INSURANCE PARTICIPATION CARD AND COMPARISON OF HEALTH INSURANCE SYSTEM WITH OTHER COUNTRIES

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ABSTRACT

The purpose of this study is the obligation to participate in national health insurance in Indonesia to carry out land sale and purchase transactions and applications for registration of land rights and a comparison of national health insurance systems in various countries to find out the obstacles that are taken care of in realizing Universal Health Coverage (UHC) in developing countries. The national health insurance formed by the government known as social health insurance guarantees health rights with the principle of equity. The presence of Presidential Instruction of the Republic of Indonesia Number 1 of 2022 concerning Optimization of the Implementation of the National Health Insurance Program and Circular Letter Number 5 /SE-400. HK.02/II/2022 concerning the Participation of The National Health Insurance (JKN) In The Application For Registration Of Transfer Of Land Rights Or Property Rights To Flats Units Due To Buying And Selling Made Changes In The Use Of JKN Participation Card So that this article will further examine related legal products regarding national health insurance in Indonesia. Review and review by comparing Indonesia's health insurance system with other developing countries such as Thailand, Ghana, and several other countries.

Keywords: Health Insurance, National Health Insurance Membership Card, Comparison.

INTRODUCTION

Indonesia's health system provides protection that focuses on concrete health care. However, in reality, regulations related to health social insurance by the Indonesian government are of the view of including several other institutions in accordance with the Presidential Instruction of the Republic of Indonesia Number 1 of 2022 concerning Optimization of the Implementation of the National Health Insurance Program addressed to 23 Ministries, Attorney General, Chief of the National Police of the Republic of Indonesia, Head of the Indonesian Migrant Workers Protection Agency, Directors of the Social Security Organizing Agency Health: The Governors, the Regents/Mayors, and the Chairman of the National Social Security Council. This certainly gives the government concern for health to all sectors of government institutions in order to optimize the national health insurance which is very massive so as to provide a positive assumption of the government's seriousness towards citizens to get health according to the basis of Indonesian constitution.(Joko Widodo, 2022) Social insurance is not organized for profit, but to provide social security for the community or a group of people. The Social Security Health Organizing Agency as the government's social insurance is one of the institutions that participates in carrying out the Presidential Instruction.(Fauzi, 2019) Insurance has a responsibility namely as a form of protection with the main funding for each insured party in order to uphold welfare in sharing the insurance sector. One of them is in the health sector, the social asurasnssi of health which then comes with the obligation to carry out this in accordance with the constitution.(Talesh, 2021)

Initially, social insurance in Indonesia has been explained in Article 1 Number 3 of Law Number 40 of 2004 concerning the National Social Security System which reads that social insurance is a mechanism for collecting funds that are mandatory derived from contributions to provide protection for socioeconomic risks that afflict participants and or their family members. In essence, the participation of social insurance listed above is not based on an agreement agreed upon by the parties (insurance company / insurer and insurance participant / insured), but is mandatory based on the provisions of the inviter-invitation regulations related to social insurance. This is the insurer in social insurance, one of which is the government making health insurance such as Law No. 40 of 2004 concerning the National Social Security System and Law Number 24 of 2011 concerning the Social Security Organizing Agency.(Purwanto, 2006) Nowadays, the guarantee of Health Insurance for Indonesian Social Health Insurance mandated to the Health Social Security Organizing Agency or BPJS Kesehatan has provided health services by instilling its principles, one of which is the principle of equity which means that the implementation of health insurance must have similarities in obtaining services in accordance with their medical needs that are not related to the amount of contributions they have paid. Understanding of health insurance as a form of social security program made for massive needs by upholding the principles of social insurance and the principle of equity with the aim of providing guarantees for participants to get their rights in terms of health services and health protection so that health is met as a basic need of the community.(Direktorat Jaminan Sosial Nasional, 2021) A significant increase in healthcare and supply-side readiness in Indonesia over the past decade, major challenges have remained, especially since the JKN program was launched in early 2014. The demand for health services has increased and the mandatory participation of JKN will open up opportunities for those who previously did not have health insurance to participate in BPJS Kesehatan. The anticipated increase in the need for health services needs to be balanced with the availability of adequate health services Nationally, the supply of health workers is greater than the demand and exceeds the minimum figures recommended by the World Health Organization (WHO). The problems that arise are uneven distribution and an increase in demand for medical services after the launch of JKN, causing quite a lot of health facilities to be understaffed.(Reduction, 2015)
BPJS Kesehatan Membership Card along with the development of legal products makes the card made as a condition for buying and selling transactions and land registration, but it is still something abstract if you want to register land and so on, the lack of an adequate approach and sufficient communication, resulting in legal issues arising and can cause misunderstandings and even multi-interpreta- tion between the government and the community. Therefore, its implementation must be carried out openly as long as it is about the benefits to society at large. Adjustments to its implementation are needed related to the readiness of the community in the implementation of regulations on land which are required to attach a BPJS Kesehatan card. (Tehupeiory, 22 C.E.)Therefore, coordination with the Ministry of Agrarian and Spatial Planning / National Land Agency with BPJS Kesehatan is very much needed. The implementation of cooperation by BPJS Kesehatan with the Ministry of agrarian and Spatial Planning / National Land Agency was made in the hope of providing better developments to make every citizen get health facilities and health protection with the legal umbrella that has been made by the government parties. The understanding of social insurance is also interpreted from the benchmark of understanding and trust of each individual community by sorting out a health plan which then becomes a helper for everyone (even in the family) to ensure health protection that has been registered as a participant of BPJS Kesehatan. (Nisa & Sari, 2019) Therefore, it can be seen that there is a sense of obligation for every BPJS Kesehatan participant with the Circular Letter issued by the Indonesian Land Agency in the land registration application. Legal issues related to the nature of the mandatory nature of having a BPJS Kesehatan bondage card in buying and selling and applying for servants to transfer and convert land rights. The regulation is enforced on March 1, 2022, the use of the BPJS Kesehatan Card will be a condition for buying and selling land or registering the transfer of land rights. The obligation must include the BPJS Kesehatan Card as an administrative requirement is for the optimization of the National Health Insurance program. (Admin Kementrian Agraria dan Tata Ruang/Badan Pertanian Nasional, 2022) In this case, the discussion that will be raised is in accordance with legal issues, namely whether the implementation of the Presidential Instruction and circulars related to registration and buying and selling of land rights in Indonesia are very important? The second problem is related to comparisons to the health insurance system between the country and various other countries.

RESEARCH METHODS

Legal research is based on the perspective of Morris L. Cohen that legal research is a legal remedy to regulate every human activity. Therefore, legal research is used as an instrument to observe existing laws and laws made by the government. Therefore, to conduct more in-depth research on this matter, a legal research methodology is needed so as to provide convenience in conducting the research. The legal research used in this article is doktirinal (normative) research, legal research with a normative scientific character is a legal norm spread in primary legal rules and secondary legal rules. (Peter Mahmud Marzuki, 2005) Norms as objects of legal research that can be understood based on research, doctrines, and things based on legal products. This research is a statutory approach and a conceptual approach. (Hart, 1994) Reviewing laws and regulations related to the implementation of optimization and urgency of applications for registration and sale and purchase of land rights with BPJS Kesehatan membership cards as well as comparison of the health insurance system with other countries.

DISCUSSION

1. The Urgency of Using the Indonesian National Health Insurance Membership Card

The body given the mandate to carry out welfare in health services is BPJS Kesehatan by having a program called national health insurance in order to uphold the constitution of Article 28 H paragraphs 1.2, and 3 and Article 34 paragraphs 1.2, and 3. In the scientific manuscript, Law Number 40 of 2004 concerning the National Social Security System states that the National Health Insurance Program, abbreviated as the JKN Program, is a government and community program with the aim of providing comprehensive health insurance certainty for every Indonesian so that Indonesians can live a healthy, productive, and prosperous life. (Asih Eka Putri, 2014) The explanation reads Article 28 H of the 1945 Constitution of the Republic of Indonesia, the need for legal protection in realizing equitable health in Indonesia. The legal perspective of Satjipto Raharjo, states that legal protection is carried out by the existence of an act of respect for human rights (HAM) for parties who are harmed by others and then the protection is given to each group in order to enjoy all the rights given from the regulations that have been made. (Valeri Siringoringo et al., 2017) Health development as one of the national development goals with the aim of realizing a healthy lifestyle for everyone and achieving the highest degree of public health. This is related to national development in the health sector very closely, so its implementation must be structured, comprehensive, gradual and continuous. Therefore, health development in the health system is carried out through various health efforts through services at health facilities (faskes) and maximum health services. (Tedi Sudrajat, 2020) Health development is carried out by conducting a national health insurance program which is expected to be a solution in improving the welfare of the community both in preventing and handling health in each group.

The laws and regulations governing the national health insurance program are in accordance with Article 1 Number 1 Perthe rules of presiden Nomor 64 of 2020 concerning Health Insurance is a guarantee in the form of health protection so that Participants get health maintenance benefits and protection in meeting the basic health needs given to everyone who has paid for Health Insurance or Health Insurance contributions are paid by the Central Government or Local Government. According to Article 1 Number 1 Perrule Presiden Nomor 32 of 2014 the National Health Insurance, hereinafter abbreviated as JKN, is a guarantee in the form of health protection so that Participants get health maintenance benefits and protection in meeting basic health needs given to everyone who has paid their dues or contributions paid by the Government. The implementation of JKN is inseparable from the implementation of Universal Health Coverage (UHC), therefore, countries that want to implement the universal health insurance system, must provide various supporting factors, namely: 1) A strong, efficient, and well-managed health system, namely as a health system that is able to meet the needs of health priorities through the implementation of integrated services centered on the community by means and availability of supporting elements which include: a) communication, information and public education to keep them healthy and prevent getting sick; b) monitoring of early health conditions; c) capacity for the treatment and treatment of diseases; d) pasen rehabilitation; e) palliative care if needed. 2) Affordability - setting up an effective health funding system, so
that the population does not experience financial difficulties when they want to use health services. 3) Availability of essential medicines and technologies for diagnosing and treating medical problems. 4) The capacity of competent and adequate health workers in providing services to meet the needs of patients based on available medical evidence. 5) Actions to resolve social factors affecting the health of the population and the population's access to health services, including education, environmental conditions and household income. (Adiyyant, 2020)

Basically, the implementation of the national health jaminan program with human values is appropriate, but what is quite difficult with the implementation of this JKN Program is the issuance of Presidential Instruction Number 1 of 2022 concerning Optimization of the Implementation of the National Health Insurance Program which is wrong to appoint the BPJS Kesehatan agency as the party that runs the JKN program in collaboration with the Ministry of Agrarian Affairs and Spatial Planning / National Land Agency issued Circular Number 5 / SE-400. HK.02/II/2022 concerning the Participation of National Health Insurance (JKN) in the Application for Registration of Transfer of Land Rights or Property Rights to Flats Units Due to Buying and Selling which is considered to be an overlap of interests carried out by BPJS Kesehatan so that it does not overwrite the customs to other institutions, one of which is the land agency which it should be that the correlation of the mandatory enactment of having a jkn membership card for transactions and applications for registration of land rights is considered to have no concrete correlation. This obligation is contained in Number 5/SE-400. HK.02/II/2022 concerning the Participation of the National Health Insurance (JKN) in the Application for Registration of Transfer of Land Rights or Property Rights to Units of Flats Due to Buying and Selling Number 5 letter (e) which reads if based on the results of the examination as referred to in letter c or letter d the status of participation in the National Health Insurance the applicant is inactive or the applicant has not become a participant of the National Health Insurance, then: 1) Application for registration services for the transfer of Land Rights or Property Rights to Flats Units because the sale and purchase can still be accepted and processed services in accordance with the provisions of the laws and regulations; and 2) At the time of taking the results of the service, the applicant shows that the membership status of the National Health Insurance is active or has become a participant of the National Health Insurance.

The main challenge in providing national health insurance that covers the lower middle class, one of which is Indonesia, optimization should be centered on health services and health facilities. Eastern Indonesia really needs more human resources to carry out health service activities while in urban areas it has different challenges, namely non-communicable diseases such as cases such as diabetes mellitus, hypertension, heart disease, and cancer which cost relatively large. In this matter, the government should consider in accordance with the portion of an agency in managing a policy such as this national health insurance which should be run by BPJS Kesehatan only, so that what is meant by optimizing national health insurance runs in accordance with the objectives. (Atikah Adyas, 2021) Involving other institutions such as the national land agency as a condition of sale and purchase and the application for registration of property rights a bag of land are questionable in terms of the principle of benefits. The interests that are the basis of government policy are considered conflicting on the basis of the correlation between the participation of BPJS Kesehatan and the conditions of sale and purchase and application for registration of property rights to land, which actually causes an exploratory nature that is effectively coercive. In fulfilling the land certificate process, the Indonesia government actually has an asset legislation program known as the Agrarian National Operation Project (PRONA) implemented by the Ministry of Agrarian Affairs and Spatial Planning / BPN, based on Domestic Decree Number 189 of 1981 concerning the Agrarian National Operation Project. Based on this decision, the PRONA Organizer is in charge of processing mass land certification as a manifestation of the Orderly Chess program in the Land Sector. (Maulidi et al., 2017) Land registration is carried out to ensure legal certainty for the community in owning, controlling, and utilizing land, therefore for the control of land that has been registered, a letter of proof of rights will be issued in the form of a certificate of binding. In this regard, there are 2 kinds of legal principles, namely: (Sutedi, 2008) 1. The principle of good faith, namely that the person who obtains a right in good faith will remain the legal holder of the right according to law. This principle aims to protect people in good faith. 2. The principle of nemo plus juris, which is that a person cannot transfer rights beyond the rights that lie upon him. This principle aims to protect rights holders who can always reclaim their rights registered on behalf of anyone.

Basically, before the interest in the implementation of the Presidential Instruction then reaches the Circular Letter of the Ministry of Agrarian and Spatial Planning / BPN is in accordance with the portion of each institution because BPJS Kesehatan runs according to health services and facilities while the land agency is engaged in land management. The implementation of the optimization of national health insurance with the circular has violated the laws and regulations with the legal basis of Article 1 Number 7 of the Law of the Republic of Indonesia Number 25 of 2009 concerning Public Services and Government Regulation of the Republic of Indonesia Number 96 of 2012 concerning the Implementation of Law of the Republic of Indonesia Number 25 of 2009 concerning Public Services which reads Tandar layanan is a benchmark that is used as a guideline for service delivery and a reference for assessing service quality as an obligation and promise of the organizer to the community in the context of quality, fast, easy, affordable, and measurable services. Therefore, on the implementation of the active participation card of the national health insurance to apply for registration of transfer of land rights or property rights to units of flats because buying and selling becomes something burdensome for citizens who are considered to be if they do not have participation, they cannot buy and sell. According to Government Regulation Number 24 of 1997 concerning Land Registration, it has changed to Government Regulation Number 18 of 2021 concerning Management Rights, Land Rights, Flats Units, and Land Registration. In the enactment of Government Regulation Number 24 of 1997 concerning Land Registration, buying and selling activities are carried out by the parties which are carried out in front of the Land Deed Making Officer (PPAT) who is in charge of making the deed. By doing the sale and purchase in front of the PPAT, the bright conditions are met. The deed of sale and purchase signed by the parties proves that there has been a transfer of rights from the seller to the buyer accompanied by payment of the price, has met the cash requirement and shows that in real or real terms the legal act of the sale and purchase concerned has been carried out. The deed that has been passed proves that it is true that a legal act has been carried out, namely the transfer of rights for eternity and the payment of the price. Because the legal act carried out is a legal act of transfer of rights, the deed proves that the beneficiary or buyer has become the new rights holder. (Ida Nurulinda, 2009) PPAT in the land scope is known as a general official, its existence
is appointed directly by the head of the National Land Agency, this party has the authority in terms of making deeds of transfer of rights from certain land plots to deed matters in connection with the sale and purchase of certain land plots. It is clear that the active participation of the national health insurance is not clear about its use in the sale and purchase transaction activities if the PPAT with additional electronic registration has greatly met the needs of the public, but the addition of the requirement for active participation in the national health insurance is considered burdensome for other parties. (Asti et al., 2021)

2. Comparison of Indonesia’s Health Insurance System with Other Countries

Global health security (GHS) and universal health insurance (UHC) are forms of efforts by world health programs with the main goal of aspiring to a better world, especially in the health sector. The two world institutions are interconnected so that they are very influential in realizing the goal of equitable health. (Assefa et al., 2020) The two programs promoted by the World Health Valley (WHO) are carried out in every country because health is one of the primary rights for every human being. Universal Health Coverage (UHC) can be a starting point to improve the quality of the health care system. Quality improvement needs to be a core component of UHC initiatives, as well as broad coverage and financial protection. To ensure that everyone benefits from services, expansion should prioritize the poor and their health needs from the outset. UHC progress can be measured by effective and efficient coverage. (Kruk et al., 2018) In developing countries, primary health care is slow due to limited resources and facilities. One example of the slow pace of this service is the length of time to establish a diagnosis. Indonesia is one part of the country, currently there is no form of cooperation and synergy that is considered optimal between BPJS and health facilities such as puskemas and/or hospitals as health service providers or providers, especially in terms of referral mechanisms for the distribution of medical services. Therefore, causing the implementation of bpjs kesehatan with the national health insurance program for all communities, both TNI / Polri, civil servants, underprivileged communities, people in urban areas and people in rural areas are still experiencing problems both in terms of administration and from a technical point of view with one of the factors of a massive lack of education from the parties concerned. (Koni et al., 2020)

This less than optimal implementation makes Indonesia’s inhibiting factor in the implementation of maximum health welfare. Another factor that makes various obstacles in advancing Indonesia’s health welfare by mixing BPJS Kesehatan with the national health insurance program with buying and selling transactions and applying for registration of land rights as a mandatory condition contained in the Presidential Instruction of the Republic of Indonesia Number 1 of 2022 concerning Optimization of the Implementation of the National Health Insurance Program with derivative regulations. The Ministry of Agrarian affairs and Spatial Planning/National Land Agency issued Circular Number 5/SE-400. HK.02/II/2022 concerning the Participation of the National Health Insurance (JKN) in the Application for Registration of Transfer of Land Rights or Property Rights to Flats Units Because Buying and Selling is not urgent so that those who should focus on the health sector are increasingly making health programs in Indonesia more lagging behind which should be sufficient in one task with the aim of prospering the community in the health sector. The health system in Indonesia is now heading in a better direction, although there are still many kinds of obstacles. This can be seen from the increase in health status and supported by public awareness of the importance of health. However, efforts are still needed to accelerate the achievement of health indicators in order to catch up with other countries, so that the national health system is still being evaluated and improved. (R. N. Putri, 2019) Previously, it was implemented that the BPJS Kesehatan institution with the participation card had fulfilled the duties of BPJS Kesehatan as a legal entity having the task of providing National Health Insurance for all people in Indonesia but changed since the participation card was used as a mandatory condition for buying and selling and applying for land registration which in the interest of buying and selling should not need to be used. In other developing countries, they also experience the same thing with different constraints. The form of primary health care is felt to be slow due to limited resources and health facilities. One example of the slow pace of this service is the length of time to establish a diagnosis. In the African country, limited education is a key indicator of the late presentation of breast cancer, most likely reflecting a lack of awareness regarding the symptoms of cancer, one of which is ghanaians state. A survey from the Union for International Cancer Control (UICC) showed that about 25% of Africans surveyed believe that cancer is incurable even only 36% believe that cancer is one of the cases of death in Ghana. Low humanpower in South Africa, more than 80% of women are unaware of any signs of growing breast cancer, with a more common lack of knowledge among older and rural women. It is common in Africa that there are also various misconceptions about this disease, with some women believing that the disease is caused by guna-guna or mystical things. (Brinton et al., 2019)

The National Health Insurance (NHI) is a health financing system designed to raise funds to provide access to affordable and quality health services for every citizen in South Africa based on the health needs of citizens regardless of specific groups in terms of social status, economy, and others. The NHI is intended to ensure that the use of health services does not result in financial difficulties for every citizen. The national health insurance seeks to realize the overall health coverage for all South Africans. This means that every citizen in South Africa has the right to access comprehensive health services for free such as hospitals, clinics and other health institutions. In South Africa, it also uses the JKN card in the country. The implementation of the South African JKN was carried out in stages during the 14-year grace period that began in 2012. Funding is carried out for the implementation of JKN through a combination of mandatory contributions of each participant and general taxes. (South African Government, 2019) Global health equality in low- and middle-income countries (LMICs) makes lembaga health in various countries there are still many obstacles both in terms of regulations and human resources which should be a strong foundation for the creation of maximum health. As many as 90% of people in the five developing countries receive care when needed. However, China has the least number of people receiving health care. This is because the main obstacle factor for citizens of these countries is the cost of accessing health such as hospitals, clicks, and others. The percentage with access constraints to hospitals in each country is the lowest is South Africa and Russia (less than 2%) and other countries India (35%), Mexico (40%) and Ghana 47%. The least number of outpatient visits in 1 year were Ghana (1.7 visits) and South Africa (3.1 visits). Indians at 37% reported that on average they had to reach more than an hour to reach the Hospital. while only 5% and 7% of Russian and Chinese respondents reported them more than an hour to reach the Hospital. (Alshamsan et al., 2017)
The Universal Coverage Scheme (UCS) came into existence and was implemented in six provinces in Thailand in April 2001, in an additional 15 provinces in June 2001, and nationally in April 2002. The main objective of UCS is to give every Thai citizen equal rights to quality health care according to their needs, regardless of their socioeconomic status. This goal is based on the principle of universality: UCS is understood as a scheme for all citizens. (Luft, 2007) Thailand as a country that seeks to run UHC with health insurance programs in the country seeks to increase prosperity in terms of health so that every citizen can receive health facilities, health services, and medical personnel who are collected in dealing with any participant who needs legal protection in terms of health. The implementation of the health social insurance program in Thailand uses the country's pattern or scheme according to the financial capabilities of the country. In Thailand the term BPJS Kesehatan is regulated in the National Health Security Law BE 2545 (AD 2002) Article 24 There is a "National Health Insurance Agency" which becomes a state institution as a legal entity under the control and supervision of the Minister. As well as dues provided for in Article 38 i.e. there is a fund in the National Health For matters concerning third parties, the Secretary-General is a representative of the Office or may authorize an official of the Office to perform a special duty in its place in accordance with the bylaws prescribed by the Council. The "National Health Insurance Fund" is intended to determine expenditures and promote and encourage the structuring of health service units. To encourage public access to universal and efficient health services, the funds are used to take into account the development of health services in the local area, where the health service units are insufficient or the health service units are not properly distributed. (Thaworn, 2002) Some of the challenges and obstacles faced in Thailand are in terms of distribution and participation in the implementation of the health financing system which is considered to be still constrained in ensuring the welfare of the community, namely the need for good coordination between the three health insurance institutions implemented by both managers and regulators, the possibility of demand in terms of health facilities and services grows increasing than the source of funding obtained by each in fact, which has resulted in spending on health financing tends to increase while the budget that can be prepared by the government has decreased rapidly, limited access is also felt in health care providers, especially for people living in rural areas, about half of the participants (UCS) are low-income people so they need more budget funds. (Indrayathi, 2016)

Types of societal diseases where the number of chronic diseases tend to increase in the population, causing the emergence of new demand for the types of treatments and treatments needed by the community so that concrete regulations are also needed with the presence of types of diseases that harm the community, form a good health insurance system and make people or participants no longer distinguish the quality of health services provided by the government or private sector with a meaning without looking at any group, the latter is almost experienced in every developing country, namely participants from UCS who live mostly in remote or rural areas, still find it difficult to get access to health services. (Indrayathi, p.32) The problem arises from the increasing number of human populations in each country, making the state try to carry out health services swiftly and quickly and preventively in trying to make healthy and prosperous citizens and repressive in every action in the hope that the life rate in the healing of each patient increases. Social health insurance in Thailand with the financial pattern used is suitable for the application of universal coverage, there are several things that must be taken into account by the Thai state, as it is known that the country has more than half of the population in the informal sector and small businesses so contribution collection of dues is a major problem. Experience in the Social Security Scheme (SSS) shows that SSS works well in private companies. However, it is difficult to implement and it is too expensive to collect dues in a very small company like a small shop that has only a few employees. Since SSS is designed to use the premium-scale method, the contribution rate must be increased step by step. In fact, the parties as stakeholders, namely employees, employers and the government, are very contributing and adjusting the indexation for insurable income which so far seems impossible. The Social Security Office (SSO) as the manager of SSS has never succeeded in increasing this contribution. (Thaworn, 2002) National health insurance or national health insurance programs are needed for anyone without exception. However, with this program, human resources such as health workers and medical personnel are needed who can balance the number of patients in a country so that health that is a common goal will be realized. National health insurance in developing countries is undertaking and developing with the health well-being of citizens. Social health insurance is an effort to collect funds or contributions by active participants by getting health services that are increasingly being used in various countries because this system is considered to guarantee the health needs of the people of a country so that citizens of developing countries really need government health insurance. The comparisons that occur in various developing countries have almost similarities in the constraints in realizing UHC in each country. Such as Indonesia, Thailand, Ghana, South Africa, and other developing countries related to the operation of both health facilities and health services which makes it difficult to achieve the expected goals of the health insurance system. Human resources, both medical personnel who tend to be in numbers that are not on target and citizens, still lack awareness in preventing a disease, this is a challenge for developing countries to advocate UHC and to fulfill the health rights of every citizen. The constraint factors experienced can be seen from these various developing countries such as infrastructure, health facilities, health services, human resources, both health workers and medical personnel as well as citizens who are less educated about the importance of health in order to reduce mortality in order to realize welfare in developing countries. Indonesia holds a national health insurance participation card as a mandatory condition in conducting buying and selling transactions and requests for buying and selling land that already has legal products, but this has a compelling advantage because the regulator thinks that if people own land or houses are considered capable so that the product is considered ineffective and does not protect the rights of citizens in registering land.

CONCLUSION

National health insurance is indispensable and is an obligation of the government in accordance with the constitutional orders in Indonesia. National health insurance is a program that is carried out with the aim of providing welfare for each group so that justice arises in obtaining their health rights. The national health insurance system in Indonesia has significant changes with the issuance of the Presidential Instruction of the Republic of Indonesia Number 1 of 2022 concerning Optimization of the Implementation of the National Health Insurance Program appointing all institutions to carry out according to the contents of the presidential instruction, one of which is the Ministry of Agrarian and Spatial Planning / National Land Agency in accordance with SE Number 5 / SE-400. HK.02/II/2022 concerning the Participation of the National Health Insurance (JKN) in the Application for Registration
of Transfer of Land Rights or Property Rights to Units of Flats Due to Buying and Selling which requires every citizen who wants to buy and sell and apply for land registration to be obliged to have an active status of participation in the national health insurance, but this is effective in forcing matters in buying and selling and the application for land registration initially had no correlation with the national health insurance participation card and was more burdensome for the BPN with conditions that should not be mandatory, on the contrary.

There is a comparison of the health system that has been written in this article Indonesia has problems related to regulations that are considered to tend to be coercive even though not necessarily all land owned by the community is ethical and the sale and purchase of land is considered invalid if there is no active participation card for the national health insurance. Whereas in other developing countries such as Ghana there is a problem in the awareness and trust of medical by its people and human resources. Developing countries still have many obstacles both in terms of regulations and human resources which should be a strong foundation for the creation of maximum health. In Thailand, it is constrained in terms of distribution and participation in the implementation of the health financing system which is considered to be still constrained. Thus, the obstacles for developing countries in realizing UHC are the infrastructure in the country, awareness in treatment, and human resources that are still low (health workers and medical personnel).

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