

Concurrent Authority in Regional Government Relating to the Health Sector Based on Indonesian Regulations

Ciendy Meilanda Ivo Mongkaren¹

Sam Ratulangi University¹

Jl. Piere Tendean, Sario Tumpaan, Kec. Sario, Kota Manado, Sulawesi Utara, 95114

Correspondence Email: mongkarencindy@yahoo.co.id

ARTICLE INFORMATION

Publication information

Research article

HOW TO CITE

Mongkaren, C. M. I. (2024). Concurrent Authority in Regional Government Relating to the Health Sector Based on Indonesian Regulations. *Journal of The Community Development in Asia*, 7(1), 53-65.

DOI:

<https://doi.org/10.32535/jcda.v7i1.2562>

Copyright © 2024 owned by Author(s).
Published by JCDA



This is an open-access article. License: Attribution-Noncommercially- Share Alike (CC BY-NC-SA)

Received: 17 November 2023

Accepted: 15 December 2023

Published: 20 January 2024

ABSTRACT

This study supports analyzing health decentralization from three factors: authority, regional resources, and access. The research method used is by normative legal research examines law that is conceptualized as an applicable norm. The results of the study show how the implementation of concurrent affairs health decentralization in North Sulawesi and East Bolaang Mongondow regency is as follows: Low regional capacity characterized. Research indicates that concurrent authority in Indonesia's decentralized health sector is governed by Law Number 23 of 2014. This law delineates responsibilities among the central government, provincial government, and city district governments in managing four specific health-related matters. The legal foundation aligns with constitutional recognition of health as a fundamental human right, as outlined in Law Number 39 of 1999 and the International Covenant on Economic, Social and Cultural Rights (Law Number 11 of 2005). To optimize health services, stakeholders are urged to collaboratively implement concurrent authority efficiently. This synergy, grounded in legal frameworks and human rights principles, promises to advance the realization of an adequate standard of living and the highest attainable health standards for all Indonesians.

Keywords: Concurrent Authority; Health; Regional Government

INTRODUCTION

The government is an institution or body that has the authority and power to regulate, lead and carry out government affairs in a country. In the preamble to the 1945 Constitution of the Republic of Indonesia, the Indonesian Government aimed to protect the entire Indonesian nation. The Indonesian government has the responsibility to make public policies, maintain order, provide public services, and protect the rights and interests of the community.

Article 18 paragraph 2 of the 1945 Constitution of the Republic of Indonesia: Provincial, district and city governments regulate and manage government affairs themselves according to the principles of autonomy and assistance duties. According to the Regional Autonomy Kansil in Mulyanti (2017), regional autonomy is a right, authority, and obligation for a region to regulate and manage its own household or region in accordance with the laws that are still in force.

Law Number 23 of 2014 concerning Regional Government states that concurrent government affairs which fall under the authority of the region consist of mandatory government affairs and optional government affairs (Indonesia. The Audit Board, 2014). Mandatory government affairs consist of government affairs related to basic services and government affairs not related to basic services. Mandatory government affairs related to basic services are mandatory government affairs, part of the substance of which is basic services. The health sector is included in mandatory government affairs based on article 12 paragraph 1 letter b of Law Number 23 of 2014 concerning Regional Government. The health sector is a concurrent government affair in the category of mandatory government affairs which is directly related to basic services. Therefore, more local government efforts are needed to reduce it various interests of regional elites in dominating programs intended for the community, regional governments must be able to stimulate, seek community support or participation in development to support the implementation of regional autonomy policies because it is the community who knows better about what interests or needs that they need (Lambelanova, 2017).

The division of government affairs in the health sector, Law Number 23 of 2014 concerning Regional Government, contains 4 areas, namely Health Efforts; Human Resources Health HR; Pharmaceutical Preparations, Medical Devices, and Food and Drink; and Community Empowerment in the Health Sector.

The division of government duties in the field of health efforts according to Law Number 23 of 2014 concerning Regional Government is as follows. First, Central Government consisting of management of national/cross-provincial referral individual health efforts (UKP), management of national public health efforts (UKM) and national/cross-provincial referrals, organizing registration, accreditation and standardization of public and private health service facilities, and issuance of class A hospital permits and foreign investment (PMA) health service facilities as well as national level health service facilities. Second, Provincial Government which consisting of management of referral UKP at provincial/cross-district/city level, provincial regional SME management and provincial/cross-district/city regional level referrals, and issuance of permits for class B hospitals and provincial level health service facilities. Lastly, regency/city government which consisting of district/city UKP management and district/city level referrals, district/city regional UKM management and district/city regional level referrals, and issuance of permits for class C and D hospitals and district/city level health service facilities.

Regions have the right to determine policies for carrying out government affairs which fall under the authority of the region in the future. If a regional policy, within the authority of the local government, lacks proper guidance on norms, standards, procedures, and criteria, the central government has the authority to revoke that regional policy.

The decentralization policy in health services is interpreted as a service strategy for communities in areas that are the object of health services. Decentralization of health is interpreted as giving the broadest possible authority to regions to carry out health services. Concurrent authority in the health sector allows regional governments to create local level regulations and policies to serve local communities related to Health Decentralization.

Juridical problems, namely regarding the legal rules regarding the concurrent authority of Regional Governments in the health sector in Law Number 23 of 2014 concerning Regional Government, are unclear, resulting in multiple interpretations in the regions and resulting in their implementation not being optimal. The concept of health efforts in Law Number 23 of 2014 concerning Regional Government is not explained in detail.

Based on the background above, legal certainty is needed regarding the intentions of health efforts in Law Number 23 of 2014 concerning Regional Government. The method used in this research is a normative juridical legal research method. Next, use a statutory regulation approach and a concept approach.

LITERATURE REVIEW

The state is the highest organization among one or several groups of people who have the aspiration to live unitedly in a certain area, and have a sovereign government. According to Ramadhani et al. (2021), authority is formalized power either over a certain group of people, or power over a certain area of government as a whole which comes from legislative power or from government power, while authority only concerns a certain area. Manan in Farda and Putra (2019) argued that authority in legal language is not the same as power (*macht*). Power only describes the right to do or not do. In law, authority simultaneously means rights and obligations (*rechten en plichten*). In relation to regional autonomy, rights imply the power to self-regulate (*zelfregelen*) and self-manage (*zelfbesturen*), while horizontal obligations mean the power to organize government as it should. Vertically, it means the power to run the government in an orderly manner with the government of the State as a whole (Syafrudin, 1976). Theoretically, the authority that originates from the applicable laws and regulations is obtained through 3 (three) ways, namely attribution, delegation, and mandate. The definition is according to Konijnenbelt as quoted by Ridwan (2007) stated as follows: (1) Attribution is the granting of governmental authority by law makers to government organs; (2) Delegation is the delegation of government authority from one government organ to another government organ; and (3) A mandate occurs when a government organ allows its authority to be exercised by another organ on its behalf.

According to Ridwan (2007), authority in legal language is not the same as power (*macht*). Power only describes the right to do or not do. Meanwhile, in law, authority means rights and obligations. In connection with the matters described above, Hadjon (2015) equates the terms authority, that it will always be an important and initial part of administrative law, because the object of administration is government authority (*bestuurs bevoegdheid*). Government authority is described as legal power (*rechtsmacht*), so that authority in the concept of public law will always be related to power. On the other hand, according to Hadjon (2015), authority is an important and fundamental factor in the formation of legislation. The definition of authority essentially

talks about authority, while authority is related to power and force. However, there are also differences between power and authority. This distinction is necessary because the term authority can also be interpreted as competent. Competent has meaning related to skill or ability to do something, while the authority inherent in the state has nothing to do with matters of skill or ability, other than power and strength, whereas for individuals, especially natural humans, authority is related to competence.

In the general provisions of Government Regulations, especially in Article 1 of Law no. 5 of 2000, which was later revised with PP 38 of 2007 (Indonesia. The Audit Board, 2007), transparently states that what is meant by the central government is the apparatus of the Unitary State of the Republic of Indonesia consisting of the president and his ministers. Meanwhile, the regional government is the regional head along with other autonomous regional apparatus as the regional executive body. An autonomous region, hereinafter referred to as a region, is interpreted as a legal community unit that has certain regional boundaries with the authority to regulate and manage the interests of the local community according to its own initiative based on the aspirations of the community within the framework of the Unitary State of the Republic of Indonesia. The main pillar in every legal state is the principle of legality, which is the basis for every state and government administration. In other words, every state and government administration must have legitimacy, namely power obtained from law. Therefore, the substance of the principle of legality is authority, which means the ability to carry out certain legal actions.

Government authority is the power of government bodies and/or officials to act within the realm of public law. According to Stroink and Steenbeek in Anugrah et al. (2022), there are only two ways for government organs to obtain authority, namely attribution and delegation. Attribution concerns the transfer of new authority, while delegation is the delegation of authority from existing authority, whereas for mandate authority there is no change in any authority, there are only internal relationships. Government legal actions, in carrying out regulatory and service functions, must be based on the authority granted by applicable laws and regulations. There are similarities and differences in attribution and delegation of authority. The similarity is that those who have the right to receive authority are responsible for the implementation of that authority. The difference is that delegation always has to be preceded by attribution, whereas in attribution nothing has to be preceded. Apart from that, there is a formation of authority in attribution, while in delegation there is a transfer of authority (Matutu, 1999).

On September 2014 in Jakarta, the President of the Republic of Indonesia, Susilo Bambang Yudhoyono ratified Law Number 23 of 2014 concerning Regional Government and revoked the previous law. Regional Government is the administration of government affairs by regional governments and regional people's representative councils according to the principle of autonomy and assistance duties with the principle of the widest possible autonomy within the system and principles of the Unitary State of the Republic of Indonesia as intended in the 1945 Constitution of the Republic of Indonesia. Regional Government is regional heads as elements of regional government organizers who lead the implementation of government affairs which fall under the authority of autonomous regions.

Article 9 paragraph (1) Law Number 23 of 2014 concerning Regional Government Government Affairs consist of absolute government affairs, concurrent government affairs and general government affairs. Absolute government affairs as referred to are Government Affairs which fall entirely under the authority of the Central Government.

Furthermore, concurrent government affairs as referred to are Government Affairs which are divided between the Central Government and provincial and district/city regions. Concurrent government affairs handed over to the Regions are the basis for implementing Regional Autonomy. Furthermore, general government affairs as referred to are government affairs which fall under the authority of the President as head of government.

Article 11 paragraph (1) of Law Number 23 of 2014 concerning Regional Government Concurrent government affairs as referred to in Article 9 paragraph (3) which are the authority of the regions consist of Mandatory Government Affairs and Optional Government Affairs.

Mandatory Government Affairs consist of Government Affairs related to Basic Services and Government Affairs not related to Basic Services. Mandatory Government Affairs related to Basic Services as referred to are Mandatory Government Affairs, part of the substance of which is Basic Services.

Article 12 paragraph (1) of Law Number 23 of 2014 concerning Regional Government Mandatory Government Affairs relating to Basic Services as intended include education; health; public works and spatial planning; public housing and residential areas; peace, public order and community protection; and social.

Article 15 paragraph (1) of Law Number 23 of 2014 concerning Regional Government. The division of concurrent government affairs between the Central Government and provincial and district/city regions is listed in the Appendix which is an inseparable part of this Law. Concurrent government affairs that are not listed in the attachment to this law fall under the authority of each level or structure of government whose determination uses the principles and criteria for the division of concurrent government affairs as intended in Article 13. Concurrent government affairs as intended are determined by presidential regulations Article 12 International Covenant on Economic, Social and Cultural Rights.

Stipulated by General Assembly Resolution 2200 A (XXI) then stipulated in Law 11 of 2005 concerning Ratification of the International Covenant on Economic, Social and Cultural Rights (International Covenant on Economic, Social and Cultural Rights) are the States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (Indonesia. The Audit Board, 2005). The steps to be taken by States Parties to the present covenant to achieve the full realization of this right shall include those necessary to achieve: (1) Provisions for the reduction of stillbirth and child mortality rates and the healthy development of children; (2) Improvement of all aspects of environmental and industrial health; and (3) Prevention, treatment and control of all infectious, endemic and other diseases.

Health is a human right and one element of welfare that must be realized in accordance with the ideals of the Indonesian nation as intended in Pancasila and the 1945 Constitution of the Republic of Indonesia, every activity in an effort to maintain and improve the highest level of public health. Implemented based on non-discriminatory, participatory and sustainable principles in the context of forming Indonesia's human resources, as well as increasing the nation's resilience and competitiveness for national development where development efforts must be based on health insight in the sense that national development must pay attention to public health and is the responsibility of all parties both government and society. Health services are a total of professional activities in the field of curative services for humans, or medical activities for the benefit of other people and for preventive purposes.

RESEARCH METHOD

The type of research used by normative legal research examines law that is conceptualized as an applicable norm. Applicable legal norms are in the form of written positive legal norms or rules formed by statutory institutions, codification, laws, government regulations and so on. The source and type of data used is secondary data, studying theoretical matters relating to legal principles, legal conceptions, legal views and doctrines, regulations and legal systems using secondary data, including principles, rules, norms and legal rules. contained in statutory regulations and other regulations, by studying books, articles, statutory regulations and other documents that are closely related to research.

RESULTS

Article 18 of the 1945 Constitution confirms that the Unitary State of the Republic of Indonesia is a country with a decentralized regional government system. As previously stated, a unitary state has a government system (organizing government affairs) that is centralized or decentralized. In other words, if issues of autonomy or decentralization are discussed, then it is related to the context of a Unitary State. Regional autonomy is a subsystem of the unitary state (unitary state, *eenheidstaat*).

In the Unitary State of the Republic of Indonesia, the central government still holds supreme power, this power is then transferred to regional government units or lower government units. This is in accordance with the pattern of division of power adopted by the 1945 Constitution, namely the division of state power horizontally and vertically.

Decentralization is the transfer of authority from the central government to regional governments to manage their own households. However, this delegation of authority was not given in full. The form of using the principle of decentralization is regional autonomy. Regional autonomy is an authority where a region has responsibility for its own affairs. Currently, many analyzes state that the direction and implementation of regional autonomy is a bit off the mark. The spirit of broad decentralization, in fact, is more interpreted as "regional government autonomy" than "regional autonomy" itself (Utomo, 2004).

Decentralization brings the government closer to its people, provides better services, develops freedom, equality and prosperity. The concept of decentralization according to Smith in Saiman (2017) from political perspective explains decentralization on the issue of distribution of power based on the regional or territorial dimensions of a country. Smith (1985) explained that the concept of decentralization is related to the amount of power and authority handed over from the central government to local governments through geographical hierarchies in the country.

Medina and Marcela in Sasana (2019) explained that the decentralization process is the delegation of power, functions and resources from a higher level of government (national level) to a lower level (sub-national level). The aim is to strengthen the autonomy of local governments and encourage the participation of citizens at the local level in public affairs.

Based on this opinion, there are three things submitted by the central government to regional governments, namely: (1) The power to carry out decision making quickly and accurately in order to respond to problems and public affairs currently being faced by local communities; (2) Carrying out the government's crucial functions, namely playing the government's roles and responsibilities as confirmed in the state constitution for communities at the regional level so that the government's presence can be felt more realistically; and (3) Delegation of resources that enables regional governments in the context of their authorized capacity to provide public goods and carry out public services in order to meet the needs of regional communities.

Law Number 23 of 2014 concerning Regional Government states that concurrent government affairs which fall under the authority of the region consist of mandatory government affairs and optional government affairs. Mandatory government affairs consist of government affairs related to basic services and government affairs not related to basic services. Mandatory government affairs related to basic services are mandatory government affairs, part of the substance of which is basic services.

The health sector is included in Mandatory Government Affairs based on Article 12 Paragraph 1 Letter B of Law Number 23 of 2014 concerning Regional Government. The health sector is a concurrent government affair in the category of mandatory government affairs which is directly related to basic services.

Authority is not only defined as the right to exercise power, but authority is also defined as *onderdeel* or certain part of the authority. Within the authority there are *rechtsbevoegdheden* authorities. Authority is the scope of public legal action, the scope of government authority, not only includes the authority to make government decisions (*bestuur*), but also includes authority in the context of carrying out tasks, and granting authority and the distribution of authority is primarily stipulated in statutory regulations. Juridically, the definition of authority is the ability granted by statutory regulations to give rise to legal consequences.

In state administrative law, government authority originating from statutory regulations is obtained through methods, namely (1) Attribution of the granting of new government authority by a provision in statutory regulations; (2) The delegation of existing authority by a state administrative agency or position that has obtained attributive governmental authority to another state administrative agency or position. So a delegation always begins with an attribution of authority; and (3) Mandate regarding control authority is defined as the granting of power (usually together with an order) by a government apparatus that gives this authority to another, who will carry it out on behalf of the first government's responsibility.

Concurrent authority has not been stated expressly in several laws prior to Law Number 23 of 2014 concerning Regional Government. Concurrent authority in Law Number 23 of 2014 concerning Regional Government Article 9 Paragraph 3 Concurrent Government Affairs, namely Government Affairs which are divided between the central and regional governments of provinces and districts/cities. Furthermore, Article 9 Paragraph 4, concurrent government affairs which are handed over to the regions are the basis for implementing regional autonomy. The existence of this article provides certainty of concurrent authority in the decentralized system in Indonesia.

Concurrent authority in Indonesia in the health sector is contained in Article 12 Paragraph 1 Letter B of Law Number 23 of 2014 concerning Regional Government. This concurrent authority in the health sector is included in Mandatory Government Affairs relating to Basic Services which is a regional authority. Division of Government Affairs in the Health

Sector Law Number 23 of 2014 concerning Regional Government contains 4 matters, namely (1) Health Efforts; (2) Human Resources Health; (3) Pharmaceutical Preparations, Medical Devices, and Food and Drink; and (4) Community Empowerment in the Health Sector.

The division of government duties in the field of health efforts according to Law Number 23 of 2014 concerning Regional Government is (1) Central Government which consist of Management of national/cross-provincial referral individual health efforts (UKP), Management of national public health efforts (UKM) and national/cross-provincial referrals, organizing registration, accreditation and standardization of public and private health service facilities, and issuance of class A hospital permits and foreign investment (PMA) health service facilities as well as national level health service facilities; (2) Provincial Government is Management of referral UKP at provincial/cross-district/city level, provincial regional SME management and provincial/cross-district/city regional level referrals, and issuance of permits for class B hospitals and provincial level health service facilities; and (3) Regency/City Government which consist of District/city UKP management and district/city level referrals, district/city regional UKM management and district/city regional level referrals, and issuance of permits for class C and D hospitals and district/city level health service facilities.

DISCUSSION

The essence of concurrent authority in the decentralized system relating to the health sector based on Indonesian regulations, namely that concurrent authority in Indonesia in the health sector is contained in Article 12 Paragraph 1 Letter B of Law Number 23 of 2014 concerning Regional Government. This concurrent authority in the health sector is included in Mandatory Government Affairs relating to Basic Services which is a regional authority. Concurrent authority in the health sector in the attachment to Law Number 23 of 2014 concerning Regional Government categorizes the health sector into 4 matters, then provides a division of authority between the central government, provincial government and city district governments based on these affairs.

The essence of the health sector can be seen from the basis of the formation of the Health Law that the state guarantees the right of every citizen to realize a good, healthy and prosperous life physically and mentally in order to achieve the national goal of protecting the entire Indonesian nation and all of Indonesia's bloodshed to advance prosperity. general as mandated in the 1945 Constitution of the Republic of Indonesia.

Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia. Every person 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 the right to receive health services. This is a basic norm in the health sector.

The aim of forming regulations regarding health is to guarantee every citizen's rights. Humans as creatures created by the One Time God who carry out the task of managing and maintaining the universe with full devotion and responsibility for the welfare of mankind, have been given by His Creator the basic right to guarantee the existence of the dignity and glory of themselves and the harmony of their environment.

Human rights are basic rights that are naturally inherent in humans, are universal and eternal, therefore they must be protected, respected, maintained, and must not be ignored, reduced or taken away by anyone. Apart from human rights, humans also have basic obligations between one human being and another and towards society as a whole in the life of society, nation and state.

The Indonesian nation as a member of the United Nations has a moral and legal responsibility to uphold and implement the Universal Declaration of Human Rights established by the United Nations, as well as various other international instruments regarding human rights that have been accepted by the Republic of Indonesia.

The legal basis for human rights is contained in Republik Indonesia. (1999). Law Number 39 of 1999 is concerning Human Rights (Indonesia. The Audit Board, 1999). Human Rights are a set of rights that are inherent in the nature and existence of humans as creatures of God Almighty and are His gifts that must be respected, upheld and protected by the state, law, government and everyone for the sake of honor and protection of human dignity.

The Republic of Indonesia recognizes and upholds human rights and basic human freedoms as rights that are naturally inherent in and inseparable from humans, which must be protected, respected and upheld for the sake of increasing human dignity, prosperity, happiness and intelligence as well as justice.

The right to life, the right not to be tortured, the right to personal freedom, thought and conscience, the right to religion, the right not to be enslaved, the right to be recognized as an individual and equal before the law, and the right not to be prosecuted on the basis of retroactive laws are human rights. humans who cannot be reduced under any circumstances and by anyone.

Basic human obligations are a set of obligations which, if not implemented, will not enable the implementation and upholding of human rights. Every person in the territory of the Republic of Indonesia is obliged to comply with statutory regulations, unwritten laws and international law regarding human rights which have been accepted by the Republic of Indonesia. Every citizen is obliged to participate in efforts to defend the country in accordance with the provisions of laws and regulations.

The government is obliged and responsible to respect, protect, uphold and promote human rights as regulated in this law, other laws and regulations and international law on human rights accepted by the Republic of Indonesia. The government's obligations and responsibilities include effective implementation steps in the legal, political, economic, social, cultural, national defense and security fields and other fields.

Human rights are basic rights that are naturally inherent in humans, are universal and eternal, and therefore, must be protected, respected, maintained, and must not be ignored, reduced or taken away by anyone. The Indonesian nation, as part of the international community, respects, appreciates and upholds the principles and objectives of the United Nations Charter and the Universal Declaration of Human Rights. The United Nations General Assembly, in its session on 16 December 1966, ratified the International Covenant on Economic, Social and Cultural Rights.

The international instrument, namely the International Covenant on Economic, Social and Cultural Rights (International Covenant on Economic, Social and Cultural Rights) basically does not conflict with Pancasila and the 1945 Constitution of the Republic of Indonesia, in accordance with the nature of the Republic of Indonesia as a state. laws that uphold human honor and dignity and that guarantee the equal position of all citizens under the law, and the desire of the Indonesian people to continuously promote and protect human rights in national and state life.

Law Number 11 of 2005 concerning Ratification of the International Covenant On Economic, Social And Cultural Rights (International Covenant on Economic, Social and Cultural Rights) ratifies the International Covenant on Economic, Social and Cultural Rights (International Covenant on Economic, Social and Cultural Rights) with a declaration on Article 1. Next is a copy the original text of the International Covenant on Economic, Social and Cultural Rights (International Covenant on Economic, Social and Cultural Rights) and the Declaration (Statement) regarding Article 1 in English and its translation in Indonesian as attached, are an inseparable part of the law.

This covenant confirms and describes the main human rights in the economic, social and cultural fields of the UDHR in legally binding provisions. The health sector in Law Number 11 of 2005 concerning Ratification of the International Covenant on Economic, Social and Cultural Rights (International Covenant on Economic, Social and Cultural Rights) is basically contained in Article 10 of the right to an adequate standard of living and Article 11 of the right to enjoy the highest attainable standards of physical and mental health. The meaning of health is reflected in articles 10 and 11 where this right is inherent in all Indonesian people to have an adequate life in order to obtain good physical and mental health.

The government passed Law Number 17 of 2023 is concerning Health (Indonesia, The Audit Board, 2023). Article 1 of Law Number 17 of 2023 concerning Health states that health is a person's healthy condition, both physically, mentally and socially and not just being free from disease to enable them to live a productive life.

Article 3 of Law Number 17 of 2023 concerning Health Implementation aims to (1) increasing healthy living behavior; (2) improving access and quality of health services and health resources; (3) improve effective and efficient human resource management; (4) fulfill the community's need for health services; (5) increasing health resilience in the face of outbreaks or epidemics; (6) ensure the availability of sustainable and fair health funding and is managed transparently, effectively and efficiently; (7) realizing sustainable development and utilization of health technology; and (8) provide legal protection and certainty for patients, health human resources and the community.

Regulations regarding rights in Law Number 17 of 2023 concerning Health are contained in Article 4. Article 4 Paragraph 1 of Law Number 17 of 2023 concerning Health states that every person has the right to live a healthy life physically, mentally and socially; get information and education about balanced and responsible health; obtain safe, quality and affordable health services in order to achieve the highest level of health; receive health care in accordance with health service standards; get access to Health Resources; determine the health services needed by himself independently and responsibly; obtain a healthy environment for achieving health status; accept or reject some or all of the assistance actions that will be given to him after receiving and understanding the information regarding the action completely; obtain confidentiality of personal health data and information; obtain information about his/her health data, including actions and treatment that he or she has received or will receive from medical personnel and/or health workers; and get protection from health risks.

Regulations regarding obligations in Law Number 17 of 2023 concerning Health are contained in Article 5. Article 5 Paragraph 1 of Law Number 17 of 2023 concerning Health states that every person is obliged to realizing, maintaining and improving the highest level of public health; maintain and improve the health status of other people for whom they are responsible; respecting the rights of others in an effort to obtain a healthy environment; implement healthy living behavior and respect the health rights of others; comply with KLB or Outbreak prevention activities; and participate in the health insurance program in the national social security system.

Implementation of the obligation to realize, maintain and improve the highest level of public health includes Individual health efforts, public health efforts, and health-oriented development.

The Central Government and Regional Governments are responsible for planning, organizing, organizing, fostering and supervising the implementation of health efforts that are quality, safe, efficient, equitable and affordable for the community. These responsibilities are carried out in accordance with the provisions of statutory regulations. So that local governments have an obligation to carry out a good and adequate internal control system (Wuryandini et al., 2023). Fraud Control to Strengthen Internal Control Systems in Local Government.

The Central Government and Regional Governments are responsible for improving and developing Health Efforts in order to improve access and quality of Health Services. Improvement and development of Health Efforts is carried out based on research and assessment. Research and studies are carried out in accordance with statutory provisions.

The Central Government and Regional Governments are responsible for regulation, guidance, supervision and improvement of the quality and competence of medical personnel and health personnel; planning, procurement and utilization of medical personnel and health personnel in accordance with the needs of the community and region based on statutory provisions; welfare of medical personnel and health personnel; and protection of patients and health human resources.

Countries with developed healthcare systems have demonstrated an inability to drive value for patients, and a change is required to become more efficient in meeting patients' expectations (Alajmi et al., 2023). The Regional Government is responsible for planning, fulfilling, utilizing and welfare of support or health support personnel in accordance with the needs of the community and region. Referring to the elaboration of Law Number 22 of 1999 concerning Regional Government, it is stipulated that health is a government sector that must be implemented by Regency and City regions. This needs to be prepared and optimally implemented so that all the potential of the development sectors can have an impact on the level of public health (Sakit, 2004). The Central Government and Regional Governments are responsible for empowering and encouraging community participation in implementing health efforts.

Regional Government, in carrying out its responsibilities, can establish regional policies and must refer to the norms, standards, procedures and criteria for health development determined by the Central Government. Health Administration consists of: (1) Health Efforts as intended are aimed at realizing the highest possible level of health for the community in the form of individual health efforts and community health efforts; (2) Health Resources as intended are used to support the implementation of health efforts; and (3) Health Management as intended is carried out on health efforts and health resources.

Individual health efforts as referred to are health efforts that are promotive, preventive, curative, rehabilitative and/or palliative in nature and have an impact only on individuals. meanwhile, public health efforts are health efforts that are promotive, preventive, curative, rehabilitative, and/or palliative that have an impact on the community.

CONCLUSION

The essence of concurrent authority in the decentralized system relating to the health sector is based on regulations in Indonesia, namely concurrent authority in Indonesia in the health sector is contained in Article 12 Paragraph 1 Letter B of Law Number 23 of 2014 concerning Regional Government. This concurrent authority in the health sector is included in Mandatory Government Affairs relating to Basic Services which is a regional authority. Concurrent authority in the health sector in the attachment to Law Number 23 of 2014 concerning Regional Government categorizes the health sector into 4 matters, then provides a division of authority between the central government, provincial government and city district governments based on these affairs. The health sector is essentially in Law Number 39 of 1999 concerning Human Rights, namely that human rights are basic rights that are naturally inherent in humans, are universal and lasting, and therefore, must be protected, respected, maintained, and cannot be ignored, reduced, or taken away by anyone. Furthermore, Law Number 11 of 2005 concerning Ratification of the International Covenant on Economic, Social and Cultural Rights (International Covenant on Economic, Social and Cultural Rights) is based on the right to an adequate standard of living and the right to enjoy an adequate standard of physical and mental health. highest that can be achieved. The meaning of health is reflected in the right inherent in all Indonesian people to have an adequate life in order to obtain good physical and mental health.

ACKNOWLEDGEMENT

The authors gratefully acknowledge the contributions of informants, colleagues, and all individuals who supported this research through their insights and engagement. Their involvement greatly enriched the quality and depth of this study.

DECLARATION OF CONFLICTING INTERESTS

The authors declared no potential conflicts of interest.

REFERENCES

- Alajmi, R., Albaseri, S., Alawadhi, R., & Alhabashi, H. (2023). AstraZeneca–The success links back to organization. *Journal of The Community Development in Asia*, 6(1), 90-99. <https://doi.org/10.32535/jcda.v6i1.1868>
- Anugrah, F., Bachri, S., & Sumardi, J. (2022). The authority of the civil service police unit in securing regional assets of the South Sulawesi provincial government. *Al-Risalah Jurnal Ilmu Syariah dan Hukum*, 121-141. <https://doi.org/10.24252/al-risalah.vi.31474>
- Farda, N. F., & Putra, Y. H. (2019). Problematika Kewenangan Pemerintah Daerah di bidang Pertanahan. *Pagaruyuang Law Journal*, 3(1), 106-120. <https://doi.org/10.31869/plj.v3i1.1670>
- Hadjon, P. M. (2015). *Pengantar Hukum Administrasi Indonesia*. Gadjah Mada University Press.
- Indonesia. The Audit Board. (1999). *Undang-undang (UU) Nomor 39 Tahun 1999 tentang Hak Asasi Manusia*. <https://peraturan.bpk.go.id/Details/45361/uu-no-39-tahun-1999>
- Indonesia. The Audit Board. (2005). *Undang-undang (UU) Nomor 11 Tahun 2005 tentang Pengesahan International Covenant on Economic, Social and Cultural Rights (Kovenan Internasional tentang Hak-Hak Ekonomi, Sosial dan Budaya)*. <https://peraturan.bpk.go.id/Details/40256/uu-no-11-tahun-2005>

- Indonesia. The Audit Board. (2007). *Peraturan Pemerintah (PP) Nomor 38 Tahun 2007 tentang Pembagian Urusan Pemerintahan Antara Pemerintah Pemerintahan Daerah Provinsi Dan Pemerintahan Daerah Kabupaten Kota*. <https://peraturan.bpk.go.id/Details/4760/pp-no-38-tahun-2007>
- Indonesia. The Audit Board. (2014). *Undang-undang (UU) Nomor 23 Tahun 2014 tentang Pemerintahan Daerah*. <https://peraturan.bpk.go.id/Details/38685/uu-no-23-tahun-2014>
- Indonesia. The Audit Board. (2023). *Undang-undang (UU) Nomor 17 Tahun 2023 tentang Kesehatan*. <https://peraturan.bpk.go.id/Details/258028/uu-no-17-tahun-2023>
- Lambelanova, R. (2017). Implementasi Kebijakan Otonomi Daerah Bidang Pendidikan, Kesehatan Dan Perekonomian Di Kabupaten Bandung Barat. *Sosiohumaniora*, 19(2), 185-198. <https://doi.org/10.24198/sosiohumaniora.v19i2.12137>
- Matutu, M. D. (1999). *Mandat, Delegasi, Atribusi dan Implementasinya di Indonesia*. Yayasan Obor Indonesia.
- Mulyanti, D. (2017). Konstitusionalitas Pengujian peraturan daerah melalui judicial review dan executive review. *Jurnal Ilmiah Galuh Justisi*, 5(1), 134-156. <http://dx.doi.org/10.25157/jigj.v5i1.238>
- Ramadhani, M., Akbar, B., Jeddawi, M., & Tahir, M. I. (2021). Model pelimpahan kewenangan Badan Pemeriksa Keuangan dalam pelaksanaan tugas pemeriksaan pengelolaan dan tanggung keuangan negara. *AKSELERASI: Jurnal Ilmiah Nasional*, 3(1), 25-41. <https://doi.org/10.54783/jin.v3i1.356>
- Ridwan, H. R. (2007). *Hukum Administrasi Negara* (1st ed.). Raja Grafindo Persada.
- Saiman, S. (2017). *Politik Perbatasan*. Malang: Intelegensia Media.
- Sasana, H. (2019). Fiscal decentralization and regional economic growth. *Economics Development Analysis Journal*, 8(1), 108-119. <https://doi.org/10.15294/edaj.v8i1.29879>
- Smith, B. C. (1985). *Decentralization: The Territorial Dimension of the State* (1st ed.). Routledge.
- Syafrudin, A. (1976). *Pengaturan Koordinasi Pemerintah di Daerah*. Tarsito.
- Sakit, S. R. (2004). Keputusan Menteri Kesehatan Republik Indonesia Nomor: 81/MENKES/SK/I/2004. *Rumah Sakit Tugu Ibu*. <https://www.rstuguibu.com/files/KMK/81%20TAHUN%202004.pdf>
- Wuryandini, A. R., Pakaya, L., & Husain, S. P. (2023). Fraud Control to Strengthen Internal Control Systems in Local Government. *International Journal of Applied Business and International Management*, 8(2), 85-98. <https://doi.org/10.32535/ijabim.v8i2.2471>
- Utomo, T. W. W. (2004). Pendelegasian kewenangan pemerintah daerah kepada kecamatan dan kelurahan dalam rangka memperkuat otonomi daerah. *Jurnal Ilmu Administrasi: Media Pengembangan Ilmu dan Praktek Administrasi*, 1(2), 17-30.