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RESEARCH ARTICLE

THE IMPLEMENTATION OF HEALTH INSURANCE BY SOCIAL SECURITY AGENCY (BPJS)

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The establishment of Social Security Agency (BPJS), that includes Healthcare BPJS and Workers BPJS, is aimed to provide insurance for the fulfillment of each person's essential need to live a decent life, and for the provision of social welfare for Indonesian people. The provision of health insurance through Healthcare BPJS basically has not been optimal; the policy has not improved people's health. This study focuses on the problems of implementation of Law No. 24 of 2011 on the Social Security Agency and Law No. 36 of 2009 on Health in the administration of health insurance at the District General Hospital of East Jakarta, BudhiAsih. This study uses descriptive qualitative approach, with the design of rapid assessment procedure, which is a way to improve and understand the problems encountered in implementing health programs by using a qualitative approach. The study concludes that the Laws on BPJS and Health are implemented by providing counseling and empowerment, through health education to the community with the aim of raising public awareness to be more concerned about health. Protection is implemented through activities of prevention against possible diseases that can cause health problems. Services are provided through the provision of health care facilities for the needling people, both members and non-members of Healthcare BPJS. Overall the services for members of BPJS have been enjoyed by the public at large, because BudhiAsih Hospital in East Jakarta has been earnest in providing social security for all people because it is mandated by the 1945 Constitution.

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Introduction:-

Being healthy is a stage when an organism functions efficiently in both the micro and macro levels. In medical terms, healthy is often defined as the ability of an organism to efficiently respond to challenges and improve itself on an ongoing basis in order to maintain a balanced condition. According to the World Health Organization (WHO), being healthy is a state of being complete physically, mentally, and socially, and not merely an absence of disease or infirmity alone. The Law on Health stipulates that the right to being healthy is one of the most fundamental human rights. This is reflected in the People's Charter for Health (People's Health Assembly/PHA). Health must be placed upon economic and political interests. This Charter calls on people of the world to support all efforts to implement the right to health, requiring governments and international organizations to reformulate, implement, and enforce policies and practices which respect the right to health, and build social movement to pressure governments to incorporate health and human rights into state laws and regulations, as well as against the exploitation and advantage-taking of people's needs of health.

Article 1 paragraph 1 of the Law on Health affirms that health is a state of bodily, psychical, and social prosperity that enables people to live socially and economically productive. This provision indicates that the right to health is everyone's chance to have the degree of optimal health for himself and his society. Other provisions in the Law on Health indicate the non-discriminative value, i.e. Article 5, stating that "every person has the same right to gain access to resources in the health sector". Furthermore, Article 9 point (1) states that every person is obliged to

achieve, maintain, and improve the health degree to its highest level. Such obligation includes efforts of individual and public health, as well as health-oriented development.

In terms of government's obligations, Article 10 through Article 17 of the Law on Health stipulates them. Article 10 states that every person has a responsibility to respect the rights of others in an effort to gain a healthy environment, physically, biologically, and socially. Furthermore, Article 11 states that every person is obliged to behave in a healthy life to achieve, maintain, and promote health as much as possible. Then, Article 12 affirms that everyone is obliged to maintain and improve the health of other people whom are his responsibility. Article 13 states that every person is obliged to participate in the social health insurance program. Article 14 states that the Government is responsible to plan, manage, organize, direct, and monitor equitable and affordable health programs for the society. Article 15 mentions that the Government is responsible for the availability of good environment, order, health facilities both physically and socially for people to achieve the highest health level. Furthermore, Article 16 states that the Government is responsible for the availability of fair and equitable resources in health sector for all citizens to obtain the highest health. Then, Article 17 mentions that the Government is responsible for the availability of access to information, education, and health care facilities to improve and maintain the highest health level.

In order to provide clarity to the issues to be discussed, the problem in this study is limited to the "Implementation of Law No. 36 of 2009 on Health in the administration of health insurance in the District General Hospital of East Jakarta, BudhiAsih."

The method of the study:-

This study uses descriptive qualitative approach, with the design of rapid assessment procedure, which is a way to improve and understand the problems encountered in implementing health programs by using a qualitative approach. To check on the data validity, triangulation technique is used, i.e. comparing the data obtained from one source with other data from other sources in a different period of time, or comparing the data obtained from one source using different methods.

The concept of policy implementation:-

Dwijiwijoto (in Alfatih, 2010:15) states that "policy implementation is a way to make a policy achieve its goals". Alfatih (2010:15) affirms that policy implementation is implementing what is mandated by a policy correctly and properly in order to achieve the goals of the policy. Daniel A. Mazmanian and Paul A. Sabatier (in Agustino, 2006: 139) explain the meaning of implementation:

"The implementation of the basic policy decision is usually in the form of legislation, nevertheless can also be in the form of instructions or important executive decisions, or judicial sentences. Typically, the decisions identify the problems to be addressed, affirmatively mention the goals or objectives to be achieved, and the various ways to structure or organize the implementation process".

Van Horn (in Agustino, 2006: 139) states that "policy implementation is the action carried out by individuals (and groups), government and the private sector aimed at achieving the goals and objectives that have been set". Meter and Horn (1975) in Wibawa et al. (1994: 15) defines policy implementation as actions undertaken by public and private sectors, both individuals and groups, aimed at achieving the goals set in policy decisions. The definition implies the effort to transform decisions into operational activities, as well as to reach changes as formulated by policy decisions. Another view on policy implementation is put forward by William and Elmore, as quoted by Sunggono (1994: 139), defined as "the entire activities related to the implementation of the policy". Meanwhile Mazmanian and Sabatier (in Wibawa et al., 1986: 21) explain that studying the problems of policy implementation means trying to understand what is actually take place after a program is enacted or formulated, i.e. the occurrences and activities that take place after the validation of state policy, be it an attempt to administer them, or an effort to give a certain impact on people. Wibawa (1992: 5) also states that "policy implementation means the implementation of a policy or program".

The aforementioned views show that the process of policy implementation is not only about the behavior of administrative agencies responsible for implementing the program, and about instilling the obedience of the target group, but also involves a circle of political, economic and social forces that may directly or indirectly affect the

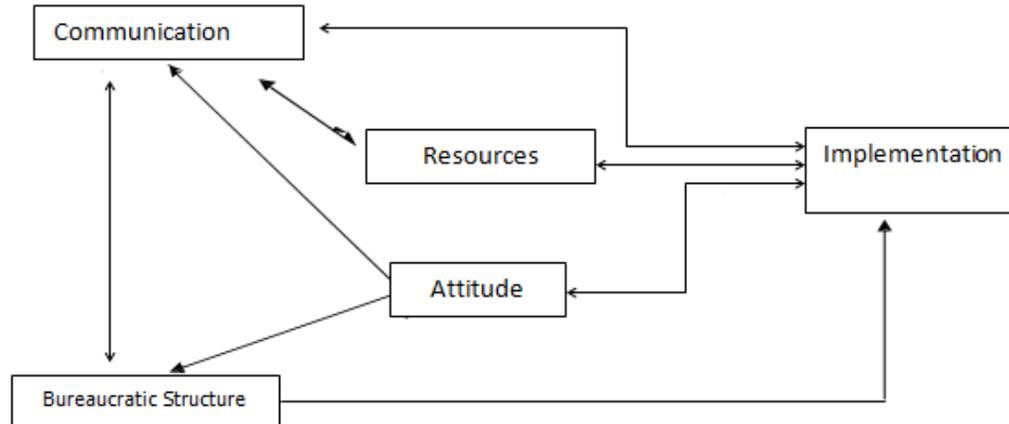
behavior of all parties involved, and eventually take a logical consequence of both the intended effects or the spillover/negative impacts.

According to Hogwood and Gunn (in Wahab, 1997: 71-81), to implement a policy perfectly, there are some requirements, among others:

- ❖ external condition encountered by the organizing institution/agency;
- ❖ availability of time and resources;
- ❖ integrated resources needed;
- ❖ implementation based on reliable causality relation;
- ❖ direct causal relation with and only few connecting link;
- ❖ minimal dependent relation;
- ❖ a common perception and agreement on the goals;
- ❖ itemized and systematically- sorted tasks;
- ❖ good communication and coordination;
- ❖ authorized parties that can demand compliance of the other parties.

According to Grindle (in Wibawa et al., 1994) policy implementation is determined by its content and the context. The content of policy is related to the interest that is influenced by the policy, the type of benefits generated, the desired degree of changes, the position of policy makers, the implementers of program, and the resources deployed. Meanwhile the context of implementation is related to power, interests, strategies of the actors involved, the characteristics of the institution, and the mastery, compliance as well as responsiveness of implementers. George C. Edward III in Subarsono (2005; 90) gives the view that policy implementation is influenced by four variables, namely: (1) communication, (2) resources, (3) disposition (attitude), and (4) bureaucratic structure. The four variables are inter-related as may be described as follows:

Figure 1. The Model of Implementation According to G. C. Edward III



Source: Subarsono, 2005: 91

The chart above can be further clarified as follows:

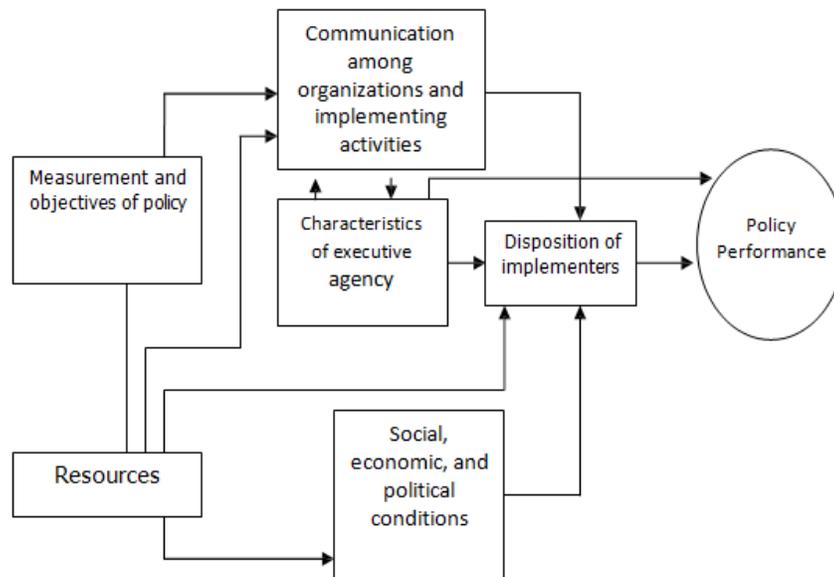
- a. variable of communication is the process of information regarding the wisdom of the upper level implementation to the executive officers at its lower levels.
- b. variables of bureaucratic structure includes the government structure, part of the available tasks, and the coordination done.
- c. variable of resources: human, information, and available infrastructure in policy implementation.
- d. variable of inclinations or often referred to as the attitude or disposition of the implementing apparatuses.

Van Metter and Van Horn (in Subarsono, 2005: 99) state five variables that influence the performance of implementation, i.e.:

- a. Standard and targets of policy.
- b. Resources.
- c. Communication among organizations and activity strengthening.
- d. Characteristics of executive agency.
- e. Social, economic, and political conditions.

The policy implementation model from Van Matter and Van Horn can be perceived in the following figure:

Figure 2: Policy Implementation Model from Van Matter and Van Horn.



Source:Subarsono, 2005: 100

Meanwhile G. ShabirCheema and Dennis A. Rondinelli (in Subarsono, 2005: 101) affirm that there are four variables that influence the effect performance of a program, namely:

- 1). Environmental condition.
- 2). Relation between organizations.
- 3). Organizational resources to implement the program.
- 4). Characteristics and capability of executive agency.

The policy implementation of health insurance in budhiasih hospital, east Jakarta:-

Through a long journey and experience in the past four decades, BudhiAsih Hospital is getting more stable in positioning itself as a District General Hospital of East Jakarta. With the vision of "quality and satisfactory services for all in pursuit of a healthy Jakarta 2017", BudhiAsih Hospital provides health services needed by the people of Indonesia, specifically for those living in the areas of Jakarta. BudhiAsih Hospital continuously improves and develops itself, as well as performs continuous improvement towards a better quality of services, ranging from registration to discharging of patients. This is consistent with the values agreed upon, namely: Commitment, Empathy, Responsiveness, Honesty, and Trustworthy.

The medical services provided include the emergency installation. Emergency Room is open 7 x 24 hours served by general practitioners and nurses with emergency certificate. In addition, there is also installation of outpatient services. Outpatient polyclinic is open every weekday from Monday to Saturday, starting at 7.30 a.m. Furthermore, there is also inpatient care unit. BudhiAsih Hospital receives the Patient Hospitalization sent from ER, Polyclinic, and Operation rooms; treated by a specialist as the person in charge. The treatment is customized with the room class and type of illness. The hospital also has the installation for operating rooms (Central Surgery).

BudhiAsihHospital has six operating rooms that serve the type of general surgery, orthopedics, urology, neurosurgery, obstetrics, eye and ENT.

In regard to the implementation of the Health BPJS people are encouraged not to register as a member of BPJS when they are already ill. The public services both to the members and non- members of BPJS are principally prioritized and made easy. Online services are ready once the first registration takes place and through referrals from Puskesmas (health centers). BudhiAsih Hospital android applications can also be downloaded via Google store. There are 311 rooms available at BudhiAsih for inpatient services. The number of visits to BudhiAsih Hospital is around 1,280 visits per day and can be served by available specialists. Therefore it would be better that people register to be BOJS member long before they get sick.

BudhiAsih Hospital provides public services for BPJS members. Based on the study conducted in 2015, the BPJS services in BudhiAsih Hospital are illustrated in the following table:

Table 1: The Data of BPJS Services at BudhiAsih Hospital

	BPJS non-members	BPJS members	Total
Outpatient	23,245	245,434	268,679
Inpatient	2,448	16,556	19,004
	25,693	261,990	287,683
Percentage	9%	91%	100%

The table above shows that BudhiAsih Hospital has implemented the Laws on Health and on BPJS, for services to BPJS numbers are very large and exceeds that to non members. This shows that BudhiAsih Hospital is committed to improving public health. However, BudhiAsih Hospital's performance has not been fully able to improve public health. It is influenced by internal and external factors.

Internal Factors:-

Services:-

- Strength:-
 - ❖ New commitment to the vision of mission of the hospital
 - ❖ Cooperation with BPJS and other insurance institutions
 - ❖ Has a complete Medical Service Standard (MSS)
 - ❖ Has obtained ISO certification
 - ❖ Has prepared for new version of accreditation of 2012
- Weakness:-
 - ❖ Medical Audit Program has run, yet not optimal
 - ❖ Update of Medical Service Standardis available but not complete
 - ❖ Customer-oriented service has been conducted yet inadequate

Organization/Institution and Human Resources:-

- Strength:-
 - ❖ Implementation of *Organizational Structure and Hospital Procedure*(SOTK) is based on Governor Regulation No. 219/2014;
 - ❖ Adequate Human Resource capability
 - ❖ Sufficient number of specialists;
 - ❖ Adequate number of nurses and non-nurses;
 - ❖ Accredited as Hospital Class B, Non-Education (based on Minister of Health Decree No. 434/Menkes/SK/IV/2007 dated 10 April 2007)
 - ❖ Cooperate with several educational institutions (Higher Education)
- Weakness:-
 - ❖ career leveling system is not optimal (non-medical staffs)
 - ❖ Instruments of HR performance ratings have not been adequate
 - ❖ Implementation of Reward and Punishment is not maximized

Finance:-

- Strength:-
 - ❖ Restructuring of Financial Management Pattern (PPK) as Regional Public Service Agency (BLUD) is flexible
 - ❖ Support of investment spending from Regional Government
 - ❖ Integrated development of Hospital Management Information System.
- Weakness:-
 - ❖ Payment plan of claims for BPJS patient's care costs is still below the real cost;
 - ❖ The source of operational costs, based on the concept of the cost of patient care by PSO has not run;

Facilities and infrastructure:-

- Strength:-
 - ❖ The existence of a new building, adjacent to the hospital building that already exists, making it possible to increase the capacity of the treatment room capacity at BudhiAsih Hospital;
 - ❖ The status as PPK-BLUD makes it possible to perform Operational Cooperation (KSO) for service supporting equipment;
 - ❖ Available budget support for the procurement of facilities and infrastructure from local governments.
- Weakness:-
 - ❖ Building maintenance is not supported by adequate financial source;
 - ❖ Management of asset has been conducted yet not optimal.

Organizational and Human Resource Conditions:-

- Strength:-
 - ❖ The organizational structure of BudhiAsih Hospital now relies on Governor Regulation of Jakarta Special Province No. 219 in 2014 with the status of the hospital class B Non education. BudhiAsih Hospital is designated as District General Hospital Class B non-education based on the Minister of Health Decree No. 434/Menkes/SK/IV/2007.
 - ❖ To support the execution of their main duties and functions, BudhiAsih Hospital has staffs of 778 people (condition per June 2015) consisting of: 261 civil servants (33.55%), and non-civil servants as many as 517 people (66.45%). This is an opportunity as well as a challenge. Opportunity means that the non-civil servants are expected to maintain their professionalism in working, because the policy on non-civil servants will be an indicator to assess the performance of each employee.
- Weakness:-
 - ❖ Lack of medical experts and paramedics who have the skills and get trainings to support the achievement of the mission of BudhiAsih Hospital as a stroke corner;
 - ❖ As a result of the increasing number of patient visits to BudhiAsih Hospital both old and new patients, the amount of human resources at the front office is still lacking to support the front office fast service which includes sections of admission, registration, and cashier;
 - ❖ The percentage of Non-civil servant employees is amounted to 66.45% of the total human resources owned by BudhiAsih Hospital, a great burden for the hospital staffs' expenditure budget.

Condition of Facilities and Infrastructure:-

- Strength:
 - ❖ Budhi Asih Hospital has has a 12 floor storey building with 311 beds and the development of new 8 floor storey building with 95 beds;
 - ❖ The Hospital Management Information System is integrated;
 - ❖ With type B, BudhiAsih Hospital has had a number of advanced medical equipment such as CT-Scan, Radiology CR, Panoramix, Thorax Photo, Ceiling, USG, Endoscopy, and others. Every year there is a proposal plan to add or replace the equipment that has been damaged by considering the utilization rate through the budget proposal of subsidies to regional government.
 - ❖ Improved performance related to equipment utilization continues to be pursued in line with the increasing need for services; thus it is expected to provide leverage against hospital revenues.

- Weakness:
Facilities and infrastructure for inpatient unit still needs updating and improvements such as patient beds for adults and children as well as other supporting equipments. In addition to meet the standards of care services it is also expected to contribute to the improvement of hospital revenue.

External Factor:-

Legislation Concerning BLUD:

- ❖ Government Regulation No. 23 of 2005 on the Financial Management Pattern – Regional Public Service Agency(PPK-BULD) in conjunction with Government Regulation No. 74 of 2012
- ❖ Regulation of Minister of Home Affairs No. 61 of 2007 concerning Technical Guide for Financial Management of Regional Public Service Agency
- ❖ Other regulations related to the main duties and functions of related work unit.

(Regional) Government Policy on the Financing of Public Service as a Public Service Obligation (PSO):-

- ❖ DKI Jakarta Governor Regulation No. 165 of 2012 concerning Financial Management Pattern – Regional Public Service Agencyof Jakarta Special Province.
- ❖ DKI Jakarta Governor Regulation No. 73 of 2007 concerning Procedure of Counting the Provision of Subsidy for Public Services

Legislation Concerning Financial management of BLUD:-

- ❖ Law No. 17 of 2003 concerning State Finance
- ❖ Law No. 1 of 2004 concerning State Treasury.
- ❖ Government Regulation No. 23 of 2005 concerning Financial Management Pattern – Regional Public Service Agency,in conjunction with Government Regulation No. 47 of 2012.
- ❖ Government Regulation No. 58 of 2005 concerning Regional Financial Management.
- ❖ Regulation of the Minister of Home Affairs No. 13 of 2006 concerning the Guidance for Regional Financial Managementas amended several times, lastly by the Regulation of the Minister of Home Affairs No. 21 of 2011.
- ❖ Regulation of the Minister of Home Affairs No. 61 of 2007 concerning Technical Guidance for Financial Management of Regional Public Service Agency.

Policies of the Regional Government of Jakarta Special Province:-

- ❖ DKI Jakarta Governor RegulationNo. 72 of 2007 concerning Regulations on Non-Civil Servants at the SKPD/UKPD that implement PPK-BLUD.
- ❖ DKI Jakarta Governor RegulationNo. 73 of 2007 concerning Procedure of Counting the Provision of Subsidy for Public Servicesat the SKPD/UKPD that implement PPK-BLUD.
- ❖ DKI Jakarta Governor RegulationNo. 97 of 2007 concerning Provision of Goods/Services at the Regional Public Service Agency.
- ❖ DKI Jakarta Governor RegulationNo. 9 of 2008 concerning Guidance for the Arrangement of Business and Budget Plans at the SKPD/UKPD that implement Financial Management Pattern – Regional Public Service Agency.
- ❖ DKI Jakarta Governor RegulationNo. 142 of 2013 concerning System and Procedure of Regional Financial management.
- ❖ DKI Jakarta Governor Regulation No. 165 of 2012 concerning the Financial Management Patternof DKI Jakarta Public Service Agencies.
- ❖ DKI Jakarta Governor RegulationNo. 176 concerning Permanent Non-Civil Servants' Salaryat the Regional General Hospitals and Regional Special Hospitals that implement Financial Management Pattern – Regional Public Service Agency.
- ❖ DKI Jakarta Governor Decree No. 2092 of 2006 concerning the Provision of Budhi Asih Hospital as a Work Unit of DKI Jakarta Department of Health that fully Implement Financial Management Pattern – Regional Public Service Agency.

Perkembangan Social-Cultural Development and Public Educational Level:-

Given the level of knowledge/public education is getting higher; it encourages people to optimally strive for a more healthy life, which in turn will affect the demands on the increasing quality of services at the hospital as well. It is expected to encourage the awareness of hospital's human resources to provide the best services according to the established professional service standards.

Development of Information and Communication Technology:-

The rapid development of information and communication technology is certainly capable to encourage the professional development of hospital's human resources. It is truly possible with the ease of access to developments outside of the hospital and the communication by means of existing technology in terms of providing health services quickly.

The Status as a District General Hospital:-

As a hospital owned by local government, in many respects it has greater opportunities for growth, since the existence of policies that benefits the hospital in terms of budget support, including subsidies for civil servants' salaries, operational costs, and investment/capital that allows the hospital to concentrate on quality of service.

Government Policy Regarding Human Resource Arrangement:-

As a government-owned hospital, most employees are civil servants who are subject to employment regulations just like civil servants in other governmental institutions. The policy of limited formation allocation in terms of the number and type of expertise leads the management to limitations that result in the slow response to changes and demands of the customers. With the enactment of the hospital as a Local Government Work Unit (SKPD) applying PPK-BLUD, then BudhiAsih Hospital has the authority to appoint non-civil servants to meet the needs of human resources. Nevertheless, the addition of HR will also affect the rising hospital's operational costs.

The Rapid Development of Medical Equipment Technology:-

Advances in science and technology in the health sector is running very fast. In addition to providing opportunities for improving the quality of health services, under the current conditions it is still a threat because it tends to be capital intensive. The limited support/financial capacity owned by the hospital, and the screening system of equipment technology through planning cannot be implemented optimally, causing the economic aspects to ensure the efficient use of financial resources not be optimal.

Closing:-**The policies set in dealing with health issues as stipulated in Laws on BPJS and on Health are among others:**

- a. Improving the overall and continuous health care effort through collaboration among families, communities and government.
- b. Encourages the government to play more intensive role in providing health services both preventive and curative.
- c. Improving the inter- and intra-sectors integration, including government, SOEs, NGOs, and institutions of civil society.
- d. Improving and streamlining the partnership with universities, private sector, political parties, civil society organizations in monitoring the implementation of health insurance organized both by BPJS and government.

The implementation of Laws on BPJS and on Health in providing public health services are among others:

- a. Extension and empowerment, implemented through public health education with the aim of raising public awareness to be more concerned about health.
- b. Protection, implemented through activities of prevention against possible diseases that can cause public health problems.
- c. Services, implemented through the provision of health care facilities for the needing people both members and non-members of Healthcare BPJS.
- d. Services for members of Healthcare BPJS have been enjoyed by the public at large, because BudhiAsih Hospital in East Jakarta is earnest in providing social security to all people because it is mandated by the 1945 Constitution.

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