

GOVERNMENT OF REGENCY OF GRESIK

REGIONAL REGULATION OF REGENCY OF GRESIK

NUMBER 5 YEAR 2013

ON

REGIONAL HEALTH SYSTEM

BY THE BLESSINGS OF ALMIGHTY GOD

THE REGENT OF GRESIK,

Considering: a. that health is a fundamental human right and one of the elements supporting human life to achieve welfare that must be realized in accordance with the ideals of the Indonesian nation;
b. that the purpose of health development is to increase awareness, willingness, and ability to live healthy for everyone so that the highest degree of community health is achieved, as an investment for the development of productive human resources socially and economically;
c. that with the establishment of the National Health System, which is a reference and suprastructure for health development at the national level, it is also a reference for the preparation of health development policies at the Regency level, which is integrally a subsystem of the National Health System;
d. that the regional government is obliged to guarantee comprehensive, equitable, and affordable health services for the community;
e. that based on the considerations referred to in points a, b, c, and d, it is necessary to issue a Regional Regulation on the Regional Health System;

Considering: 1. Section 18 paragraph (6), Section 28H, and Section 33 paragraph (3) of the 1945 Constitution of the Republic of Indonesia;

2. Law Number 12 of 1950 on the Formation of Regions within the Province of East Java, (State Gazette of the Republic of Indonesia of 1950 Number 19, Supplement to the State Gazette of the Republic of Indonesia Number 2930) as amended by Law Number 2 of 1965 on Changes to the Territorial Boundaries of Surabaya Municipality and Surabaya Regency II (State Gazette of the Republic of Indonesia of 1965 Number 19, Supplement to the State Gazette of the Republic of Indonesia Number 2730);
3. Law Number 4 of 1984 on Contagious Disease Outbreaks (State Gazette of the Republic of Indonesia of 1984 Number 20, Supplement to the State Gazette of the Republic of Indonesia Number 3273);
4. Law Number 8 of 1999 on Consumer Protection (State Gazette of the Republic of Indonesia of 2004 Number 42, Supplement to the State Gazette of the Republic of Indonesia Number 3821);
5. Law Number 25 of 2004 on the National Development Planning System (State Gazette of the Republic of Indonesia of 2004 Number 104, Supplement to the State Gazette of the Republic of Indonesia Number 4421);
6. Law Number 29 of 2004 on Medical Practice (State Gazette of the Republic of Indonesia of 2004 Number 116, Supplement to the State Gazette of the Republic of Indonesia Number 4431);
7. Law Number 32 of 2004 on Regional Government (State Gazette of the Republic of Indonesia of 2004 Number 125, Supplement to the State Gazette of the Republic of Indonesia Number 4437) as amended several times, the latest being Law Number 12 of 2008 on the Second Amendment to Law Number 32 of 2004 on Regional Government (State Gazette of the Republic of Indonesia of 2008 Number 59, Supplement to the State Gazette of the Republic of Indonesia Number 4844);
8. Law Number 33 of 2004 on Financial Balance between the Central Government and Regional Governments (State Gazette of the Republic of Indonesia of 2004 Number 126, Supplement to the State Gazette of the Republic of Indonesia Number 4438);
9. Law Number 40 of 2004 on the National Social Security System (State Gazette of the Republic of Indonesia of 2004 Number 150, Supplement to the State Gazette of the Republic of Indonesia Number 4456);
10. Law Number 36 of 2009 on Health (State Gazette of the Republic of Indonesia of 2009 Number 144, Supplement to the State Gazette Number 5063);
11. Law Number 44 of 2009 on Hospitals (State Gazette of the Republic of Indonesia of 2009

Number 153, Supplement to the State Gazette Number 5072);

12. Law Number 52 of 2009 on Population Development and Family Welfare (State Gazette of the Republic of Indonesia of 2009 Number 161, Supplement to the State Gazette Number 5080);

13. Law Number 12 of 2011 on the Formation of Legislation (State Gazette of the Republic of Indonesia of 2011 Number 82, Supplement to the State Gazette of the Republic of Indonesia Number 5234);

14. Law Number 24 of 2011 on the Social Security Organizing Body (State Gazette of the Republic of Indonesia of 2011 Number 116, Supplement to the State Gazette of the Republic of Indonesia Number 5256);

15. Government Regulation Number 40 of 1991 on the Handling of Contagious Disease Outbreaks (State Gazette of the Republic of Indonesia of 1991 Number 49, Supplement to the State Gazette of the Republic of Indonesia Number 3447);

16. Government Regulation Number 32 of 1996 on Health Workers (State Gazette of the Republic of Indonesia of 1996 Number 49, Supplement to the State Gazette Number 3637);

17. Government Regulation Number 58 of 2005 on Regional Financial Management (State Gazette of the Republic of Indonesia of 2005 Number 140, Supplement to the State Gazette of the Republic of Indonesia Number 4578);

18. Government Regulation Number 65 of 2005 on Guidelines for the Preparation and Implementation of Minimum Service Standards (State Gazette of the Republic of Indonesia of 2005 Number 150, Supplement to the State Gazette of the Republic of Indonesia Number 4585);

19. Government Regulation Number 8 of 2006 on Financial and Performance Reporting of Government Institutions (State Gazette of the Republic of Indonesia of 2004 Number 25, Supplement to the State Gazette of the Republic of Indonesia Number 4614);

20. Government Regulation Number 38 of 2007 on the Division of Governmental Affairs between the Central Government, Provincial Governments and Regency/City Governments (State Gazette of the Republic of Indonesia of 2007 Number 82, Supplement to the State Gazette of the Republic of Indonesia Number 4737);

21. Government Regulation Number 41 of 2007 on Regional Apparatus Organization (State Gazette of the Republic of Indonesia of 2007 Number 89, Supplement to the State Gazette of the Republic of Indonesia Number 4741);

22. Presidential Regulation Number 72 of 2012 on the National Health System;
23. Decree of the Minister of Health Number: 128/MENKES/SK/II/2004 on the Basic Policy of Public Health Centers;
24. Decree of the Minister of Health Number: 828/MENKES/SK/2008 on Technical Instructions for Minimum Service Standards in the Field of Health;
25. Decree of the Minister of Health Number: 1076/Menkes/SK/XII/2006 on Guidelines for the Implementation of Traditional Medicine;
26. Decree of the Minister of Health Number: 1479/Menkes/SK/X/2003 on Guidelines for the Implementation of an Integrated Epidemiological Surveillance System for Communicable and Non-Communicable Diseases;
27. Regional Regulation of Gresik Regency Number 6 of 2007 on Governmental Affairs that are the Authority of Gresik Regency (Gresik Regency Regional Gazette of 2007 Number 6);
28. Regional Regulation of Gresik Regency Number 2 of 2012 on the Formation of Regional Legislation (Gresik Regency Regional Gazette of 2012 Number 2);
29. Regional Regulation of Gresik Regency Number 2 of 2008 on the Regional Apparatus Organization of Gresik Regency (Gresik Regency Regional Gazette of 2008 Number 2) as amended by Regional Regulation of Gresik Regency Number 2 of 2013 on the Second Amendment to Regional Regulation of Gresik Regency Number 2 of 2008 on the Regional Apparatus Organization of Gresik Regency (Gresik Regency Regional Gazette of 2013 Number 2);

By Mutual Agreement

THE REGIONAL HOUSE OF REPRESENTATIVES OF REGENCY OF GRESIK

And

THE REGENT OF GRESIK

DECIDE:

To Enact: A REGIONAL REGULATION ON THE REGIONAL HEALTH SYSTEM.

CHAPTER I

GENERAL PROVISIONS

Section 1

1. Region means the Regency of Gresik.
2. Regional Government means the Regional Government of Gresik Regency.
3. The Regional House of Representatives, hereinafter referred to as DPRD, means the Regional House of Representatives of Gresik Regency.
4. Regent means the Regent of Gresik.
5. Social Function is the effort of health service providers to not be a humanitarian aspect in their services that can be provided in the form of facilities for poor people.
6. Minimum Service Standards in the field of health are provisions regarding the type and quality of basic services that are mandatory regional affairs that every citizen is entitled to receive at a minimum.
7. Health is a state of health, both physically, mentally, spiritually and socially, which enables each person to live productively socially and economically.
8. Regional Work Unit, hereinafter referred to as SKPD, means the Regional Government Work Unit consisting of the Regional Secretariat, Inspectorate, Secretariat of the Regional House of Representatives, Regional Office, Regional Technical Institution, Regional Police, Sub-district and Village in Gresik Regency.
9. Private sector means every component of non-governmental health service providers in Gresik Regency.
10. Community members means every person domiciled in Gresik Regency.
11. Health Service Facilities means a tool and/or place used to provide health services, both promotive, preventive, curative and rehabilitative, carried out by the Government, Regional Government and/or community.
12. Professional organization means an organization operating in the field of health professionals that has a branch organizational structure in Gresik Regency.
13. Organization and/or association of health facilities means organizations and/or associations operating in the field of basic, referral health services that have a branch organizational and/or association structure in Gresik Regency.

14. Non-Governmental Organization, hereinafter referred to as NGO, means an independent institution formed by non-governmental communities that actively participate in realizing health development in Gresik Regency.

15. Regional Health System, hereinafter referred to as RHS, means the management of health carried out by all components of the Gresik community in an integrated and mutually supportive manner to ensure the achievement of the highest possible level of community health.

16. Legal Entity means a business entity owned by the State or region, private sector, cooperatives as a collector and manager of funds responsible for organizing community health maintenance guarantees.

17. Hospital means a health service institution that provides complete individual health services, providing inpatient, outpatient, and emergency services, as well as other support services.

18. Community Health Center means a Technical Implementation Unit of the Regency/City Health Office responsible for organizing health development in a work area.

19. Health worker means anyone who dedicates themselves to the field of health and has knowledge and/or skills through education in the field of health, which for certain types requires authority to carry out health efforts.

20. Traditional healer means a person who performs treatment and/or care using methods, medicines and treatments that refer to hereditary experience and skills, and are applied in accordance with applicable norms in society.

21. Traditional health services means treatment and/or care with methods and medicines that refer to hereditary experience and skills empirically accountable and applied in accordance with the applicable norms in society.

22. Health efforts means any activity and/or series of activities carried out in an integrated, integrated and continuous manner to maintain and improve the degree of community health in the form of disease prevention, health improvement, disease treatment and health selection by the government and/or community.

23. Emergency means the clinical condition of a patient requiring immediate medical action to save lives and prevent further disability.

24. Health Service Provider, hereinafter referred to as HSP, means a coordinated and organized health service network that provides effective, efficient, and complete services that can be utilized by

participants.

25. Public Health Efforts, hereinafter referred to as PHE, means services that are public goods with the main objective of maintaining and improving health and preventing disease without neglecting disease treatment and health recovery.

26. Individual Health Efforts, hereinafter referred to as IHE, means services that are private goods with the main objective of curing diseases and restoring individual health, without neglecting health maintenance and disease prevention.

27. Epidemiological Surveillance Activities means systematic and continuous analysis of diseases or health problems and conditions that affect the occurrence of increased incidence and transmission of these diseases or health problems.

28. Extraordinary Event, hereinafter referred to as EE, means the emergence or increase in the incidence of morbidity and/or mortality that is epidemiologically significant in a particular area within a certain period of time.

29. Resources in the field of health means all forms of funds, personnel, health supplies, pharmaceutical preparations and medical equipment, as well as health service facilities and technology utilized to organize health efforts carried out by the government, regional government and/or community.

30. Medical equipment means instruments, apparatus, machines and/or implants that do not contain drugs used to prevent, diagnose, cure and alleviate diseases, treat the sick, restore health in humans, and/or shape the structure and improve body function.

31. Pharmaceutical preparations means drugs, drug ingredients, traditional medicines and cosmetics.

32. Drug means a substance or combination of substances, including biological products used to influence or investigate physiological systems or pathological conditions in order to determine diagnoses, prevention, cure, recovery, health improvement and contraception, for humans.

33. Traditional medicine means substances or mixtures of substances in the form of plant materials, animal materials, mineral materials, galenic preparations or mixtures of these materials that have been traditionally used for treatment, and can be applied in accordance with norms applicable in society.

34. Specimen means material originating from humans or not originating from humans for the

determination of disease types, causes of diseases, health conditions or factors that can affect the health of individuals and the community.

35. Social Security Organizing Body (BPJS) means a legal entity formed to organize social security programs.

36. National Social Security System (SJSN) means a procedure for organizing social security programs by several social security organizing bodies.

37. Health insurance means a mechanism for collecting and providing protection against health risks that befall participants and/or their families.

38. Reproductive health means a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity, related to the reproductive system, function, and process in men and women.

CHAPTER II

PRINCIPLES, INTENT, OBJECTIVES AND

POSITION OF THE REGIONAL HEALTH SYSTEM

Part One

Principles

Section 2

The principles of organizing RHS must refer to the following basic or fundamental principles:

- a. humanitarianism;
- b. balance;
- c. benefit;
- d. protection;
- e. justice;
- f. respect for human rights;
- g. dynamic synergy and partnership;
- h. commitment and good governance;
- i. legality;

- j. anticipatory and proactive;
- k. gender and non-discriminatory; and
- l. local wisdom.

Part Two

Intent and Objectives

Section 3

- (1) RHS is intended as a basis for implementing programs and activities for the organization of health carried out by the Regional Government, private sector and community.
- (2) The objective of RHS is the implementation of health development by all components of the nation, including the Regional Government and/or community, including legal entities, businesses, and private institutions synergistically, effectively and efficiently, so that the highest possible level of community health is achieved.

Part Three

Position of RHS

Section 4

- (1) In relation to other systems in the region:
 - a. RHS interacts harmoniously with various regional development systems; and
 - b. RHS becomes a reference for regional development that is health-oriented.
- (2) In relation to the community system:
 - a. RHS is part of the regional community system;
 - b. The implementation of every health effort must consider the values and culture of the community;
 - c. Every effort to improve community health must refer to RHS.

CHAPTER III

MISSION, TARGETS, DIRECTION OF RHS POLICY

Section 5

(1) The mission of organizing RHS is to improve access to and quality of health services for the community.

(2) The targets of RHS are:

- a. increasing the capacity of health infrastructure and facilities evenly;
- b. increasing the number of people served by health workers and health service institutions;
- c. improving Jamkesda, Jamkesmas, and Jampersal services for the underprivileged and/or poor;
- d. improving the facilities and reach of communication, information and education (KIE) in the field of health to the community; and
- e. improving the degree of community health and the management of Family Planning (KB).

(3) The direction of regional health development policy:

- a. improving the health of mothers, infants, toddlers and family planning;
- b. improving the nutritional status of the community;
- c. controlling communicable diseases, non-communicable diseases and environmental sanitation;
- d. fulfilling the development of human resources in the field of health;
- e. increasing the availability, affordability, equity, safety, quality, use of drugs and supervision of drugs and food;
- f. implementation of Jamkesmas, Jamkesda, and Jampersal;
- g. community empowerment, disaster mitigation and health crises;
- h. improving the quality of health services at health facilities;
- i. increasing community knowledge about health;
- j. improving the supervision of health services;
- k. improving the health of school-age children;
- l. improving the health of the elderly; and
- m. improving health promotion and clean and healthy living behaviors.

(4) The Regional Government, business actors or private actors and health service providers are required to prepare planning or work programs, implementation, control or evaluation of health development activities for the community.

CHAPTER IV

REGIONAL HEALTH MANAGEMENT

Part One

Scope of the Regional Health System

Section 6

Scope of RHS Implementation:

- a. Public Health Efforts subsystem;
- b. Health research and development subsystem;
- c. Health financing subsystem;
- d. Health human resources subsystem;
- e. Pharmaceutical preparations, medical equipment, and food subsystem;
- f. Health management, information, and regulation subsystem; and
- g. Community empowerment subsystem.

Part Two

Public Health Efforts Subsystem

Section 7

(1) The public health efforts subsystem is the integrated, continuous, complete, and quality management of health efforts, including efforts to improve, prevent, treat, and rehabilitate, organized to ensure the achievement of the highest possible level of community health.

(2) The objective of the public health efforts subsystem is the implementation of equitable, equitable, affordable and quality health efforts to guarantee the implementation of health development to improve the highest possible level of community health.

(3) The implementation of the Public Health Efforts Subsystem consists of:

- a. Public Health Efforts; and
- b. Guidance and Supervision.

Part Three

Community Health Services

Definition and Scope

Section 8

(1) Community health services are aimed at maintaining and improving health and preventing diseases in a group and community, without neglecting disease treatment and health recovery.

(2) Community health services include:

- a. Primary Community Health Services;
- b. Secondary Community Health Services; and
- c. Tertiary Community Health Services.

Part Four

Main Forms of Community Health Services

Section 9

(1) Community Health Services.

- a. Primary Community Health Services are services to improve and prevent without neglecting treatment and recovery with targets of families, groups, and communities.
- b. Secondary Community Health Services receive referrals from primary community health services and provide facilitation in the form of facilities, technology and human resources for health, such as the handling of cross-regency communicable diseases.
- c. Tertiary Community Health Services receive health referrals from secondary health services and provide facilitation in the form of facilities, technology, human resources for health, and operational referrals, and conduct research and development in the field of public health and screening of technology and related technology products.

(2) The implementation of primary community health services is the responsibility of the Health Office, the operational aspects of which can be delegated to Community Health Centers, and/or other primary health facilities organized by the Regional Government and/or community.

(3) The implementation of tertiary community health services is the responsibility of the Provincial Health Office and the Ministry of Health, supported by cross-sectoral cooperation.

Part Five

Individual Health Services Definition and Scope

Section 10

(1) Individual health services are aimed at curing diseases and restoring the health of individuals and families, without neglecting health maintenance and disease prevention.

(2) Individual health services include:

- a. Primary Individual Health Services;
- b. Secondary Individual Health Services; and
- c. Tertiary Individual Health Services.

Part Six

Main Forms of Individual Health Services

Section 11

The main forms of individual health services include:

- a. Primary individual health services are basic health services where the first individual contact occurs as the initial process of health services, emphasizing treatment, recovery services, without neglecting efforts to improve and prevent, including fitness and healthy lifestyle services.
- b. Secondary individual health services are specialist health services that receive referrals from primary individual health services, including case referrals, specimens, and scientific knowledge, and can refer back to the referring health service facility, as a forum for health worker education and training.
- c. Tertiary individual health services receive sub-specialist referrals from lower-level health services, and can refer back to the referring health service facility, are required to conduct basic and applied research and development and can be used as a center for health worker education and training.

CHAPTER V

RIGHTS AND OBLIGATIONS

Part One

Rights

Section 12

Every community member has the right to:

- a. obtain health services according to their needs;
- b. receive compensation for negligence and/or errors in health services or traditional healing services performed at health facilities in accordance with applicable laws and regulations;
- c. obtain a good and healthy living environment; and
- d. participate in the provision of health services.

Part Two

Obligations

Section 13

- (1) Community members are obliged to participate in maintaining and improving the health of individuals, families and their environment.
- (2) Community empowerment is carried out on the basis of fostering awareness, willingness and ability, and becoming a driving force in health development.

Section 14

The Regional Government is obliged to:

- a. organize regional health development;
- b. encourage the private sector to actively participate in various forms of regional health development;
- c. strive for adequate health budgets that increase gradually to meet the needs of regional health development;
- d. provide and maintain regional health service facilities;
- e. coordinate health development across sectors and in an integrated manner; and

f. organize health promotion efforts to improve clean and healthy living behaviors (PHBS).

Section 15

(1) The private sector is obliged to participate in health financing and the provision of health resources.

(2) The private sector and the community can be initiators, motivators, and facilitators who have adequate competence and can build commitment with the support of both formal and informal leaders.

Section 16

(1) The implementation of RHS is the responsibility of the Regional Government, private sector and/or community.

(2) The private sector may carry out certain specific tasks in the field of health that are collaborated with the Regional Government in accordance with applicable laws and regulations.

(3) Cooperation between the Regional Government, the private sector and/or the community is regulated in the Regents Regulation.

CHAPTER VI

HEALTH SERVICES

Part One

Basic Health Services

Section 17

(1) In the Community Health Centers work area, IHE is organized by the Community Health Center and its network (Community Health Center Assistants and Village Health Posts).

(2) Private health services can implement IHE and/or PHE in coordination with the Regional Government through the Gresik Regency Health Office.

Section 18

Community Health Centers with specialist services can cooperate with Vertical Hospitals and Regional Government Hospitals.

Part Two

Referral Health Services

Section 19

(1) Referral health services are implemented by the Government, community and private sector, including in the form of hospitals, specialist doctors practices, specialist dentists practices, specialist clinics, lung disease treatment centers, eye health centers and mental health centers.

(2) Government and private hospitals are obliged to:

- a. implement IHE, receive and handle referrals from basic health service facilities and other health service facilities;
- b. provide treatment and rehabilitative services supported by promotional and preventive services, education and training and health technology development in efforts to improve health services;
- c. implement government programs;
- d. provide quality, efficient, safe health services and prioritize the interests of patients in accordance with established procedures;
- e. provide complete health services while still considering humanitarian aspects;
- f. receive and serve patients in emergency conditions and are prohibited from refusing on grounds of financing and other non-medical reasons;
- g. refer their patients to hospitals capable of handling the patients condition, ensuring the availability of services at the referral hospital;
- h. provide answers and return handled case referrals to the referring Community Health Centers and private health service facilities in accordance with medical ethics;
- i. implement PHE and coordinate with the Health Office; and
- j. provide legal protection to all human resources in hospitals related to issues related to their work.

(3) The Regional Government facilitates the availability of medical referral transportation services.

Part Three

Blood Health Services

Section 20

- (1) The Regional Government is obliged to strive for the availability of blood that is safe from diseases that endanger recipients.
- (2) Every Class B and above hospital must have a Blood Bank.
- (3) The replacement cost of blood processing is determined by the Regional Government.
- (4) Regarding disease prevention and control efforts, the Branch Blood Transfusion Unit is obliged to conduct blood screening for certain dangerous diseases and report the results to the Regional Government through the Health Office.
- (5) Health service facilities and BTUs are prohibited from providing blood and blood donation services for commercial purposes.

Part Four

Disease Monitoring and Observation

Section 21

- (1) The Regional Government is obliged to organize disease monitoring and observation through the Health Office.
- (2) Communities and/or institutions that find cases of diseases with the potential for outbreaks are obliged to report them to the Regional Government through the Health Office.
- (3) The procedure for organizing and implementing Disease Monitoring and Observation as referred to in section (1) is in accordance with applicable legislation.

Part Five

Disease Prevention and Control

Section 22

- (1) The Regional Government is obliged to organize efforts to prevent and control communicable and non-communicable diseases.

(2) The Regional Government is obliged to finance efforts to prevent and control communicable diseases.

(3) The Regional Government in carrying out efforts to prevent and control diseases can actively involve the private sector and the community.

Part Six

Healthy Environment

Section 23

(1) Every development activity carried out by the government and the community must consider and apply environmental health.

(2) Every institution that produces waste in the form of liquid, gas and solid waste must manage the waste it produces in accordance with applicable regulations under the supervision of the Regional Government.

(3) Every community member and newcomer must create and maintain a clean and healthy environment free from the threat of disease, including cigarette smoke in homes/public places and offices.

(4) Efforts to create a healthy environment are created through individual-based health efforts and community empowerment.

Part Seven

Family Health Services

Section 24

(1) The Regional Government is responsible for organizing family health services, including the health of mothers, infants, toddlers, preschool children, school-age children, the elderly and family planning.

(2) The Regional Government in carrying out family health services actively involves the private sector and the community.

Part Eight

Mental Health

Section 25

(1) Mental health is aimed at ensuring that everyone can enjoy a healthy mental life, free from fear, pressure, and other disturbances that can interfere with mental health.

(2) The government and the community are responsible for creating optimal mental health conditions by ensuring the availability, accessibility, quality and equity of mental health efforts.

Part Nine

Efforts to Improve Community Nutrition

Section 26

(1) The Regional Government is responsible for organizing the handling of nutritional problems, especially in pregnant women with chronic energy deficiencies, infants, children under five and the elderly.

(2) The Regional Government is responsible for improving the nutritional status of families and communities with the active participation of the community and the private sector.

(3) The Regional Government organizes the handling of malnutrition, especially for poor families.

(4) The Regional Government is responsible for increasing the promotion of community nutrition programs.

(5) The Regional Government is responsible for promoting exclusive breastfeeding and Early Breastfeeding Initiation.

(6) The mechanism of implementation as referred to in sections (3), (4) and (5) is regulated by the Regents Regulation.

Part Ten

Hajj Health Services

Section 27

- (1) The Regional Government organizes Hajj health services in the form of guidance, monitoring and health examinations of Hajj pilgrims before departure and upon their return from Hajj.
- (2) The Regional Government designates Community Health Centers and Hospitals as Hajj Health Service implementers according to the level or stage of examination.

Part Eleven

Traditional Health Services

Section 28

Traditional health services are fostered and supervised by the Regional Government so that their benefits and safety can be accounted for and do not contradict religious, social and propriety norms.

Part Twelve

Cross-Border and Slum Health Services

Section 29

- (1) The provision of health services in border areas and slum areas of the regency is the responsibility of the Regional Government in cooperation with border Regional Governments and the provincial government.
- (2) Every health facility in an area bordering another area must accept cross-border patients and report its activities to the Regional Government.
- (3) The mechanism for reporting the results of activities as referred to in section (2) is regulated by the Regents Regulation.

Part Twelve

Emergency Health Services

Section 30

- (1) In an emergency, both government and private health service facilities must provide health services for the saving of patients lives and the prevention of further disability.

- (2) In an emergency, both government and private health service facilities are prohibited from refusing patients and/or requesting an advance payment.
- (3) Anyone providing health services in a disaster must be aimed at saving lives, preventing further disability, and the best interests of the patient.
- (4) The government guarantees legal protection for anyone as referred to in section (3) in accordance with their capabilities.
- (5) In an emergency, both government and private health service facilities must provide health services in a disaster to save patients lives and prevent disability.

Part Fourteen

Disaster Victim Services

Section 31

- (1) The rapid response team for disaster mitigation, together with all regional and private government health facilities, provides emergency and disaster preparedness services according to the level of the disaster and its authority.
- (2) In the case of a disaster, the police and other security personnel must facilitate health workers in securing and facilitating the handling of victims.
- (3) Regional and private hospitals must accept and handle without regard to the status and background of the victim.
- (4) The financing of the handling of the health of disaster victims is the responsibility of the regional government.
- (5) The financing as referred to in section (4) is exempted for disasters caused by the actions or activities of the perpetrator, the costs are borne by the perpetrator.

CHAPTER VII

FINANCING SUBSYSTEM

Part One

Objectives

Section 32

The objective of health financing is the availability of sufficient health financing, allocated fairly and equitably, and utilized effectively and efficiently and sustainably to guarantee the implementation of Public Health Efforts and Individual Health Efforts in order to improve the level of community health.

Part Two

Main Elements

Section 33

The main elements of financing include fund raising, fund allocation and budget allocation.

Part Three

Principles of Health Financing

Section 34

(1) Health financing is basically a shared responsibility of the government, community, employers and the private sector and is sought to be sufficient in amount and available and managed effectively, efficiently, fairly and sustainably, supported by transparency and accountability.

(2) Fund raising for the implementation of health efforts can come from the government from both the health sector and other related sectors, from the community, from employers and the private sector and other sources that do not contradict applicable laws and regulations.

(3) Funds from the regional government to finance health efforts are carried out through the preparation of a revenue and expenditure budget, which strives for an increase and sufficiency in accordance with needs towards at least 15% of the Regional Revenue and Expenditure Budget excluding salaries.

(4) Funds from the government are directed to the financing of Public Health Efforts, prioritizing interventions in remote areas that are not attractive to the private sector, including health programs that have high leverage on improving the level of community health, referring to the Minimum Service Standards that have been established.

- (5) Funds from the government for financing individual health efforts are directed towards their utilization through the development of mandatory and voluntary health maintenance guarantee systems, prioritizing poor and/or underprivileged communities.
- (6) Basically, government health financing is the responsibility of the Regional Government, assisted by the Provincial Government and the Central Government.
- (7) Revenue from health service institutions owned by the Regional Government is directed to be used directly for operational costs in accordance with applicable laws and regulations.
- (8) Community-sourced funds directed towards financing community health efforts are implemented through active collection by the community itself in the form of social funds or passively by utilizing community funds that have been collected for the interests of the community's health.
- (9) Private sector-sourced funds to finance community health efforts are collected by implementing the principle of partnership between the government and the private sector, supported by the provision of adequate incentives.
- (10) Funds from the community and the private sector are directed to the financing of Individual Health Efforts that are organized, fair, effective, and efficient through health maintenance guarantees based on the principles of social solidarity, mandatory and voluntary, implemented gradually.
- (11) Contributions from the community, employers and the private sector are managed by the Social Security Organizing Body.
- (12) In the implementation of social security, the government has an obligation to pay contributions for poor and/or underprivileged communities.

CHAPTER VIII

HEALTH HUMAN RESOURCES SUBSYSTEM

Part One

Objectives

Section 35

The availability of competent health workers in accordance with needs and distributed fairly and

optimally utilized to guarantee the implementation of health development in efforts to achieve the highest possible level of community health.

Part Two

Main Elements

Section 36

The main elements in this subsystem are health workforce planning, health workforce education and training, and health workforce utilization.

Part Three

Principles

Section 37

(1) Planning for the needs and procurement and placement of health workers is carried out through a needs and priority analysis based on facts, both in terms of type, number and qualifications.

(2) Planning for the needs and procurement and placement of health workers is carried out by considering even distribution in both central government areas and remote areas.

(3) Health workforce development policies are directed at mastering Science and Technology (S&T), and the formation of morals and ethics in accordance with religious teachings and professional ethics implemented continuously.

(4) Career development and advancement of health worker education, both government and private, is carried out objectively, transparently based on work performance in accordance with the needs of regional health development and does not contradict applicable laws and regulations.

(5) Human resources, in this case health workers, both medical and non-medical, carry out their main tasks and functions in health services, always prioritizing professionalism and receiving incentives appropriate to their expertise.

(6) Guidance and supervision of health workers are carried out through registration, certification, competency testing, and licensing for certain health workers who meet the requirements, involving professional organizations and other related parties in accordance with applicable laws and

regulations.

(7) Guidance and supervision of Health Human Resources are sought through the improvement and strengthening of the career system, salary and provision of incentives for a decent living in accordance with community values and based on workload so that they can work professionally.

(8) The principles of organizing the Health Human Resources subsystem are further regulated in the Regents Regulation.

CHAPTER IX

SUBSYSTEM OF PHARMACEUTICAL PREPARATIONS, MEDICAL EQUIPMENT AND FOOD

Part One

Objectives

Section 38

The objective of organizing the subsystem of pharmaceutical preparations, medical equipment and food is the availability of pharmaceutical preparations, medical equipment, and food that are guaranteed to be safe, efficacious, beneficial and of good quality and guaranteed availability and affordability in order to improve the highest possible level of community health.

Part Two

Principles

Section 39

(1) Pharmaceutical preparations, medical equipment and food are basic human needs that function socially, so they should not be treated as mere economic commodities.

(2) Pharmaceutical preparations, medical equipment and food as public goods must be guaranteed in terms of availability and affordability, so that their prices are controlled by the central and regional governments.

(3) Pharmaceutical preparations, medical equipment and food are not promoted excessively and misleadingly.

(4) The fostering, supervision and