



SAKIRAR

PRESIDENT
REPUBLIC OF INDONESIA

LAW OF THE REPUBLIC OF INDONESIA NUMBER 17 OF
2023
ON HEALTH

BY THE GRACE OF ALMIGHTY GOD

THE PRESIDENT OF THE REPUBLIC OF INDONESIA,

- Considering : a. that the state guarantees the right of every citizen to live a good, healthy, and prosperous life, both physically and spiritually, in order to achieve the national goal of protecting the entire Indonesian nation and all Indonesian bloodshed to promote general welfare as mandated in the 1945 Constitution of the Republic of Indonesia;
- b. that development health society requires health efforts, health resources, and health management to improve the highest possible level of public health based on the principles of welfare, equity, non-discrimination, participation, and sustainability in order to develop high-quality and productive human resources, reduce disparities, strengthen services health quality, improve health resilience, ensure healthy lives, and promote the welfare of all citizens and the nation's competitiveness in order to achieve national development goals;
- C. that health problems and disruptions in the community will reduce productivity and cause losses to the state, thus requiring health transformation to achieve an increase in the level of community health;
- d. that



**PRESIDEM
REPUBLIC OF INDONESIA**

- 2 -

- d. that public health development is improving and becoming more open, thereby creating independence and encouraging the development of the national health industry at the regional and global levels, as well as encouraging the improvement of safe, high-quality, and affordable health services for the community to improve the quality of life of the community;
- e. That in order to improve health capacity and resilience, it is necessary to adjust various policies for the integrated and holistic reform of the health system in a single comprehensive law;
- f. That based on the considerations referred to in letters a, b, c, d, and e, it is necessary to formulate a Law on Health;

Considering Article 20, Article 21, Article 28H paragraph (1), and Article 34 paragraph (3) of the 1945 Constitution of the Republic of Indonesia;

With Mutual Consent

THE PEOPLE'S REPRESENTATIVE COUNCIL OF THE REPUBLIC OF INDONESIA

and

PRESIDENT OF THE REPUBLIC OF INDONESIA

DECIDES:

To establish : THE LAW ON HEALTH.

**CHAPTER I
GENERAL PROVISIONS**

Article 1

In this Law, the following terms shall have the following meanings:

- 1. Health is the state of being healthy, both physically, mentally, and socially, and not merely the absence of disease, enabling one to live productively.
- 2. Efforts ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

- 3 -

2. Health Efforts are all forms of activities and/or a series of activities carried out in an integrated and sustainable manner to maintain and improve the level of public health in the form of promotive, preventive, curative, rehabilitative, and/or palliative measures by the Central Government, Local Government, and/or the community.
3. Health Services are all forms of activities and/or a series of service activities provided directly to individuals or the community to maintain and improve the level of public health in the form of promotive, preventive, curative, rehabilitative, and/or palliative care.
4. Health Resources are everything needed to carry out Health Efforts undertaken by the Central Government, Local Government, and/or the community.
5. Health Human Resources are individuals who are actively working in the health sector, whether they have formal health education or not, and for certain types of work require authorization to carry out health efforts.
6. Medical Personnel are individuals who dedicate themselves to the field of health and possess a professional attitude, knowledge, and skills through medical or dental professional education, which requires authorization to carry out Health Efforts.
7. Health Workers are individuals who dedicate themselves to the field of health and possess a professional attitude, knowledge, and skills through higher education, with certain types requiring authorization to carry out Health Efforts.
8. Healthcare Facilities are places and/or equipment used to provide healthcare services to individuals or communities through promotive, preventive, curative, rehabilitative, and/or palliative approaches carried out by the Central Government, Local Governments, and/or communities.

9. Center ...



**PRESIDENT
REPUBLIC OF INDONESIA**

- 4 -

9. Community Health Centers, hereinafter referred to as Puskesmas, are first-level Health Care Facilities that provide and coordinate promotive, preventive, curative, rehabilitative, and/or palliative Health Care Services, with an emphasis on promotive and preventive services in their working areas.
10. A Hospital is a Health Service Facility that provides comprehensive individual health services through promotive, preventive, curative, rehabilitative, and/or palliative health services by providing inpatient, outpatient, and emergency services.
11. Health supplies are all materials and equipment needed to carry out health efforts.
12. Pharmaceutical preparations are medicines, medicinal ingredients, natural medicinal ingredients, including natural medicinal ingredients, cosmetics, health supplements, and quasi-medicines.
13. Medical devices are instruments, apparatus, machines, equipment, implants, in vitro reagents and calibrators, software, and materials or similar items used on humans for medical purposes and do not achieve their primary action through pharmacological, immunological, or metabolic processes.
14. Household Health Supplies, hereinafter abbreviated as PKRT, are tools, materials, and/or mixtures of materials for maintenance and care that have an impact on human health, intended for use in households and public facilities.
15. Medicines are substances, combinations of substances, including biological products, used to influence or investigate physiological systems or pathological conditions for the purpose of diagnosis, prevention, cure, recovery, improvement of health, and contraception for humans.
16. Medicinal Ingredients are substances, whether active or inactive, used in the processing of Medicines according to standards and quality as pharmaceutical ingredients.

17. Medicines.



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

- 5 -

17. Natural Medicine is a substance, mixture of substances, or product derived from natural resources in the form of plants, animals, microorganisms, minerals, or other materials from natural resources, or mixtures of these materials that have been used for generations, or have been proven to be effective, safe, and of high quality, used for health maintenance, health improvement, disease prevention, treatment, and/or health recovery based on empirical and/or scientific evidence.
18. Health technology is any form of tool, product, and/or method intended to assist in the diagnosis, prevention, and treatment of human health problems.
19. Health Information Systems are systems that integrate various stages of processing, reporting, and use of information required to improve the effectiveness and efficiency of health services and guide actions or decisions that are useful in supporting health development.
20. The National Health Information System is a health information system managed by the ministry that administers government affairs in the field of health, which integrates and standardizes all health information systems in support of health development.
21. Telehealth is the provision and facilitation of health services, including public health, health information services, and self-care services, through telecommunications and digital communication technology.
22. Telemedicine is the provision and facilitation of clinical services through telecommunications and digital communication technology.
23. A patient is any person who receives health services from medical personnel and/or health workers.
24. Emergency is a clinical condition of a patient that requires immediate medical and/or psychological action to save lives and prevent disability.

25. Council ...



**PRESTDEN
BSPMBLIX CNOOXESIA**

-6 -

25. The Council is an institution that carries out its duties independently in order to improve the quality of practice and technical competence of medical and health personnel and to provide protection and legal certainty to the public.
26. The College is a group of experts from each discipline of health science who are responsible for that particular discipline, performing their duties and functions independently and serving as an auxiliary body to the Council.
27. Registration is the official recording of Medical Personnel and Health Workers who have obtained competency certificates and/or professional certificates.
28. The Registration Certificate, hereinafter abbreviated as STR, is written proof given to Medical Personnel and Health Workers who have been registered.
29. The Practice License, hereinafter referred to as SIP, is written proof given to Medical Personnel and Health Personnel as authorization to practice.
30. An infectious disease outbreak, hereinafter referred to as an Outbreak, is an increase in the number of cases of infectious diseases that is characterized by a rapid increase in the number of cases and/or deaths and spreads rapidly on a large scale.
31. Outbreak Preparedness is a series of activities as a response to the possibility of an Outbreak occurring.
32. An Extraordinary Event, hereinafter referred to as KLB, is an increase in the incidence, morbidity, mortality, and/or disability due to diseases and health problems that are epidemiologically significant in a certain area within a certain period of time.
33. A Point of Entry, hereinafter referred to as POE, is a place of entry and exit for vehicles, people, and/or goods from and to foreign countries, whether in the form of a port, airport, or border crossing.

34. Officer ...



RESIDENT
&RDUBMK of Indonesia

34. Health Quarantine Officers are Medical Personnel or Health Workers who have the competence and authority in health quarantine matters to conduct surveillance and take measures to control diseases and/or risk factors causing diseases on means of transportation, people, goods, and/or the environment.
35. An infected area is an area where there is epidemiological spread of disease and/or risk factors for disease that have the potential to cause an outbreak.
36. Health Quarantine Documents are health certificates held by every means of transport, person, and goods that meet national and/or international requirements.
37. Every Person refers to an individual, including corporations.
38. The Central Government is the President of the Republic of Indonesia who holds the power of government of the Republic of Indonesia as referred to in the 1945 Constitution of the Republic of Indonesia.
39. The Minister is the minister who administers government affairs in the field of health.
40. The Regional Government is the regional head as the element of the regional government that leads the implementation of government affairs under the authority of the autonomous region.
41. The Village Government consists of the village head or other equivalent title, assisted by village officials as elements of the village administration.

Article 2

This Law is implemented based on the principles of:

- a. humanity;
- b. balance;
- c. benefit;
- d. scientific;
- e. equity;
- f. elika .



PRESIDEM

RSPMBMK INDONESIA

- 8 -

- f. ethics and professionalism;
- g. protection and safety;
- h. respect for rights and obligations;
- i. fairness;
- j. non-discrimination;
- k. moral considerations and religious values;
- l. participatory;
- m. public interest;
- n. integrity;
- o. legal awareness;
- p. state sovereignty;
- q. environmental sustainability;
- r. cultural wisdom; and
- 5. legal order and certainty.

Article 3 The

implementation of health aims to:

- a. to improve healthy living behaviors;
- b. improving access to and quality of health services; and Health Resources;
- c. improving effective and efficient human resource management;
- d. meeting the needs of the for Health Services;
- e. enhancing health resilience in the face of outbreaks or epidemics;
- f. ensuring the availability of sustainable and equitable health funding that is managed transparently, effectively, and efficiently;
- g. realizing the development and utilization of sustainable health technology; and
- h. providing legal protection and certainty for patients, health human resources, and the community.

CHAPTER II ...



PRESIDENT OF THE
REPUBLIC OF INDONESIA

- 9 -

CHAPTER II RIGHTS AND OBLIGATIONS

Section One

Rights

Article 4

- (1) Everyone has the right to:
 - a. a healthy life physically, mentally, and socially;
 - b. to obtain balanced and responsible information and education about health;
 - c. Receive safe, high-quality, and affordable healthcare services in order to achieve the highest possible level of health;
 - d. receive health care in accordance with health service standards;
 - e. to have access to health resources;
 - f. independently and responsibly determining the health services they need;
 - g. to have a healthy environment for achieving the highest possible level of health;
 - h. to accept or refuse some or all of the treatment that will be given to them after receiving and understanding complete information about the treatment;
 - i. obtaining confidentiality of their personal health data and information;
 - j. obtaining information about their health data, including treatments and medications they have received or will receive from medical personnel and/or health workers; and
 - k. obtain protection from health risks.
- (2) The independent rights referred to in paragraph (1) letter f are excluded for Health Services required in Emergency situations and/or the handling of Outbreaks or Epidemics.

(3) The right ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

10 -

- (3) The right referred to in paragraph (1) letter h does not apply to:
 - a. a person whose illness can be quickly transmitted to the wider community;
 - b. the control of outbreaks or epidemics;
 - c. a person who is unconscious or in a state of emergency; and
 - d. a person suffering from severe mental illness who is deemed incapable of making decisions, has no guardian, and is in a state of emergency.
- (4) The confidentiality of personal health data and information as referred to in paragraph (1) letter i does not apply in the following cases:
 - a. fulfilling requests from law enforcement officials in the context of law enforcement;
 - b. the management of epidemics, outbreaks, or disasters;
 - c. limited educational and research purposes;
 - d. efforts to protect against threats to the safety of individuals or the community;
 - e. the interests of maintaining the health, treatment, cure, and care of patients;
 - f. the patient's own request;
 - g. administrative interests, insurance payments, or health financing guarantees; and/or
 - h. other interests as stipulated in laws and regulations.
- (5) The rights referred to in paragraph (1) shall be exercised in accordance with the provisions of laws and regulations.

Section



**PRESDEN
REPUBMK INnONESIA**

- 11 -

Section Two Obligations

Article 5

- (1) Every person has the obligation:
 - a. to realize, maintain, and improve the highest possible level of public health;
 - b. to protect and improve the health of others under their responsibility;
 - C. respect the rights of others in their efforts to obtain a healthy environment;
 - d. adopt healthy lifestyles and respect the health rights of others;
 - e. comply with activities response KLB or epidemic; and
 - f. participating in the health insurance program under the national social security system.
- (2) The implementation of the obligations referred to in paragraph (1) letter a includes:
 - a. Individual health efforts;
 - b. Community health efforts; and
 - c. Health-conscious development.
- (3) The obligation to participate in the health insurance program as referred to in paragraph (1) letter f shall be carried out in accordance with the provisions of laws and regulations.

CHAPTER III

RESPONSIBILITIES OF THE CENTRAL GOVERNMENT AND LOCAL GOVERNMENTS

Article 6

- (1) The Central Government and Local Governments are responsible for planning, regulating, organizing, fostering, and supervising the implementation of quality, equitable, efficient, and affordable health services for the community.

(2) Responsibility ...



**PRESIDENT
REPUBLIC OF INDONESIA**

12 –

- (2) The responsibilities referred to in paragraph (1) shall be carried out in accordance with the provisions of the legislation.

Article 7

- (1) The Central Government and Regional Governments are responsible for improving and developing Health Efforts in order to improve access to and quality of Health Services.
- (2) The improvement and development of Health Efforts as referred to in paragraph (1) shall be carried out based on research and assessment.
- (3) The research and studies referred to in paragraph (2) shall be carried out in accordance with the provisions of laws and regulations.

Article 8

The Central Government and Regional Governments are responsible for organizing activities related to epidemic or outbreak preparedness, epidemic or outbreak response, and post-epidemic or outbreak activities.

Article 9

The Central Government and Local Governments are responsible for ensuring a healthy environment for the community.

Article 10

- (1) The Central Government and Local Governments are responsible for ensuring the availability of equitable and equitable Health Resources for all communities.
- (2) To ensure the availability of Health Resources as referred to in paragraph (1), the Central Government and/or Regional Government, in accordance with their respective authorities, may provide fiscal and/or non-fiscal incentives based on the provisions of laws and regulations.

Article 11 ...



PRESIDENT
REPLI BLIK Indonesia

-13

Article 11

The Central Government and Regional Governments are responsible for the availability of and access to Health Care Facilities as well as health information and education.

Article 12

The Central Government and Local Governments are responsible for:

- a. the regulation, guidance, supervision, and improvement of the quality and competence of Medical Personnel and Health Personnel;
- b. planning, procurement, and utilization of Medical Personnel and Health Workers in accordance with the needs of the community and the region based on the provisions of laws and regulations;
- C. the welfare of Medical Personnel and Health Workers; and
- d. protection for Patients and Human Resources Health.

Article 13

Local governments are responsible for the planning, fulfillment, utilization, and welfare of health support personnel in accordance with the needs of the community and the region.

Article 14

The Central Government and Local Governments are responsible for empowering and encouraging community participation in the implementation of Health Efforts.

Article 15

In carrying out its responsibilities, the Regional Government may establish regional policies and must refer to the norms, standards, procedures, and criteria for health development established by the Central Government.

Article 16 ...



PREStDEM
REPUBLIC OF INDONESIA
- 14

Article 16

In order to support the implementation of guidance, supervision, and improvement of the quality and competence of Medical Personnel and Health Personnel as referred to in Article 12 letter a, the Central Government shall be assisted by the Council and/or the College.

CHAPTER IV HEALTH

CARE

Article 17

- (1) Health Services consist of:
 - a. Health Efforts;
 - b. Health Resources; and
 - c. Health Management.
- (2) Health Services as referred to in paragraph (1) letter a are aimed at achieving the highest possible level of health for the community in the form of individual health services and community health services.
- (3) Health Resources as referred to in paragraph (1) letter b are utilized to support the implementation of Health Efforts.
- (4) Health Management as referred to in paragraph (1) letter c is carried out in relation to Health Efforts and Health Resources.

Article 18

- (1) Individual Health Efforts as referred to in Article 17 paragraph (2) are Health Efforts that are promotive, preventive, curative, rehabilitative, and/or palliative in nature and only affect individuals.
- (2) Public health efforts as referred to in Article 17 paragraph (2) are health efforts that are promotive, preventive, curative, rehabilitative, and/or palliative in nature and have an impact on the community.

Article 19 ...



PRESIDENT
REPтJ8£•IK I iOOI'4ERfM

-15-

Article 19

- (1) The Central Government and Regional Governments are responsible for the implementation of Individual Health Efforts and Community Health Efforts.
- (2) In carrying out the responsibilities referred to in paragraph (1), the Central Government shall:
 - a. national strategic planning;
 - b. establishing national policies;
 - c. coordination of national programs;
 - d. management of the Health Service referral system;
 - e. setting health service standards;
 - f. registration and accreditation of health care facilities;
 - g. health research and development;
 - h. management and distribution of Health Resources; and
 - i. issuing business licenses for Health Care Facilities in accordance with the provisions of laws and regulations.
- (3) In carrying out the responsibilities referred to in paragraph (1), the Regional Government shall:
 - a. establishment of policies for the region in guidance from national policies;
 - b. planning, management, monitoring, supervision, and evaluation of programs;
 - c. management systems referral Regional at the regional level;
 - d. Health research and development;
 - e. Management and distribution of health resources; and
 - f. Issuance of business licenses for Health Service Facilities in accordance with the provisions of laws and regulations.

Article 20 ...



PRESIDENT
REPUBLIC OF INDONESIA

- 16 -

Article 20

Source Energy Health as referred to in
Article 17 paragraph (3) includes:

- a. Healthcare Facilities;
- b. Health Human Resources;
- c. Health Supplies;
- d. Health Information Systems;
- e. Health Technology;
- f. Health funding; and
- g. other necessary resources.

Article 21

- (1) Health management as referred to in Article 17 paragraph (4) shall be carried out by the Central Government, Regional Governments, and Village Governments in a coordinated and mutually supportive manner to ensure the highest possible level of health.
- (2) Health management as referred to in paragraph (1) is carried out in a tiered manner at the central and regional levels within a national health system.
- (3) Further provisions regarding health management as referred to in paragraph (2) are regulated by Presidential Regulation.

CHAPTER V
HEALTH EFFORTS

Section One General

Article 22

- (1) The implementation of Health Efforts includes:
 - a. Maternal, infant, and child health; adolescent, adult, and elderly health;
 - b. Health ...



PRESIDEN
REPUBLIK INDONESIA

- 17 -

- b. Health of persons with disabilities;
 - c. Reproductive health;
 - d. family planning;
 - e. nutrition;
 - f. Dental and oral health;
 - g. Vision and hearing health;
 - h. Mental health;
 - i. disease control disease disease and
non-communicable disease control;
 - j. Family health;
 - k. School health;
 - l. Occupational health;
 - m. Sports health;
 - n. Environmental health;
 - o. Military health;
 - p. Disaster health;
 - q. Blood services;
 - r. Organ and/or tissue transplantation, stem cell-based therapy and/or stem cell therapy, as well as reconstructive and aesthetic plastic surgery;
 - s. Safety and use of pharmaceutical preparations, medical devices, and PKRT;
 - t. food and beverage safety;
 - u. safety of addictive substances;
 - v. Medical services for legal purposes;
 - w. Traditional health services; and
 - x. Other health efforts.
- (2) Other health efforts as referred to in paragraph (1) letter x shall be determined by the Minister in accordance with developments and needs in the field of health.

Article 23 ...



**PRESTDEM
REPMBUK INDOXESIA**

-18 -

Article 23

- (1) Health services shall be provided in a responsible, safe, high-quality, equitable, non-discriminatory, and fair manner.
- (2) The implementation of Health Efforts must take into account social functions, social and cultural values, morals, and ethics.

Article 24

- (1) Healthcare services shall be provided in accordance with healthcare service standards.
- (2) The provisions regarding health service standards as referred to in paragraph (1) shall be regulated by Government Regulation.

Article 25

- (1) The implementation of health services in the form of health care may utilize information and communication technology.
- (2) The use of information and communication technology as referred to in paragraph (1) may be implemented through integrated telehealth and telemedicine systems with the National Health Information System.
- (3) Telemedicine as referred to in paragraph (2) consists of the provision of clinical and non-clinical services.
- (4) The provision of clinical services as referred to in paragraph (3) is carried out through telemedicine.
- (5) Further provisions regarding the implementation of Health Efforts utilizing information and communication technology are regulated by Government Regulations.

Article 26

Health Services in the form of services are provided through:

- a. Primary health services; and
- b. Secondary health services.

Article 27 ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

19 -

Article 27

Primary Health Care and Follow-up Health Care are provided based on policies established by the Central Government, taking into account input from local governments and/or the community.

Article 28

- (1) The Central Government and Local Governments are obligated to provide access to primary health care services and secondary health care services throughout the entire territory of Indonesia.
- (2) The obligations referred to in paragraph (1) shall be prioritized by optimizing the role of local governments.
- (3) The provision of access to primary health care and secondary health care as referred to in paragraph (1) may involve the community.
- (4) The provision of access to primary health care and secondary health care as referred to in paragraph (1) shall include vulnerable communities and shall be inclusive and non-discriminatory.
- (5) The provision of access to primary health care services and secondary health care services as referred to in paragraph (1) is carried out through:
 - a. the development of facilities and infrastructure for primary health care facilities and secondary health care facilities;
 - b. the fulfillment of needs sources human resources , pharmaceutical supplies, and medical devices; and
 - c. enhancing the capacity and coverage of Health Care Facilities.

Article 29

- (1) The public may participate in the development of primary-level Health Care Facilities and advanced-level Health Care Facilities.

(2) Development ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

-20-

- (2) The development of primary health care facilities and advanced health care facilities as referred to in paragraph (1) includes the provision of human resources, facilities, infrastructure, and medical equipment.
- (3) The development of primary health care facilities and advanced health care facilities as referred to in paragraph (1) must take into account the health care needs in remote, border, and island areas, including for educational purposes.
- (4) The Central Government and/or Regional Government may assist in fulfilling human resources for the development of primary health care facilities and advanced health care facilities in the regions as referred to in paragraph (3).

**Section Two Primary
Health Services**

Article 30

The Central Government, Regional Governments, and Village Governments are responsible for the implementation and development of primary health services.

Article 31

- (1) Primary Health Services provide individual health care and community health care.
- (2) Primary Health Care as referred to in paragraph (1) is Health Care that is closest to the community as the first point of contact for Health Care.
- (3) Primary health care as referred to in paragraph (1) is provided in an integrated manner with the following objectives:
 - a. meeting health needs in every phase of life;
 - b. improvement ...



**PRESIDEM
REPUBLIC OF INDONESIA**

-21

- b. improvement of health determinants or factors that influence health, consisting of social, economic, commercial, and environmental determinants; and
 - c. strengthening individual, family, and community health.
- (4) Integrated primary health care services as referred to in paragraph (3) include promotive, preventive, curative, rehabilitative, and/or palliative services for every phase of life.
 - (5) Preventive services as referred to in paragraph (4) are carried out for disease prevention, including screening and surveillance.
 - (6) Primary health care as referred to in paragraph (3) strategically prioritizes essential health care services for individuals, families, and communities based on risk factors.
 - (7) Improving health determinants or factors that affect health as referred to in paragraph (3) letter b involves relevant parties through the formulation of policies and cross-sectoral actions.
 - (8) Strengthening the health of individuals, families, and communities as referred to in paragraph (3) letter c aims to optimize health status and strengthen their role as partners in health development and caregivers for themselves and others.
 - (9) Strengthening the health of individuals, families, and communities as referred to in paragraph (8) provides services that are individual-centered, family-focused, and community-oriented in accordance with the socio-cultural background.

Article 32

- (1) Primary health services are organized through a network of health services that coordinate and cooperate with each other.
- (2) Community Health Center ...



**PRESIDENTIAL
DECREE OF THE REPUBLIC
OF INDONESIA**

- 22

- (2) The Community Health Center coordinates the primary health care network system in its working area.
- (3) The primary health care network system referred to in paragraph (1) is designed to reach the entire community through:
 - a. an administrative area-based network structure;
 - b. a network structure based on educational units;
 - c. workplace-based network structures;
 - d. a referral system network structure; and
 - e. a cross-sector network structure.
- (4) The administrative area-based network structure as referred to in paragraph (3) letter a ensures the availability of Health Services for the entire community by guaranteeing the availability of Health Services down to the village/sub-district level, which includes:
 - a. Primary Health Care Facilities and supporting Health Care Facilities, whether owned by the Central Government, Local Government, or the community;
 - b. Health Service units at the village/sub-district level; and
 - c. Community-based health initiatives within the working area of the Community Health Center (Puskesmas).
- (5) The Health Service Unit at the village/sub-district level as referred to in paragraph (4) letter b coordinates health affairs in the village/sub-district, including the provision of health services and community participation.
- (d) The Health Service Unit at the village/subdistrict level as referred to in paragraph (5) shall be carried out at a minimum by health cadres assigned by the village/subdistrict and health workers.
- (7) The education-based network structure referred to in paragraph (3) letter b covers all educational units within the working area of a Community Health Center.

(8) Structure ...



REPUBLIC OF INDONESIA

- 23 -

- (8) The workplace-based network structure referred to in paragraph (3) letter c covers all workplaces within the working area of a Community Health Center (Puskesmas).
- (9) The referral system network structure as referred to in paragraph (3) letter d is carried out through vertical, horizontal, and reverse referrals.
- (10) The cross-sector network structure referred to in paragraph (3) letter e includes government networks at the sub-district, village/kelurahan, hamlet, mkun warga, rukun tetangga levels, and Health partner networks to address Health determinants.
- (11)** Primary health services are supported by data connectivity in their network system, which is integrated with the National Health Information System.

Article 33

- (1) The provision of primary health services is supported by health laboratories.
- (2) Health laboratories as referred to in paragraph (1) include medical laboratories, public health laboratories, and other laboratories designated by the Minister.
- (3) Public health laboratories as referred to in paragraph (2) are organized in a hierarchical manner.
- (4) The Central Government and Regional Governments are responsible for providing and operating public health laboratories.
- (5) Further provisions regarding health laboratories are regulated by Government Regulations.

Article 34

- (1) The Central Government, Regional Governments, and Village Governments are responsible for independence in Health Efforts.
- (2) In the context of independence as referred to in paragraph (1), the Central Government, Regional Governments, and Village Governments shall encourage the establishment of community-based health initiatives.

Article 35 ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

-24-

Article 35

- (1) Community-based health initiatives are a means of empowering the community in the field of health, formed on the basis of community needs, managed by, from, for, and together with the community, and can be facilitated by the Central Government, Regional Governments, and/or Village Governments with the involvement of other relevant sectors.
- (2) Community-based health efforts may take the form of integrated service posts.
- (3) The integrated service posts referred to in paragraph (2) may provide basic social services, including in the field of health.
- (4) The integrated service posts referred to in paragraph (2) are operated by cadres and/or the community.
- (5) In the context of basic social services in the field of health at integrated service posts, technical guidance and capacity building for cadres is carried out by health units in villages/sub-districts and community health centers.
- (6) In the implementation of basic social services in the field of health at integrated service posts, the Central Government, Regional Government, or Village Government provide incentives to cadres.
- (7) The Central Government, Local Government, and Village Government are responsible for the operation of integrated service posts.

Article 36

Further provisions regarding primary health services are regulated by Government Regulation.

Part Three: Advanced

Health Services

Article 37

- (1) Advanced health services are specialist and/or subspecialist services that prioritize curative, rehabilitative, and palliative care without neglecting promotive and preventive care.
- (2) Services . .



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

- 25 -

- (2) Follow-up health services as referred to in paragraph (1) shall be provided by medical personnel and health workers in accordance with their competence and authority at advanced health service facilities.
- (3) Advanced healthcare services as referred to in paragraph (1) are funded by the recipient of healthcare services or through health insurance in the national social security system and/or commercial insurance.

Article 38

- (1) In developing advanced health services, the Central Government, Regional Governments, and the community may develop national centers of excellence that meet international standards.
- (2) The development of national centers of excellence as referred to in paragraph (1) aims to meet health service needs and address regional and global competition.

Article 39

- (1) Primary health services and advanced health services as referred to in Article 26 are provided continuously through a personal health service referral system.
- (2) The individual health care referral system as referred to in paragraph (1) is carried out based on the medical needs of the patient and the service capabilities of each health care facility.
- (3) The individual health care referral system includes vertical, horizontal, and reverse referrals.
- (4) The individual health care referral system is supported by information and communication technology that is integrated with the National Health Information System.
- (5) The information and communication technology referred to in paragraph (4) contains up-to-date data and information regarding the service capacity of each Health Care Facility that is integrated into the referral system.

(6) In addition to ...



**PRES7DEM
REPUBLIC OF INDONESIA**

-26-

- (6) In addition to containing up-to-date data and information regarding the service capabilities of each Health Care Facility as referred to in paragraph (5), the use of information and communication technology as referred to in paragraph (4) is carried out in the process of transferring patient medical data and information required for the referral process.
- (7) Further provisions regarding the referral system for individual health services are regulated by Ministerial Regulations.

Part Four

Health of Infants, Children, Adolescents, Adults, and the Elderly

Paragraph 1

Maternal Health

Article 40

- (1) Maternal health efforts are aimed at giving birth to healthy, intelligent, and high-quality children and reducing maternal mortality rates.
- (2) The maternal health efforts referred to in paragraph (1) are carried out during the pre-pregnancy period, pregnancy, childbirth, and postpartum period.
- (3) Every mother has the right to access health care facilities and services that meet standards, are safe, of high quality, and affordable.
- (4) The Central Government and Local Governments are responsible for providing maternal health services that are standard, safe, high-quality, and affordable.
- (5) Maternal health efforts are the shared responsibility and obligation of families, communities, local governments, and the central government.
- (6) Further provisions regarding maternal health efforts are regulated by Government Regulations.

Paragraph 2 ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

- 27 -

**Paragraph 2 Infant
and Child Health**

Article 41

- (1) Efforts to promote infant and child health are aimed at ensuring that infants and children grow and develop in a healthy, intelligent, and high-quality manner, as well as reducing the rates of illness, mortality, and disability among infants and children.
- (2) Infant and child health efforts are carried out from the womb, at birth, after birth, until the age of 18 (eighteen) years.
- (3) The health efforts for infants and children referred to in paragraph (2) include newborn screening and other health screenings.
- (4) The Central Government, Local Governments, families, and communities are responsible for providing infant and child health services that are standardised, safe, high-quality, and affordable.

Article 42

- (1) Every infant has the right to receive exclusive breastfeeding from birth until the age of 6 (six) months, except for medical reasons.
- (2) Breastfeeding should continue until the age of 2 (two) years, accompanied by complementary feeding.
- (3) During breastfeeding, families, the Central Government, Local Governments, and the community are required to fully support breastfeeding mothers by providing time and special facilities.
- (4) The provision of special facilities as referred to in paragraph (3) shall be made available at the workplace and public places/facilities.

Article 43

- (1) The Central Government and Local Governments are responsible for establishing policies and conducting supervision in order to guarantee the right of infants to receive exclusive breastfeeding.

(2) Provisions ...



**PRESIDEX
REPUBLIC INDONESIA**

-28

- (2) Further provisions regarding exclusive breastfeeding as referred to in paragraph (1) shall be regulated by Government Regulation.

Article 44

- (1) The Central Government and Regional Governments are responsible for providing complete immunization to every infant and child.
- (2) Every infant and child has the right to receive immunization to protect them from diseases that can be prevented through immunization.
- (3) Families, the Central Government, Local Governments, and the community must support immunization for infants and children.
- (4) Further provisions regarding the administration of immunizations and types of immunizations are regulated by Ministerial Regulations.

Article 45

The Central Government and Regional Governments must ensure that every child born receives health services in accordance with standards so that they can live, grow, and develop optimally.

Article 46

- (1) Every infant and child has the right to be protected and free from all forms of discrimination and violence that may interfere with the health of infants and children.
- (2) The Central Government and Regional Governments are obliged to ensure the protection of infants and children as referred to in paragraph (1) and to provide health services in accordance with their needs.

Article 47

- (1) The Central Government establishes health standards and/or criteria for infants and children.

(2) Standards . .



**PRESIDEN
REPUBLIC OF INDONESIA**

-29-

- (2) The standards and/or criteria referred to in paragraph (1) shall be implemented in accordance with moral considerations, socio-cultural values, and based on the provisions of laws and regulations.

Article 48

- (1) The central government and local governments are responsible for providing places and other facilities necessary for children to play, enabling them to grow and develop optimally and socialize in a healthy manner.
- (2) The play areas and other facilities referred to in paragraph (1) shall be equipped with health protection facilities to prevent harm to children's health.

Article 49

Further provisions regarding infant and child health efforts are regulated by Government Regulations.

Paragraph 3

Adolescent Health

Article 50

- (1) Adolescent health efforts are aimed at preparing adolescents to become healthy, intelligent, high-quality, and productive adults.
- (2) Adolescent health efforts are carried out during adolescence.
- (3) Every adolescent has the right to access health care facilities and services that meet standards, are safe, of high quality, and affordable.
- (4) The adolescent health initiatives referred to in paragraph (1) include health screening, adolescent reproductive health, and adolescent mental health.

- (5) The Government ...



PRESIDENT OF THE
REPUBLIC OF INDONESIA

- 30 -

- (5) The Central Government, Local Governments, families, and communities are responsible for implementing adolescent health services that are standard, safe, high-quality, and affordable.
- (6) Further provisions regarding adolescent health efforts are regulated by Government Regulation.

Paragraph 4 Adult
Health

Article 51

- (1) Adult health services are aimed at keeping people healthy and productive.
- (2) Every adult has the right to access Health Care Facilities and Health Care Services that are standard, safe, high-quality, and affordable.
- (3) Healthcare Services Health as referred to in in paragraph (2) include reproductive health services and periodic screening for early detection of disease.
- (4) The Central Government, Local Governments, families, and the community are responsible for providing adult health services that are standard, safe, high-quality, and affordable.
- (5) Further provisions regarding adult health services are regulated by Government Regulation.

Paragraph 5 Elderly
Health

Article 52

- (1) Healthcare for the elderly is aimed at maintaining a healthy, quality, and productive life in accordance with human dignity.
- (2) Healthcare for the elderly is provided from the age of 60 (sixty) or another age determined in accordance with the provisions of laws and regulations.

(3) Every ...



**PRESIDENT
REPUBLIK INDONESIA**

- 31

- (3) Every elderly person has the right to access health care facilities and services that are standard, safe, high-quality, and affordable.
- (4) The Central Government, Local Governments, families, and communities are responsible for providing elderly health care that is standard, safe, high-quality, and affordable.
- (5) Further provisions regarding health services for the elderly are regulated by Government Regulations.

**Part Five Health of Persons
with Disabilities**

Article 53

- (1) Healthcare for persons with disabilities is aimed at ensuring that persons with disabilities remain healthy, productive, and dignified.
- (2) Healthcare for persons with disabilities is provided throughout the lifetime of the person with disabilities.
- (3) Every person with a disability has the right to access health care facilities and services that are standard, safe, high-quality, and affordable.
- (4) The Central Government, Local Governments, families, and communities are responsible for ensuring that persons with disabilities have the same rights as other citizens.
- (5) Healthcare efforts for persons with disabilities as referred to in paragraph (1) shall be carried out by the Central Government, Regional Governments, and/or the community.
- (6) Further provisions regarding health efforts for persons with disabilities are regulated by Government Regulations.

Section ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

- 32

Section Six Reproductive
Health

Article 54

- (1) Reproductive health efforts are aimed at maintaining and improving the reproductive system, functions, and processes in men and women.
- (2) The reproductive health efforts referred to in paragraph (1) include:
 - a. the period before pregnancy, pregnancy, childbirth, and postpartum;
 - b. pregnancy planning, contraceptive services, and sexual health; and
 - C. Reproductive system health.

Article

55 Every person has the right:

- a. to a healthy, safe reproductive and sexual life, free from discrimination, coercion, and/or violence, with respect for noble values that do not demean human dignity in accordance with religious norms;
- b. obtain accurate and reliable information, education, and counseling on reproductive health; and
- c. receive health services and recovery due to sexual violence crimes.

Article 56

The Central Government, Regional Governments, and the community are responsible for implementing reproductive health efforts that are in accordance with standards, safe, of high quality, and affordable.

Article 57 ...



PRESIDEM
REPUBLIC OF INDONESIA

- 33 -

Article 57

- (1) All reproductive health services, including assisted reproduction, shall be provided safely and with quality, taking into account specific aspects, particularly those related to women's reproduction.
- (2) The implementation of reproductive health services as referred to in paragraph (1) shall be carried out in a manner that does not conflict with religious values and the provisions of laws and regulations.

Article 58

Assisted reproduction may only be performed by a legally married couple, subject to the following conditions:

- a. the fertilized sperm and ovum of the husband and wife concerned are implanted in the uterus of the wife from whom the ovum originated;
- b. performed by medical personnel who have the expertise and authority; and
- c. performed at specific Health Care Facilities.

Article 59

Further provisions regarding reproductive health efforts as referred to in Articles 54 to 58 are regulated by Government Regulations.

Article 60

- (1) No person shall perform an abortion, except under the criteria permitted in accordance with the provisions of the criminal code.
- (2) The performance of abortion under the permitted criteria as referred to in paragraph (1) may only be carried out:
 - a. by Medical Personnel and assisted by Health Personnel who have the competence and authority;
 - b. at Health Care Facilities that meet the requirements set by the Minister; and

c. with ...



PRESIDEM
REPUBLIC OF INDONESIA

-34-

- c. with the consent of the pregnant woman concerned and with the consent of her husband, except in cases of rape.

Article 61

The Central Government, Regional Governments, and the community are responsible for protecting and preventing women from unsafe abortions that are contrary to the provisions of laws and regulations.

Article 62

Further provisions regarding abortion as referred to in Articles 60 and 61 are regulated by Government Regulations.

Section Seven Family

Planning Health

Article Ö3

- (1) Family planning health efforts are aimed at regulating pregnancy, creating a healthy, intelligent, and high-quality generation, and reducing maternal and infant mortality rates.
- (2) Family planning health efforts as referred to in paragraph (1) are carried out during childbearing age.
- (3) Every person has the right to access family planning services.
- (4) The Central Government, Local Governments, and the community are responsible for implementing family planning in accordance with standards that are safe, high-quality, and affordable.
- (5) Family planning services are provided in accordance with the provisions of laws and regulations.

Section ...



**PRESIDENT
REPUBLIC OF INDONESIA**

- 35 -

**Section Eight
Gizi**

Article 64

- (1) Efforts to meet _____ of nutrition _____ is aimed at improving the quality of nutrition for individuals and communities.
- (2) Improvement of _____ of _____ as _____ referred to in paragraph (1) is achieved through:
 - a. improving dietary patterns that are diverse, nutritionally balanced, and safe;
 - b. enhancing access to and the quality of nutrition services in line with advances in science and technology; and
 - c. improving the _____ of vigilance and early warning systems for food and nutrition insecurity.
- (3) The Central Government and Local Governments are responsible for ensuring the availability of food in an equitable and affordable manner in accordance with the provisions of laws and regulations.
- (4) The Central Government and Local Governments are responsible for ensuring that foodstuffs meet nutritional quality standards in accordance with the provisions of laws and regulations.
- (5) The provision of foodstuffs that meet nutritional quality standards is carried out across sectors and between provinces, districts, or cities.

Article 65

- (1) Nutritional fulfillment efforts are carried out throughout the entire life cycle, from the womb to old age.
- (2) Nutritional fulfillment efforts as referred to in paragraph (1) are carried out by paying special attention to:
 - a. pregnant and breastfeeding women;
 - b. infants and toddlers; and
 - c. adolescent girls.

(3) In ...



**PRESIDENT
REPUBLIC OF INDONESIA**

-36

- (3) In order to fulfill nutritional needs as referred to in paragraph (1), the Central Government shall establish nutritional adequacy standards and nutritional service standards.
- (4) The Central Government, Regional Governments, and the community are responsible for meeting the nutritional needs of poor families and those in emergency situations in accordance with the provisions of laws and regulations.
- (5) The Central Government and Local Governments are responsible for providing accurate education and information about nutrition to the community.
- (6) The Central Government, Local Governments, families, and the community shall collaborate to achieve good nutritional status.

Article 66

- (1) Nutrition improvement efforts are carried out through nutrition surveillance, nutrition education, nutrition management, and nutritional supplementation.
- (2) Nutrition surveillance as referred to in paragraph (1) is a systematic and continuous analysis of nutrition problems and nutrition development indicators so that effective and efficient responses and countermeasures can be taken to address nutrition problems.
- (3) Nutrition education as referred to in paragraph (1) is carried out through communication, information, and education in order to implement balanced nutritional behavior.
- (4) Nutrition management as referred to in paragraph (1) is a series of actions aimed at improving or restoring growth failure, underweight, malnutrition, stunting, overnutrition, micronutrient deficiencies, and nutritional problems caused by disease.
- (5) Nutritional supplementation as referred to in paragraph (1) is intended to meet the nutritional needs of the community, with priority given to infants and toddlers, school-age children, adolescent girls, pregnant women, postpartum women, breastfeeding women, and female workers.

Article 67 .



PRESIDENT
REPUBLIK INDONESIA

37 —

Article 67

- (1) In order to achieve integration and accelerate the fulfillment of nutritional needs, the Central Government and Regional Governments are responsible for implementing interventions aimed at fulfilling and improving nutrition.
- (2) The interventions referred to in paragraph (1) shall be carried out through coordination, synergy, and synchronization between ministries/institutions, local governments, village governments, and stakeholders.

Article 68

The Central Government and Regional Governments are responsible for increasing public knowledge and awareness of the importance of nutrition and its impact on improving nutritional status.

Article 69

Further provisions regarding nutrition are regulated by Government Regulation.

Section Nine Oral and
Dental Health

Article 70

- (1) Dental and oral health services are provided to maintain and improve the health of the community.
- (2) Dental and oral health services as referred to in paragraph (1) shall be provided in the form of dental health improvement, dental disease prevention, dental disease treatment, and dental health restoration.
- (3) The dental and oral health services referred to in paragraph (1) shall be provided by the central government, local governments, and/or the community.

(4) Services ...



PRESIDENT

REPUBLIC OF INDONESIA

-38-

- (4) Dental and oral health services as referred to in paragraph (1) are carried out through dental and oral health service units and/or school health programs.

Part Ten

Vision and Hearing Health

Article 71

- (1) Vision and hearing health efforts are aimed at improving the level of vision and hearing health of the community and reducing disability rates.
- (2) The Central Government, Local Governments, and the community are responsible for providing vision and hearing health services that are standard, safe, high-quality, and affordable.
- (3) The vision and hearing health services referred to in paragraph (1) may be carried out through community empowerment.

Article 72

- (1) Vision and hearing health services are implemented in an integrated, comprehensive, effective, efficient, and sustainable manner.
- (2) In the implementation of vision and hearing health services as referred to in paragraph (1), the Central Government and Local Governments may designate certain vision and hearing impairments as national or regional priorities.

Article 73

Further provisions regarding vision and hearing health efforts are regulated by Government Regulation.

Section ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

-39-

Section Eleven Mental Health

Article 74

- (1) Mental health is a condition in which an individual can develop physically, mentally, spiritually, and socially so that the individual realizes his or her own abilities, can cope with stress, can work productively, and is able to contribute to the community.
- (2) Mental health efforts are carried out to:
 - a. ensure that everyone can achieve a good quality of life, enjoy a healthy mental life, free from fear, stress, and other disorders that can interfere with mental health; and
 - b. ensure that everyone can develop their various intellectual potentials and other psychological potentials.

Article 75

- (1) Mental health efforts are provided proactively, integrally, comprehensively, and continuously throughout the human life cycle for people at risk, people with mental disorders, and the community.
- (2) Mental health efforts as referred to in paragraph (1) include suicide prevention efforts through the prevention of suicide risk factors, the prevention of thoughts of self-harm, and the prevention of suicide attempts.

Article 76

- (1) Everyone has the right to:
 - a. access Services Mental mental that safe, high-quality, and affordable; and
 - b. information and education about mental health.

(2) Every ...



PRESIDENT
N REPUBLIC OF INDONESIA

- 40 -

- (2) No one shall engage in confinement, neglect, violence, and/or instruct others to engage in confinement, neglect, and/or violence against persons at risk or persons with mental disorders, or other actions that violate the human rights of persons at risk and persons with mental disorders.
- (3) Individuals at risk and individuals with mental disorders have the same rights as citizens.

Article 77

- (1) The Central Government and Local Governments are responsible for:
 - a. for creating the highest possible mental health conditions and ensuring the availability, accessibility, quality, and equity of mental health services;
 - b. providing protection and ensuring mental health services for people at risk and people with mental disorders based on human rights;
 - c. providing opportunities for people at risk and people with mental disorders to obtain their rights as Indonesian citizens;
 - d. to handle people with mental disorders who are neglected, homeless, and pose a threat to their own safety and/or that of others;
 - e. providing health care facilities with mental health services, both at the primary and advanced levels throughout Indonesia, including services for patients with narcotics, psychotropic drugs, and other addictive substances;
 - f. developing community-based mental health services as part of overall mental health services;
 - g. monitoring service facilities outside the health sector and community-based mental health efforts; and
 - h. regulating ...



**PRESIDEM
GĒEPUBLĒtĒt INDOHESĒA**

-41-

- h. regulating and ensuring the availability of human resources in the field of mental health for the equitable implementation of mental health efforts.
- (2) Mental health services are implemented by prioritizing the role of families and communities.
- (3) Mental health services as referred to in paragraph (2) include rehabilitation efforts for people with mental disorders.

Article 78

- (1) Mental health services in the form of health care are carried out by medical personnel and health workers who have competence and authority in the field of mental health, other professionals, and other personnel trained in the field of mental health while respecting the human rights of patients.
- (2) Mental health efforts are carried out in families, communities, and mental health service facilities.

Article 79

- (1) Mental health service facilities include:
 - a. Healthcare facilities; and
 - b. service facilities outside the health sector and community-based service facilities.
- (2) Mental health service facilities as referred to in paragraph (1) must meet standards in accordance with the provisions of laws and regulations.

Article 80

- (1) The inpatient treatment of persons with mental disorders must obtain written consent from the person with the mental disorder concerned.
- (2) In the case of a person with a mental disorder who is deemed incapable of making decisions, consent for treatment may be given by:

a. spouse ...



**PRESIDEN
REPUBLIC OF INDONESIA**

- 42 -

- a. husband or wife;
 - b. parents;
 - c. children or siblings who are at least 18 (eighteen) years old;
 - d. guardian or custodian; or
 - e. an authorized official in accordance with the provisions of laws and regulations.
- (3) In the event that a person with a mental disorder is deemed incompetent and there is no party to give consent for the action referred to in paragraph (2), medical treatment intended to address an emergency condition may be provided without consent.
- (4) The determination of the capacity of a person with a mental disorder as referred to in paragraph (2) shall be made by a psychiatrist or the doctor providing medical services at that time.
- (5) A person with a mental disorder who has undergone treatment has the right to determine the medical treatment they will undergo.

Article 81

- (1) For the purposes of law enforcement, a person suspected of having a mental disorder who commits a criminal offense must undergo a mental health examination.
- (2) The mental health examination referred to in paragraph (1) is conducted for:
- a. determining a person's ability to be held accountable for the criminal acts they have committed; and/or
 - b. determining a person's legal competence to undergo the judicial process.

Article 82

For civil purposes, a person suspected of having lost the capacity to perform legal acts must undergo a mental health examination.

Article 83 ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

-43 -

Article 83

Mental health examinations for legal purposes as referred to in Article 81 and Article 82 shall be conducted in accordance with the guidelines for mental health examinations.

Article 84

Mental health examinations are mandatory for certain jobs or positions.

Article 85

Further provisions regarding mental health efforts are regulated by Government Regulation.

Section Twelve

Control of Communicable Diseases and Control of Non-Communicable Diseases

Paragraph 1

General

Article 86

- (1) The central government, local governments, and the community are responsible for combating communicable diseases and non-communicable diseases.
- (2) The prevention and control of communicable diseases and non-communicable diseases as referred to in paragraph (1) shall be carried out through individual health efforts and community health efforts that are implemented in a coordinated, integrated, and sustainable manner.

Article 87.



PRESIDENT OF THE
REPUBLIC OF INDONESIA

- 44 -

Article 87

- (1) In the event that certain infectious and non-infectious diseases become a public health issue, the Central Government and Regional Governments shall designate programs for the control of infectious diseases and the control of certain non-infectious diseases as national or regional priorities.
- (2) Local governments, in establishing programs for the control of infectious diseases and certain non-infectious diseases as regional priorities as referred to in paragraph (1), must adhere to the criteria established by the Central Government.
- (3) The program for the control of communicable diseases and certain non-communicable diseases as referred to in paragraph (1) must be supported by management that includes the establishment of targets and control strategies and the provision of the necessary resources.

Article 88

The Central Government and Regional Governments, together with the community and relevant stakeholders, are responsible for communicating, informing, and educating the at-risk community about the risk factors for infectious and non-infectious diseases.

Paragraph 2 Control of
Infectious Diseases

Article 89

- (1) The Central Government, Regional Governments, and the community are responsible for controlling communicable diseases through prevention, control, and eradication activities, as well as for the consequences thereof.
- (2) Control ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

-45-

- (2) The control of infectious diseases as referred to in paragraph (1) is carried out to protect the community from contracting diseases in order to reduce the number of people who fall ill, become disabled, and/or die, as well as to reduce the social and economic impact of infectious diseases.
- (3) In carrying out activities for the prevention, control, and eradication of infectious diseases as referred to in paragraph (1), authorized Medical Personnel and/or Health Personnel may examine:
 - a. individuals or groups of individuals suspected of being infected with a disease or having risk factors for infectious diseases; and/or
 - b. places suspected of harboring vectors and other sources of disease.
- (4) In carrying out the prevention, control, and eradication of infectious diseases as referred to in paragraph (1), the Central Government and Regional Governments may cooperate with other countries in accordance with the provisions of applicable laws and regulations.

Article 90

The public, including persons suffering from infectious diseases, shall be obliged to prevent the spread of infectious diseases through clean and healthy living practices, control of health risk factors, and other preventive measures.

Article 91

The control of infectious diseases shall be carried out in a coordinated and integrated manner with the animal health, agriculture, environment, and other sectors.

Article 92

Further provisions regarding the control of infectious diseases as referred to in Articles 89 to 91 shall be regulated by Government Regulation.

Paragraph 3 ...



**PRESIDENT
REPUBLIC OF INDONESIA**

-46

Paragraph 3 Control of Non-Communicable Diseases

Article 93

- (1) The Central Government, Regional Governments, and the community shall prevent non-communicable diseases through prevention, control, and treatment activities for non-communicable diseases and their consequences.
- (2) The prevention of non-communicable diseases as referred to in paragraph (1) shall be carried out to increase knowledge, awareness, and willingness to adopt a healthy lifestyle, and to prevent the occurrence of non-communicable diseases and their consequences in order to reduce the number of people who fall ill, become disabled, and/or die, as well as to reduce the social and economic impact of non-communicable diseases.

Article 94

- (1) The prevention and control of non-communicable diseases are supported by activities such as risk factor surveillance, disease registries, and mortality surveillance.
- (2) The activities referred to in paragraph (1) aim to obtain essential information that can be used for decision-making in efforts to prevent non-communicable diseases.
- (3) The activities referred to in paragraph (1) are carried out through cross-sectoral cooperation, relevant stakeholders, and the community, as well as by establishing networks, both nationally and internationally.

Article 95

Further provisions regarding the prevention of non-communicable diseases as referred to in Articles 93 and 94 are regulated by Government Regulations.

Section ...



**PRESIDENT
REPUBLIC OF INDONESIA**

-47

Part Thirteen Family
Health

Article 96

- (1) Family health efforts are aimed at creating positive dynamic interactions among family members that enable each family member to experience optimal physical, mental, and social well-being.
- (2) The family referred to in paragraph (1) is the smallest unit in society, consisting of:
 - a. husband and wife;
 - b. husband, wife, and their children;
 - c. father and children; or
 - d. mother and child.
- (3) Family health efforts include the following aspects:
 - a. social and emotional processes within the family;
 - b. healthy lifestyle habits within the family;
 - c. family resources for healthy living; and
 - d. external social support for healthy living.
- (4) Family health efforts use a life cycle approach that is carried out through activities such as:
 - a. positive parenting;
 - b. promoting healthy living habits within the family, including maintaining a healthy home environment;
 - c. provision of Health Health and medical Family;
 - d. utilization of family-based health data and information ; and
 - e. family visits.
- (5) The Central Government, Regional Governments, Village Governments, and the community are responsible for implementing Family Health Efforts.
- (6) Further provisions regarding family health efforts are regulated by Government Regulations.

Section ...



PRESIDENT
ftzPuBLlx sNDohiEsln

- 48 -

Section Fourteen
School Health

Article 97

- (1) School health is organized to improve the ability to live healthily for students, educators, and educational staff in order to develop quality human resources and create a healthy school environment.
- (2) School health as referred to in paragraph (1) is implemented in formal and non-formal educational institutions in accordance with the provisions of laws and regulations.
- (3) School health is implemented through:
 - a. Health education;
 - b. Health services; and
 - c. the development of a healthy school environment.
- (4) In order to implement school health as referred to in paragraph (3), it may be supported by school health facilities and infrastructure.
- (5) School health as referred to in paragraph (3) is carried out by educational units in collaboration with primary health care facilities.
- (6) Further provisions regarding school health as referred to in paragraphs (1) to (5) are regulated by Government Regulation.

Part Fifteen Occupational
Health

Article 98

- (1) The Central Government, Regional Governments, employers, and managers or administrators of workplaces are responsible for implementing integrated occupational health efforts with the occupational safety and health system.

(2) Efforts ...



**PRESIDENT
&E@LIBLIK INDONESIA**

-49

- (2) Occupational health efforts as referred to in paragraph (1) are carried out to increase knowledge, awareness, and the ability to live a healthy lifestyle, as well as to prevent occupational diseases and accidents.

Article 99

- (1) Occupational health efforts are aimed at protecting workers and other people in the workplace so that they can live healthy lives and be free from health problems and adverse effects caused by work.
- (2) Occupational health efforts as referred to in paragraph (1) are carried out in the workplace in the formal and informal sectors as well as in Health Care Facilities.
- (3) Occupational health efforts as referred to in paragraph (1) and paragraph (2) also apply to work in the military environment.
- (4) Occupational health efforts as referred to in paragraphs (1) and (2) are carried out in accordance with occupational health standards.
- (5) Employers and managers of workplaces are required to comply with occupational health standards as referred to in paragraph (4) and ensure a healthy work environment.
- (6) Employers and workplace administrators or managers shall be liable for occupational accidents occurring in the workplace and occupational diseases in accordance with the provisions of laws and regulations.

Article 100

- (1) Employers are required to ensure the health of workers through promotive, preventive, curative, rehabilitative, and palliative measures and are required to bear all costs related to the maintenance of their workers' health.

(2) Workers ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

- 5) -

- (2) Workers and everyone in the workplace must create and maintain a healthy work environment and comply with the health and safety regulations applicable in the workplace.
- (3) Employers are required to cover the costs of work-related illnesses, health disorders, and work-related injuries suffered by workers in accordance with the provisions of the law.
- (4) The Central Government and Local Governments provide encouragement and assistance for worker protection.

Article 101

Further provisions regarding occupational health efforts as referred to in Articles 98 to 100 are regulated by Government Regulations.

Section Sixteen Sports Health

Article 102

- (1) Sports health efforts are aimed at improving the health and physical fitness of the community through physical activity, physical exercise, and/or sports.
- (2) The improvement of the level of health and physical fitness of the community as referred to in paragraph (1) is a fundamental effort in improving academic, work, and sports performance.

Article 103

The Central Government and Local Governments are responsible for implementing Sports Health Initiatives supported by the provision of necessary resources.

Section ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

- 51

Section Seventeen
Environmental Health

Article 104

Environmental health efforts are aimed at achieving a healthy environment in physical, chemical, biological, and social terms, enabling everyone to achieve the highest possible level of health.

Article 105

- (1) The Central Government, Regional Governments, and the community guarantee the availability of a healthy environment through the implementation of environmental health.
- (2) The implementation of environmental health as referred to in paragraph (1) is carried out through health promotion, protection, and control efforts.
- (3) The health promotion, protection, and control efforts referred to in paragraph (2) are carried out to meet environmental health quality standards and health requirements in the environment.
- (4) Environmental health as referred to in paragraph (1) is implemented in residential areas, workplaces, recreational areas, as well as places and facilities
umum.

Article 10

- (1) In the context of environmental health management, the process of managing medical waste originating from Health Care Facilities must meet the technical requirements established by the Minister.
- (2) The process of managing medical waste originating from Health Care Facilities as referred to in paragraph (1) may be carried out by Health Care Facilities that meet the technical requirements or in collaboration with other parties in accordance with the provisions of laws and regulations.

Article 107 . . .



**PRESIDENT OF THE
REPUBLIC OF INDONESIA•**

- 52 -

Article 107

Further provisions regarding environmental health as referred to in Articles 104 to 106 are regulated by Government Regulation.

**Part Eighteen Health of the
Environment**

Article 108

- (1) Environmental health as a specific form of health efforts is carried out to achieve the highest possible level of health in the ever-changing environment on land, at sea, and in the air.
- (2) Health as referred to in paragraph (1) includes:
 - a. Land health;
 - b. Naval health; and
 - c. Air force health.
- (3) The implementation of military health services is carried out in accordance with standards and requirements.
- (4) Further provisions regarding health are regulated by Government Regulations.

Section Nineteen Disaster Health

Article 109

- (1) The Central Government and Local Governments are responsible for the availability of resources, facilities, and the implementation of comprehensive and continuous Health Services during disasters.
- (2) Health services during disasters as referred to in paragraph (1) include:
 - a. pre-disaster health planning;
 - b. Health services ...



**PRESIDEN
REPUBLIK INDONESIA**

- 53 -

- b. Health services during disasters; and
 - c. Post-disaster health services.
- (3) Health services during disasters as referred to in paragraph (2) letter b aim to save lives, prevent disability, and ensure that essential health services continue to operate in accordance with minimum health service standards.
 - (4) Health services during disasters as referred to in paragraph (2) involve all trained human resources, both from the Central Government, Regional Governments, and the community.

Article 110

- (1) In providing health services during disaster emergency response, the Central Government and Local Governments may receive health resource assistance from abroad.
- (2) The health resources assistance referred to in paragraph (1) may include health funding, medical emergency teams, medication assistance, medical equipment, and other health supplies.
- (3) The acceptance of assistance as referred to in paragraph (1) shall be carried out in a coordinated manner through the Central Government.

Article 111

- (1) In an emergency, every Health Care Facility, whether Central Government, Local Government, or community-based, is required to provide Health Care Services during disasters for the purpose of saving lives, preventing further disability, and acting in the best interests of Patients.
- (2) Healthcare facilities providing healthcare services in disasters as referred to in paragraph (1) are prohibited from refusing patients and/or requesting advance payment.

Article 112 ...



PRESIDEM
REPUBLIC OF INDONESIA

-54-

Article 112

The Central Government and Local Governments guarantee legal protection for every person and health care facility that provides health care services during disasters.

Article 113

Further provisions regarding the provision of health services during disasters are regulated by Government Regulations.

Part Twenty Blood Services

Article 114

- (1) Blood services are health efforts that utilize human blood as a basic material for humanitarian purposes, disease treatment, and health recovery, and not for commercial purposes.
- (2) The blood referred to in paragraph (1) is obtained from healthy voluntary blood donors who meet the selection criteria for donors and with the donor's consent.
- (3) Blood obtained from blood donors as referred to in paragraph (2) must undergo laboratory testing to ensure the quality and safety of the blood.

Article 115

- (1) Blood transfusion services as referred to in in Article 114 paragraph (1) consist of blood management and blood transfusion services.
- (2) Blood management as referred to in paragraph (1) includes:
 - a. planning;
 - b. mobilization and preservation of blood donors;
 - c. selection of blood donors;
 - d. collection ...



PRE61DEbt
REPUBLIC OF INDONESIA

-55 -

- d. blood sampling;
 - e. blood testing;
 - f. blood processing;
 - g. blood storage; and
 - h. blood distribution.
- (3) The blood processing referred to in paragraph (2) letter f may involve the separation of blood cells and plasma.
- (4) The blood transfusion services referred to in paragraph (1) includes:
- a. planning;
 - b. storage;
 - c. pre-transfusion testing;
 - d. blood distribution; and
 - e. medical procedures for administering blood to patients.
- (5) The blood services referred to in paragraph (1) are supported by policies and coordination implemented by the Central Government to ensure the availability, safety, and quality of blood.
- (6) Blood services are carried out by maintaining the safety and health of blood donors, blood recipients, medical personnel, and health workers in accordance with blood service standards.

Article 116

- (1) Blood management as referred to in Article 115 paragraph (2) is carried out by a blood management unit.
- (2) The blood management unit referred to in paragraph (1) may be organized by the Central Government, Regional Government, Health Care Facilities, and/or humanitarian organizations whose main duties and functions are in the field of Indonesian Red Cross in accordance with the provisions of laws and regulations.

Article 117.



PRXSIDEM
REPUBLIC OF INDONESIA

-56 -

Article 117

The Central Government shall determine the cost of blood processing.

Article 118

- (1) The Central Government and Local Governments guarantee funding for the provision of blood services.
- (2) The Central Government and Local Governments are responsible for the provision of safe, accessible, and community-oriented blood services.

Article 119

Human blood may not be sold for any reason.

Article 120

- (1) Plasma can be used for the purpose of treating diseases and restoring health through processing and production.
- (2) Plasma as referred to in paragraph (1) may be collected from donors for the purpose of producing plasma-derived medicinal products.
- (3) Donors as referred to in paragraph (2) may be compensated.
- (4) The collection of plasma as referred to in paragraph (2) with the donor's consent.
- (5) Plasma obtained from donors as referred to in paragraph (2) must undergo laboratory testing to ensure quality and safety before processing and production.
- (6) The collection of plasma as referred to in paragraph (2) must be carried out while ensuring the safety and health of the donor, medical personnel, and health workers.
- (7) Plasma collection as referred to in paragraph (2) is carried out by a plasma bank.

(8) Bank ...



**PRESIDENT
REPUBLIC OF ARMENIA**

57 –

- (8) Plasma banks as referred to in paragraph (7) shall be operated by the Central Government, Regional Governments, Health Care Facilities, research institutions, and/or certain humanitarian organizations that have obtained permission from the Central Government or Regional Governments in accordance with the provisions of laws and regulations.

Article 121

The Central Government controls the costs of plasma processing and plasma-derived drug products.

Article 122

Provisions further further regarding blood blood are regulated by Government Regulations.

Section Twenty-One

Organ and/or Tissue Transplantation, Cell-Based Therapy and/or Stem Cell Therapy, and Reconstructive and Aesthetic Plastic Surgery

Paragraph 1

General

Article 123

Organ and tissue transplants, cell-based therapies and stem cells, as well as reconstructive and cosmetic plastic surgery can be performed for the treatment of diseases and restoration of health.

Paragraph 2

Organ and/or Tissue Transplantation

Article 124

- (1) Organ and/or tissue transplantation is performed for the purpose of treating diseases and restoring health and solely for humanitarian purposes.

(2) . .



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

-58

- (2) Organ and/or tissue transplantation as referred to in paragraph (1) is the transfer of organs and/or tissues from a donor to a recipient in accordance with medical needs.
- (3) The organs and/or body tissues referred to in paragraph (1) shall not be commercialized or sold for any reason.

Article 125

- (1) Donors in organ and/or tissue transplantation consist of:
 - a. living donors; and
 - b. deceased donors.
- (2) A living donor as referred to in paragraph (1) letter a is a donor whose organs and/or tissues are removed while the person concerned is still alive with the consent of the person concerned.
- (3) A deceased donor as referred to in paragraph (1) letter b is a donor whose organs and/or tissues are removed when the person concerned has been declared dead by medical personnel at a health care facility and must be with the written consent of their family.
- (4) In the case of a deceased donor who, during their lifetime, has expressed their willingness to be a donor, organ and/or tissue transplantation may be performed upon their death without the consent of their family.

Article 126

- (1) A person is declared dead as referred to in Article 125 paragraph (3) if they meet the following criteria:
 - a. the criteria for clinical/conventional death diagnosis or the permanent cessation of cardiac circulation system function; or
 - b. the criteria for brain death diagnosis.

(2) Provisions . .



PRESIDENT
REPUBLIC of Indonesia

-59-

- (2) Further provisions regarding the criteria for diagnosing death are regulated by Government Regulation.

Article 127

- (1) Organ and/or tissue transplantation may only be performed at Health Care Facilities by Medical Personnel who have the expertise and authority.
- (2) Healthcare Facilities as referred to in paragraph (1) must meet the requirements established by the Minister.

Article 128

Organ and/or tissue transplantation as referred to in Article 127 must take into account:

- a. the principle of fairness;
- b. the principle of medical utility;
- c. compatibility of the organ and/or tissue body with the recipient in need;
- d. priority order based on the recipient's medical needs and/or family relationship;
- e. timeliness of organ and/or tissue transplantation body;
- f. characteristics of organs and/or body tissues; and
- g. Donor health for living donors.

Article 129

Transplantation of and/or tissue body is carried out through the following activities:

- a. registration of potential donors and recipients;
- b. eligibility of of donors are assessed from the aspects of behavior, psychology, and socio-legal;
- c. organ and/or tissue compatibility testing between donors and recipients; and/or
- d. organ and/or tissue transplantation surgery and post-operative management organ and/or tissue transplantation.

Article 130 ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

-60

Article 130

- (1) Everyone has the right to be a recipient of organ and/or tissue transplants.
- (2) Recipients of organ and/or tissue transplants as referred to in paragraph (1) shall be determined based on medical urgency and/or survival.
- (3) Determination of medical medical and/or life-sustaining treatment as referred to in paragraph (2) shall be made in a fair, transparent, and responsible manner.

Article 131

- (1) The Minister is authorized to manage organ and/or tissue transplantation services.
- (2) The authority to manage as referred to in paragraph (1) shall be exercised by:
 - a. the establishment of an organ and/or tissue transplantation information system that is integrated with the National Health Information System;
 - b. socialization and increasing community participation as organ and/or tissue donors for the sake of humanity and health recovery;
 - c. managing data on organ and/or tissue donors and recipients; and
 - d. education and research that supports organ and/or tissue transplant services.
- (3) In carrying out the management referred to in paragraph (1), the Minister shall cooperate with relevant ministries/institutions and local governments.

Article 132

The Central Government and Regional Governments are responsible for implementing improving efforts in organ and/or tissue transplantation.

Article 133 ...



**PRĒSĪDĒNS
REPĒBLĪK IHDOHESIA**

- 61 -

Article 133

- (1) The Central Government, Local Government, and/or recipient may award recognition to organ transplant donors.
- (2) The awards referred to in paragraph (1) shall be given to donors and/or their heirs.

Article 134

Further provisions regarding the implementation of organ and/or tissue transplantation as referred to in Articles 124 to 133 shall be regulated by Government Regulation.

Paragraph 3

Cell-Based Therapy and/or Stem Cell Therapy

Article 135

- (1) Cell-based therapy and/or stem cell therapy may be performed if its safety and benefits have been proven.
- (2) Cell-based therapy and/or stem cell therapy as referred to in paragraph (1) shall be carried out for the treatment of diseases and restoration of health.
- (3) Cell-based therapy and/or stem cell therapy as referred to in paragraph (1) is prohibited for reproductive purposes.
- (4) Stem cells as referred to in paragraph (1) shall not originate from embryonic stem cells.

Article 136

Further provisions regarding cell-based therapy and/or stem cell therapy as referred to in Article 135 are regulated by Government Regulation.

Paragraph 4 . .



**PRESIDENT
REPUBLIC OF INDONESIA**

- 62 -

Paragraph 4

Reconstructive and Aesthetic Plastic Surgery

Article 137

- (1) Reconstructive and aesthetic plastic surgery may only be performed by medical personnel who have the necessary expertise and authority.
- (2) Reconstructive and aesthetic plastic surgery must not conflict with prevailing social norms and must not be intended to alter identity.
- (3) Provisions regarding the requirements and procedures for reconstructive and cosmetic plastic surgery as referred to in paragraphs (1) and (2) shall be stipulated by Government Regulation.

Part Twenty-Two

Security and Use of Pharmaceutical Preparations, Medical Devices, and
Household Medical Supplies

Article 138

- (1) Pharmaceutical preparations, medical devices, and household health supplies must be safe, effective/beneficial, of high quality, and affordable, and must meet the requirements for halal product certification in accordance with the provisions of the applicable regulations.
- (2) No person shall manufacture, produce, store, promote, and/or distribute Pharmaceutical Preparations that do not meet the standards and/or requirements for safety, efficacy/benefit, and quality.
- (3) No person shall produce, store, promote, distribute, and/or distribute medical devices that do not meet the standards and/or requirements safety, efficacy/benefits, and quality.
- (4) The procurement, production, storage, promotion, distribution, and service of Pharmaceutical Preparations and Medical Devices must meet the standards and requirements in accordance with the provisions of laws and regulations.

(5) Production ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

- 63

- (5) The production, promotion, and distribution of PKRT must meet the standards and requirements in accordance with the provisions of laws and regulations.
- (6) The Central Government and Regional Governments are obliged to foster, regulate, control, and supervise the production, procurement, storage, promotion, and distribution of Pharmaceutical Preparations, Medical Devices, and PKRT in accordance with their respective authorities.

Article 139

- (1) Any person who produces, procures, stores, distributes, and uses drugs containing narcotics and psychotropic substances must meet certain standards and requirements.
- (2) The use of drugs containing narcotics and psychotropic substances may only be carried out based on a prescription from a medical professional and is prohibited from being misused.
- (3) The production, procurement, storage, distribution, and use of drugs containing narcotics and psychotropic substances as referred to in paragraph (1) shall be carried out in accordance with the provisions of laws and regulations.

Article 140

The security of pharmaceutical preparations, medical devices, and PKRT is implemented to protect the public from the dangers caused by the use of pharmaceutical preparations, medical devices, and PKRT that do not meet safety, efficacy/benefit, and quality requirements.

Article 141

- (1) The use of drugs and natural drugs must be carried out rationally.
- (2) The use of Medical Devices must be appropriate.
- (3) The use of Medicines, Natural Medicines, and Medical Devices as referred to in paragraphs (1) and (2) must take into account patient safety.

Article 142 ...



**PRE9IDEM
REPUBLIC INDONESIA**

-04 -

Article 142

- (1) Pharmaceutical preparations in the form of drugs and medicinal ingredients must meet Indonesian pharmacopoeia standards and/or other recognized standards.
- (2) Pharmaceutical preparations in the form of herbal medicines must meet the standards and/or requirements of the Indonesian herbal pharmacopoeia and/or other recognized standards.
- (3) Pharmaceutical preparations in the form of health supplements and quasi-drugs must meet the standards and/or requirements set forth in the Indonesian Pharmacopoeia, the Indonesian Herbal Pharmacopoeia, and/or other recognized standards.
- (4) Pharmaceutical preparations in the form of cosmetics must meet standards and/or requirements, such as the Indonesian Cosmetic Codex and/or other recognized standards.
- (5) Raw materials used in pharmaceutical preparations in the form of natural medicines, health supplements, quasi-medicines, and certain cosmetic preparations based on risk assessment must meet the standards and/or quality requirements as pharmaceutical raw materials.
- (6) Medical devices and PKRT must meet the specified standards and/or requirements.
- (7) Provisions regarding standards and/or requirements for Pharmaceutical Preparations and Medical Devices are established by the Central Government.
- (8) Standards and/or requirements for PKRT are implemented in accordance with the provisions of laws and regulations.

Article 143

- (1) Every person who manufactures and/or distributes pharmaceutical preparations, medical devices, and PKRT must obtain a business license from the central government or local government in accordance with their authority based on norms, standards, procedures, and criteria in accordance with the provisions of laws and regulations.

(2) Every ...



PRESIDENT
BEPUBUK INI2ONESTA

- 65 -

- (2) Every person who manufactures and/or distributes Pharmaceutical Preparations, Medical Devices, and PKRT that has obtained a business license, which is proven not to meet the requirements of safety, efficacy/benefits, and quality, shall be subject to administrative sanctions in accordance with the provisions of laws and regulations in the field of business licensing.
- (3) The business license referred to in paragraph (1) does not apply to traditional herbal medicine businesses, herbal medicine compounding businesses, and special-use drug production facilities.
- (4) Business licensing related to Pharmaceutical Preparations, Medical Devices, and PKRT as referred to in paragraphs (1) and (2) shall be carried out in accordance with the provisions of laws and regulations.

Article 144

Further provisions regarding the safety of Pharmaceutical Products, Medical Devices, and PKRT are regulated by Government Regulations.

Article 145

- (1) Pharmaceutical practices must be carried out by pharmaceutical personnel in accordance with the provisions of laws and regulations.
- (2) Pharmaceutical practices as referred to in paragraph (1) include production, including quality control, procurement, storage, distribution, research and development of Pharmaceutical Preparations, as well as pharmaceutical management and services.
- (3) Under certain conditions, pharmaceutical practice as referred to in paragraph (1) may be carried out by other health personnel in a limited capacity, in addition to pharmaceutical personnel.
- (4) Provisions regarding pharmaceutical practices as referred to in paragraphs (1) and (2) are regulated by Government Regulations.

Section ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

-66 -

Section Twenty-Three Food and Beverage
Safety

Article 146

- (1) Every person who produces, processes, and distributes food and beverages must meet the standards and/or requirements for safety, quality, and nutrition in accordance with the provisions of laws and regulations.
- (2) In addition to the obligation to meet the standards and/or requirements referred to in paragraph (1), food and beverages that are produced, processed, distributed, and consumed must meet the provisions of halal product guarantees in accordance with the provisions of laws and regulations.

Article 147

- (1) Everyone who produces food and beverages is prohibited from providing false and/or misleading information or statements on product information.
- (2) No person shall promote food and beverage products that are inconsistent with the product information.
- (3) Any person who violates the prohibition referred to in paragraph (1) shall be subject to administrative and/or criminal sanctions in accordance with the provisions of laws and regulations.

Article 148

The Central Government and Local Governments are responsible for regulating and supervising the production, processing, and distribution of food and beverages as referred to in Article 146 and Article 147.

Section ...



REPUBLIC OF INDONESIA

- 6 -

Section Twenty-Four Security of Addictive Substances

Article 149

- (1) The production, distribution, and use of addictive substances shall be regulated so as not to interfere with or endanger the health of individuals, families, communities, and the environment.
- (2) Addictive substances as referred to in paragraph (1) include all tobacco products whose use can cause harm to the individual and/or society.
- (3) Tobacco products as referred to in paragraph (2) include:
 - a. cigarettes;
 - b. cigars;
 - c. leaf cigarettes;
 - d. shredded tobacco;
 - e. solid and liquid tobacco; and
 - f. other processed tobacco products.
- (4) The production, distribution, and use of tobacco products as referred to in paragraph (3) must meet the standards and/or requirements established with consideration of the health risk profile.

Article 150

- (1) Every person who produces, imports into the territory of the Republic of Indonesia, and/or distributes addictive substances in the form of tobacco products and/or electronic cigarettes as referred to in Article 149 paragraph (3) shall be required to include health warnings.
- (2) The health warning referred to in paragraph (1) shall be in the form of text accompanied by images.

Article 151



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

-68-

Article 151

- (1) Smoke-free areas consist of:
 - a. Healthcare facilities;
 - b. places of learning;
 - c. playgrounds;
 - d. places of worship;
 - e. public transportation;
 - f. workplaces; and
 - g. public places and other designated places.
- (2) Local governments are required to designate and implement smoke-free zones within their jurisdictions.
- (3) Managers, organizers, or persons in charge of workplaces, public places, and other designated places as referred to in paragraph (1) letters f and g are required to provide a special place for smoking.

Article 152

- (1) Further provisions regarding the security of addictive substances, in the form of tobacco products, are regulated by Government Regulation.
- (2) Further provisions regarding the security of addictive substances, in the form of electronic cigarettes, are regulated by Government Regulation.

Part Twenty-Five

Medical Services for Legal Purposes

Article 153

- (1) The provision of medical services for legal purposes is intended to obtain facts and findings that can be used as a basis for providing expert testimony.

(2) The provision of ...



**PRESIDENT
REPUBLIC OF INDONESIA**

– 69 –

- (2) The provision of medical services for legal purposes *hukum* as referred to in paragraph (1) shall be carried out at Health Care Facilities that meet the requirements.
- (3) Requests and procedures for providing medical services for legal purposes shall be carried out in accordance with the provisions of laws and regulations.

Article 154

Every person has the right to receive medical services for legal purposes.

Article 155

The Central Government and Regional Governments are responsible for the provision of medical services for legal purposes.

Article 156

- (1) Medical services for legal purposes consist of:
 - a. medical services for living persons; and
 - b. medical services for deceased persons.
- (2) In order to provide medical services for legal purposes as referred to in paragraph (1), forensic autopsies may be performed in accordance with applicable laws and regulations, laboratory examinations, and/or virtual post-mortem examinations.
- (3) Medical services for legal purposes as referred to in paragraphs (1) and (2) shall be performed by Medical Personnel in accordance with their expertise and authority.

Article 157

- (1) For the purposes of law enforcement and administrative population matters, every deceased person must be identified and the cause of death determined.

(2) In ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

70 —

- (2) In order to determine the cause of death of a person as referred to in paragraph (1), a death audit may be conducted, including a verbal autopsy, clinical autopsy, forensic autopsy, and/or post-mortem laboratory examination and virtual autopsy.
- (3) The performance of clinical autopsies, forensic autopsies, and/or post-mortem laboratory examinations and virtual autopsies as referred to in paragraph (2) must be carried out with the consent of the family.
- (4) In order to determine the identity as referred to in paragraph (1), efforts to identify the body must be carried out in accordance with standards.
- (5) The implementation of efforts to determine the cause of death as referred to in paragraph (1) may be combined with research, education, and training, including anatomical autopsies and/or clinical autopsies.

Article 158

Autopsies performed by medical personnel must be carried out in accordance with religious norms, social and cultural norms, moral norms, and professional ethics.

Article 159

Further provisions regarding medical services for legal purposes are regulated by Government Regulation.

**Part Twenty-Six Traditional Health
Services**

Article 160

- (1) Traditional health services based on treatment methods consist of:
 - a. Traditional health services that use skills; and/or
 - b. Traditional health services that use herbal remedies.

(2) Services ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

-71

- (2) Traditional health services as referred to in paragraph (1) are carried out based on knowledge, expertise, and/or values derived from local wisdom.
- (3) Traditional health services as referred to in paragraph (1) are developed and supervised by the Central Government and the Government so that ensure their benefits and safety are accountable and do not conflict with social and cultural norms.

Article 161

- (1) Traditional health services include promotive, preventive, curative, rehabilitative, and/or palliative services.
- (2) Traditional health services can be provided at private practices, community health centers, traditional health service facilities, hospitals, and other health service facilities.

Article 162

The Central Government and Local Governments are responsible for the availability of traditional health services.

Article 163

- (1) The public is given the widest possible opportunity to develop, improve, and use traditional health services whose benefits and safety can be accounted for.
- (2) The Central Government and Local Governments regulate and supervise traditional health services as referred to in paragraph (1) based on safety, benefits, and community protection.

Article 164

Provisions further further regarding Traditional Traditional health services are regulated by Government Regulations.

CHAPTER VI ...



PRESIDENT
RI

- 72 -

CHAPTER VI
HEALTH CARE FACILITIES

Section One
General

Article 165

- (1) Healthcare Facilities provide Healthcare Services in the form of individual healthcare services and/or community healthcare services.
- (2) Healthcare Facilities include:
 - a. Primary Health Care Facilities;
 - b. Secondary Health Care Facilities; and
 - c. Supporting Health Care Facilities.
- (3) Healthcare Facilities as referred to in paragraph (1) are required to provide Healthcare Services to the public in accordance with Healthcare Service standards.
- (4) Healthcare facilities as referred to in paragraph (1) are operated by the Central Government, Local Governments, and the community.
- (5) Every Health Care Facility must obtain a business license from the Central Government or Local Government in accordance with their respective authorities based on the norms, standards, procedures, and criteria established by the Central Government.

Article 166

Healthcare Facilities based on their form consist of:

- a. Static Health Care Facilities; and
- b. Mobile Health Care Facilities.

Article 167 ...



**PRESIDENT
Republik Indonesia**

- 73 -

Article 167

- (1) Primary Health Care Facilities provide primary health care services.
- (2) Primary health care facilities as referred to in paragraph (1) may include:
 - a. Community Health Centers (Puskesmas);
 - b. primary clinics; and
 - c. independent practices of medical personnel or health workers.
- (3) In providing the health services referred to in paragraph (1), integration of services between health care facilities may be carried out.
- (4) The integration of primary health services is intended to support the implementation of government programs, particularly health services in the form of promotive and preventive care.

Article 168

- (1) Advanced Health Care Facilities provide advanced Health Care Services, including specialized and/or subspecialized services.
- (2) Advanced Health Care Facilities as referred to in paragraph (1) may include:
 - a. Hospitals;
 - b. major clinics;
 - c. health centers; and
 - d. practice independent Medical staff or Health Workers.

Article 169

Primary Health Care Facilities as referred to in Article 167 and Advanced Health Care Facilities as referred to in Article 168 in providing primary health care and advanced health care are supported by supporting health care facilities.

Article 170 ...



**PRESIDENT
R&&UBUK \MDONES7A**

-74

Article 170

- (1) Supporting Health Care Facilities as referred to in Article 165 paragraph (2) letter c provide Health Care Services that support primary Health Care Services and advanced Health Care Services.
- (2) Supporting Health Care Facilities as referred to in paragraph (1) may operate independently or may be affiliated with primary Health Care Facilities and advanced Health Care Facilities.

Article 171

Further provisions regarding the types and operation of Health Care Facilities are regulated by Government Regulation.

Article 172

- (1) Healthcare facilities as referred to in Article 165 may provide telehealth and telemedicine services.
- (2) Healthcare facilities may independently provide telemedicine services or collaborate with registered electronic system providers in accordance with the provisions of laws and regulations.
- (3) Telemedicine services provided by Health Care Facilities as referred to in paragraph (1) include the following services:
 - a. between Health Care Facilities; and
 - b. between Health Care Facilities and the public.
- (4) Telemedicine services provided by Health Care Facilities Kesehatan as referred to in paragraph (1) are carried out by Medical Personnel or Health Personnel who have a practice license.
- (5) Further provisions regarding the implementation of telemedicine services are regulated by Government Regulation.

Article 173. .



**PRESIDENT
REPUBLIC OF INDONESIA**

-75 -

Article 173

- (1) Healthcare facilities are required to:
 - a. provide broad access to healthcare services, education, research, and development of services in the field of health;
 - b. conduct Health Services that high quality and prioritizes patient safety;
 - c. maintain medical records;
 - d. submitting reports on service, education, research, and development results to the Central Government with copies to the Regional Government through the Health Information System;
 - e. utilizing the results of services, education, research, and development in the field of health;
 - f. integrating services, education, research, and development into a single system as an effort to address health issues in the region; and
 - g. creating standards procedures operational with referring to Health Service standards.
- (2) In the event of an outbreak or epidemic, Health Care Facilities are required to provide Health Care Services as part of mitigation efforts in accordance with applicable laws and regulations.
- (3) Healthcare Facility operators are prohibited from employing Medical Personnel and Healthcare Personnel who do not have a practice license in accordance with the provisions of the law .

Article 174

- (1) Healthcare facilities owned by the central government, local governments, and/or the community are required to provide healthcare services to individuals in emergency situations in order to prioritize saving lives and preventing disability.

(2) In ...



PRESIDEM

- 76 -

- (2) In a medical emergency as referred to in paragraph (1), health care facilities owned by the Central Government, Local Government, and/or the community are prohibited from refusing patients and/or requesting advance payment, and are prohibited from prioritizing any administrative procedures that may delay the provision of health care.

Article 175

- (1) Every head of a Health Care Facility must possess the necessary health management competencies.
- (2) The provisions regarding the required health management competencies as referred to in paragraph (1) are regulated by Government Regulation.

Article 176

- (1) Healthcare facilities are required to implement patient safety standards.
- (2) Patient safety standards as referred to in paragraph (1) shall be implemented through risk identification and management, analysis and reporting, and problem solving in preventing and handling incidents that endanger patient safety.
- (3) Further provisions regarding patient safety standards as referred to in paragraph (1) are regulated by Ministerial Regulation.

Article 177

- (1) Every Health Care Facility must maintain the confidentiality of patients' personal health information.
- (2) Healthcare facilities may refuse to disclose any information to the public relating to the confidentiality of patients' personal health information, except as provided for in Article 4 paragraph (4).
- (3) Further provisions regarding the confidentiality of patients' personal health information are regulated by Government Regulation.

Article 178 ...



**PRESIDEM
REPUMLMK INDOXESIA**

-|| -

Article 178

- (1) Every Health Care Facility is required to continuously and consistently improve the quality of Health Care Services both internally and externally.
- (2) Internal improvement of the quality of Health Services as referred to in paragraph (1) shall be carried out through:
 - a. measuring and reporting quality indicators;
 - b. reporting of patient safety incidents; and
 - c. risk management.
- (3) External improvement of healthcare quality as referred to in paragraph (1) is carried out through:
 - a. registration;
 - b. licensing; and
 - c. accreditation.
- (4) The implementation of registration, licensing, and accreditation as referred to in paragraph (3) shall be carried out with a focus on meeting quality standards, fostering and improving service quality, and ensuring a fast, open, and accountable process.
- (5) Healthcare Facility Accreditation as referred to in paragraph (3) letter c is carried out by the Minister or an accreditation institution designated by the Minister.
- (ö) Further provisions regarding the improvement of the quality of Health Services internally and externally as referred to in paragraph (1) shall be regulated by Government Regulation.

Article 179

- (1) In order to improve access to and the quality of Health Services, Health Service Facilities may develop:
 - a. Health Service referral networks;
 - b. Cooperation between two or more Health Service Facilities Health;
 - c. Center of Excellence; and
 - d. Integrated Health Services.

(2) Provisions ...



- 78 -

- (2) Further provisions regarding the development of Integrated Health Services Health as referred to in paragraph (1) are regulated by Government Regulation.

Part Two

Community Health Centers

Article 180

- (1) Community Health Centers have the duty to organize and coordinate promotive, preventive, curative, rehabilitative, and/or palliative Health Services, with an emphasis on promotive and preventive services in their working areas.
- (2) In carrying out the duties referred to in paragraph (1), Community Health Centers have the function of providing primary health services in their working areas.
- (3) In addition to performing the functions referred to in paragraph (2), Community Health Centers play a role in creating healthy working areas with communities that:
 - a. practices healthy lifestyles;
 - b. has easy access to quality health services;
 - c. live in a healthy environment; and
 - d. achieve the highest possible level of health, whether individually, within families, groups, or the community.

Article 181

- (1) The provision of primary health services by community health centers is carried out through the coordination of health resources in the community health center's working area.
- (2) Puskesmas provides guidance to the primary health care network in its working area.

Article 182



**PRESIDENT
OF THE REPUBLIC OF INDONESIA**

- 79 -

Article 182

- (1) The operation of Community Health Centers is supported by competent and professional human resources in the form of Medical Personnel, Health Personnel, and supporting or auxiliary health personnel.
- (2) Medical Personnel and Health Personnel as referred to in paragraph (1) include Medical Personnel with expertise in family medicine and Health Personnel with expertise in community health.
- (3) Health center leaders must have the competence to coordinate health resources and primary health care networks in the health center's working area.
- (4) The Central Government and Local Governments shall ensure the fulfillment of the number, type, and quality of human resources at the Community Health Center.

Article 183

Further provisions regarding the operation of Puskesmas are regulated by Government Regulation.

Part Three Hospitals

Article 184

- (1) Hospitals provide individual health services () in the form of primary health care () at the community level () in the form of specialized and/or subspecialized health services ().
- (2) In addition to individual health services in the form of specialized and/or subspecialized services, hospitals may provide basic health services.
- (3) In addition to providing individual health services as referred to in paragraph (1), hospitals may also carry out educational and research functions in the field of health.
- (4) Every hospital must implement good hospital management and clinical management.

Article 185. .



**PRESIDENT
REPUBLIC OF INDONESIA**

- 0 -

Article 185

- (1) Hospitals may be established by the Central Government, Local Government, or the community.
- (2) Hospitals established by the Central Government or Local Government in providing health services may apply a public service entity financial management model in accordance with the provisions of laws and regulations.
- (3) Hospitals established by the community must be legal entities whose business activities are solely in the field of health services.
- (4) Hospitals as referred to in paragraph (3) are exempted for hospitals established by non-profit legal entities.

Article 186

- (1) The organizational structure of a hospital must at least consist of the following components: leadership, medical services, nursing, medical and non-medical support, administrative implementation, and operational.
- (2) Leadership component Hospital as referred to in as referred to in paragraph (1) are held by:
 - a. Medical Personnel;
 - b. Health Workers; or
 - c. professional personnel,who possess hospital management competencies.

Article 187

- (1) Hospitals can be designated as teaching hospitals.
- (2) The teaching hospital referred to in paragraph (1) is a hospital that functions as a place for education, research, and integrated health services in the field of medical and health personnel education and continuing education in a multi-professional setting.

(3) Hospital ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

81 –

- (3) The teaching hospital referred to in paragraph (1) collaborates with universities in organizing academic programs, vocational programs, and professional programs, including specialist/subspecialist programs.
- (4) The educational hospital may organize specialist/subspecialist programs as the primary education provider while continuing to collaborate with universities.
- (5) In conducting education as referred to in paragraphs (3) and (4), the educational hospital must meet the requirements, standards, and accreditation in accordance with its role.
- (6) The formulation of requirements and standards for teaching hospitals as referred to in paragraph (5) shall be carried out by the Minister and the minister who administers government affairs in the field of education with the involvement of the College.
- (7) The designation of teaching hospitals is carried out by the Minister after the requirements have been met.
- (8) The provision of education by educational hospitals as referred to in paragraph (4) shall be carried out based on a permit from the minister who administers government affairs in the field of education after fulfilling the requirements and standards for educational hospitals as referred to in paragraph (6).
- (9) The accreditation of teaching hospitals is carried out by the Minister and the minister who administers government affairs in the field of education with the involvement of the relevant accreditation agency.
- (10) In the operation of educational hospitals, a network of educational hospitals may be established.
- (11)** Provisions further further regarding teaching Hospitals are regulated by Government Regulations.

Article 188 .



PRES/ÂEN
REPUBLIC OF INDONESIA

- 82 -

Article 188

- (1) Hospitals conducting research may establish research centers for the development of health services.
- (2) The research centers referred to in paragraph (1) must conduct basic and translational research.
- (3) In conducting research as referred to in paragraph (2), hospitals may provide research-based services.
- (4) Hospitals that provide research-based services as referred to in paragraph (3) through research innovations developed by Medical Personnel and/or Health Personnel must be given support and freedom in a responsible manner.
- (5) Hospitals that carry out research functions may collaborate with other institutions or parties.

Article 189

- (1) Every hospital has the obligation:
 - a. to provide accurate information about Hospital services to the public;
 - b. to provide safe, high-quality, non-discriminatory, and effective Health Services by prioritizing the interests of Patients in accordance with hospital service standards;
 - c. Provide emergency services to patients in accordance with the capabilities of the service;
 - d. play an active role in providing health services during disasters in accordance with its service capabilities;
 - e. providing facilities and services for the poor or underprivileged;
 - f. Performing social functions, including providing healthcare facilities for patients who are unable to pay or are poor, emergency care without an upfront payment, free ambulances, services for disaster victims and outbreaks, or social service for humanitarian missions;
 - g. creating ...



PRESIDENT
REPUBLIC OF INDONESIA

-§-

- g. Establishing, implementing, and maintaining quality standards for healthcare services in hospitals as a reference in serving patients;
 - h. managing medical records;
 - i. providing adequate general facilities and infrastructure, including places of worship, parking lots, waiting rooms, facilities for people with disabilities, breastfeeding women, children, and the elderly;
 - j. Implementing a referral system;
 - k. refusing the Patient's wishes that conflict with professional and ethical standards and the provisions of laws and regulations;
 - l. providing accurate, clear, and honest information about the rights and obligations of patients;
 - m. Respecting and protecting the rights of patients;
 - n. Implementing hospital ethics;
 - O. having an accident prevention and disaster management system;
 - p. Implementing government programs in the field of health, both regionally and nationally;
 - q. maintain a list of Medical Personnel who practice medicine or dentistry and other Health Personnel;
 - r. developing and implementing internal hospital regulations;
 - S. protecting and providing legal assistance to all hospital staff in the performance of their duties; and
 - t. enforces a smoke-free policy throughout the hospital environment.
- (2) Violations of the obligations referred to in paragraph (1) shall be subject to administrative sanctions in accordance with the provisions of laws and regulations.

Article 190

Hospitals are required to implement a Hospital Health Information System that is integrated with the National Health Information System.

Article 191 ...



PRESIDENT
RZ&UBMK INDONESIA

– 84 –

Article 191

Hospitals have the right to:

- a. to determine the number, type, and qualifications of human resources in accordance with the classification of the Hospital;
- b. to receive service fees and determine remuneration, incentives, and awards in accordance with the provisions of laws and regulations;
- c. to collaborate with other parties in developing services;
- d. to receive assistance from other parties in accordance with the provisions of laws and regulations;
- e. to sue parties that cause losses;
- f. Obtaining legal protection in providing Health Services; and
- g. promoting existing Health Services at the Hospital in accordance with the provisions of laws and regulations.

Article 192

- (1) The Hospital is not legally responsible if the Patient and/or their family refuses or discontinues treatment that could result in the death of the Patient after a comprehensive medical explanation has been provided.
- (2) The Hospital cannot be sued for performing its duties in saving human lives.

Article 193

The Hospital is legally liable for all losses caused by negligence committed by the Hospital's Health Care Personnel.

Article 194

- (1) The determination of hospital rates must be based on national rate patterns and maximum rate ceilings.

(2) Minister ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

- 85 -

- (2) The Minister shall determine the national tariff pattern based on unit cost components, taking into account regional conditions.
- (3) The governor shall set the maximum tariff ceiling based on the national tariff pattern as referred to in paragraph (2) applicable to hospitals in the province concerned.

Article 195

The revenue of hospitals managed by the Central Government and Local Governments shall be used entirely for hospital operational costs and may not be used as state revenue or local government revenue.

Article 196

Further provisions regarding the operation of hospitals are regulated by Government Regulation.

CHAPTER VII

HEALTH HUMAN RESOURCES

Section One

Classification of Health Human Resources

Article 197

Health Human Resources consist of:

- a. Medical Personnel;
- b. Health Workers; and
- c. health support personnel.

Article 198

- (1) Medical personnel as referred to in Article 197 letter a are classified into:

- a. doctors ...



**PRESIDEht
REPI3BMK INDONESIA**

- 86 -

- a. doctors; and
 - b. dentist.
- (2) The types of medical personnel referred to in paragraph (1) letter a consist of doctors, specialists, and subspecialists.
 - (3) The types of medical personnel referred to as dentists in paragraph (1) letter b consist of dentists, specialist dentists, and subspecialist dentists.

Article 199

- (1) Health Health as referred to in Article 197 letter b are classified into:
 - a. clinical psychology personnel;
 - b. nursing personnel;
 - c. midwifery personnel;
 - d. pharmaceutical personnel;
 - e. public health personnel;
 - f. environmental health personnel;
 - g. nutrition personnel;
 - h. physical therapy personnel;
 - i. medical technical personnel;
 - j. biomedical engineering personnel;
 - k. traditional health personnel; and
 - l. Other health personnel as determined by the Minister.
- (2) The type of health personnel included in the clinical psychology personnel group as referred to in paragraph (1) letter a is a clinical psychologist.
- (3) The types of health personnel included in the nursing personnel group as referred to in paragraph (1) letter b consist of vocational nurses, registered nurses, and specialist registered nurses.
- (4) The types of healthcare personnel included in the midwifery personnel group as referred to in paragraph (1) letter c consist of vocational midwives and professional midwives.

(5) lewis ...



REPUBLIC OF INDONESIA

- 87 -

- (5) The types of health workers included in the pharmaceutical workforce group as referred to in paragraph (1) letter d consist of vocational pharmacists, pharmacists, and specialist pharmacists.
- (6) The types of health workers included in the public health worker group as referred to in paragraph (1) letter e consist of public health workers, health epidemiologists, health promotion and behavioral science workers, occupational health counselors, and health administration and policy workers.
- (7) The types of health workers included in the environmental health worker group as referred to in paragraph (1) letter f consist of environmental sanitation workers and health entomologists.
- (8) The types of health workers included in the nutrition worker group as referred to in paragraph (1) letter g consist of nutritionists and dietitians.
- (9) The types of health workers included in the physical therapy group as referred to in paragraph (1) letter h consist of physiotherapists, occupational therapists, speech therapists, and acupuncturists.
- (10) The types of health workers included in the medical technical personnel group as referred to in paragraph (1) letter i consist of medical and health information recorders, cardiovascular technicians, blood service technicians, optometrists, dental technicians, anesthetists, dental and oral therapists, and audiologists.
- (11)** The types of health workers included in the biomedical technical personnel group as referred to in paragraph (1) letter j consist of radiographers, electromedical personnel, medical laboratory technology personnel, medical physicists, and orthotic prosthetic personnel.
- (12) The types of health workers included in the traditional health worker group as referred to in paragraph (1) letter k consist of traditional herbal medicine practitioners, traditional healers, and intercontinental traditional health workers.

Article 200 ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

- 88 -

Article 200

- (1) Supporting or auxiliary health personnel as referred to in Article 197 letter c work at Health Care Facilities or other institutions in the health sector.
- (2) Further provisions regarding health support or auxiliary personnel kesehatan as referred to in paragraph (1) are regulated by Government Regulation.

Article 201

- (1) In order to keep pace with developments in science and technology in the field of health and the needs of health services, the Minister may establish:
 - a. new types of Medical Personnel or new types of Health Personnel in each group as referred to in Article 198 and Article 199; and
 - b. new Medical Personnel groups or new Health Personnel groups.
- (2) The determination referred to in paragraph (1) must first be reviewed jointly with the Council and the College, taking into account the health service needs of the community and the fulfillment of the competencies of Medical Personnel or Health Personnel.

Part Two

Planning

Article 202

The Central Government and Local Governments are obligated to meet the needs for Medical Personnel and Health Personnel in terms of quantity, type, competency, and equitable distribution to ensure the sustainability of health development.

Article 203 ...



PRESIDENT
REPLIK INDONESIA

- 89 -

Article 203

- (1) The Minister shall establish policies and formulate plans for Medical Personnel and Health Personnel in order to meet national requirements for Medical Personnel and Health Personnel.
- (2) The Minister, in formulating the planning of Medical Personnel and Health Personnel as referred to in paragraph (1), shall involve Health Care Facilities, district/city local governments, provincial local governments, and related parties based on the availability of Medical Personnel and Health Personnel as well as the needs of development and Health Efforts.
- (3) The planning of Medical Personnel and Health Workers as referred to in paragraph (1) shall be carried out for Medical Personnel and Health Workers who perform professional work in accordance with their competencies and authorities working at Health Care Facilities or work units owned by the Central Government, Local Government, or the community.
- (4) The planning of Medical Personnel and Health Workers as referred to in paragraph (1) is carried out by taking into account cooperation and synergy among stakeholders by utilizing information and communication technology that is integrated with the National Health Information System.

Article 204

The Central Government and Local Governments in formulating the planning of Medical Personnel and Health Workers must take into account:

- a. type, qualifications, quantity, procurement, and distribution of Medical Personnel and Health Workers;
- b. implementation of health efforts;
- c. availability of Health Care Facilities;
- d. state or regional finances;
- e. demographic, geographic, and socio-cultural conditions; and
- f. typology/type disease in the or community needs.

Article 205 ...



REPUBLIC OF INDONESIA

- 90 -

Article 205

The medical and health personnel planning policy established by the Minister at the national level as referred to in Article 203 paragraph (1) shall serve as a guideline for every institution that employs medical and health personnel, including the Central Government, Regional Governments, and the community, in the recruitment and management of medical and health personnel.

Article 206

Further provisions regarding the planning of Medical Personnel and Health Personnel are regulated by Government Regulations.

Part Three

Procurement of Medical Personnel and Health Workers

Article 207

- (1) The procurement of Medical Personnel and Health Workers shall be carried out in accordance with the planning and utilization of Medical Personnel and Health Workers.
- (2) The procurement of Medical Personnel and Health Workers is carried out through higher education, taking into account:
 - a. the availability and distribution of educational institutions and/or study programs for Medical Personnel and Health Workers in each region;
 - b. the balance between the needs of health services and/or employment opportunities at home and abroad;
 - c. the balance between the production capacity of Medical Personnel and Health Workers and available resources;
 - d. advances in science and technology; and
 - e. Priorities for development and health services.
- (3) Higher education as referred to in paragraph (2) shall be organized by the Central Government and/or the community in accordance with the provisions of laws and regulations.

Article 208 ...



PRESIDENT
REPUBLIC OF INDONESIA

- 91 -

Article 208

- (1) The development of higher education in the provision of Medical Personnel and Health Personnel as referred to in Article 207 paragraph (2) shall be carried out by the minister who administers government affairs in the field of education in coordination with the Minister.
- (2) The coordination referred to in paragraph (1) shall at least include:
 - a. the formulation of national national for related to Medical Personnel and Health Personnel;
 - b. meeting the needs of Medical Personnel and Health Workers; and
 - c. human resources for educating Medical Personnel and Health Workers.
- (3) The formulation of national education standards as referred to in paragraph (2) letter a involves the College of each Health discipline.
- (4) The national education standards referred to in paragraph (3) are established by the minister responsible for government affairs in the field of education.

Article 209

- (1) Professional education in the field of health as part of higher education is organized by universities and in collaboration with Health Care Facilities, the ministry that administers government affairs in the field of education, and the ministry that administers government affairs in the field of health, involving the role of the College in accordance with the provisions of laws and regulations.
- (2) In addition to being organized by universities as referred to in paragraph (1), professional education in the field of health for specialist and subspecialist programs may also be organized by teaching hospitals as the main organizers in collaboration with universities, ministries that administer government affairs in the field of education, and ministries that administer government affairs in the field of health, with the involvement of the College.

Article 210 ...



**PRESIDENT
REPUBLIC OF INDONESIA**

-92-

Article 210

- (1) Medical personnel must have at least a professional education qualification.
- (2) Health personnel must have at least a three-year diploma.

Article 211

- (1) Students who complete a bachelor's degree program in Medical Personnel receive a diploma in accordance with the provisions of laws and regulations.
- (2) Students who have completed the education referred to in paragraph (1) may only practice after passing professional education and being awarded a professional certificate.

Article 212

- (1) Students who complete their education in the Health Workforce diploma program, bachelor's program, and applied bachelor's program will receive a diploma in accordance with the provisions of the legislation.
- (2) Students who have completed a bachelor's degree program in Health Care as referred to in paragraph (1) may only practice their profession after completing professional education and being awarded a professional certificate.

Article 213

- (1) In order to assess the achievement of competency standards for Medical Personnel or Health Personnel, students in vocational and professional programs, whether Medical Personnel or Health Personnel, must take a national competency test.
- (2) The competency test referred to in paragraph (1) is conducted by the education provider in collaboration with the College.

(3) Students ...



**PRESIDEM
REPUBLIC OF INDONESIA**

- 99 -

- (3) Students who complete the vocational education program as referred to in paragraph (1) and pass the competency test at the end of the education period shall receive a competency certificate.
- (4) Students who complete the professional education program as referred to in paragraph (1) and pass the competency test at the end of their education shall obtain a professional certificate and a competency certificate.

Article 214

Graduates of vocational or professional programs are awarded a degree by the university after completing their education.

Article 215

Graduates uji kompetensi sebagaimana dimaksud in Article 213 paragraph (3) and paragraph (4) must take their professional oath administered by the educational institution in accordance with professional ethics.

Article 216

- (1) Medical personnel who have taken the professional oath as referred to in Article 215 must participate in an internship program, which is a mandatory temporary placement at primary and advanced health care facilities.
- (2) The internship program referred to in paragraph (1) aims to consolidate, refine, and promote independence.
- (3) The internship program referred to in paragraph (1) shall be organized nationally by the Minister in coordination with the minister who administers government affairs in the field of education and related parties.

Article 217

- (1) Medical personnel who have completed the internship program may continue their education in a specialist program.
- (2) Personnel ...



**PRESIDEN
REPUBLIK INDONESIA**

- 94 -

- (2) Healthcare professionals who have completed the specialist program referred to in paragraph (1) may continue their education in a subspecialist program.
- (3) Students in the specialist/subspecialist programs referred to in paragraph (1) and paragraph (2) are utilized by Health Care Facilities in the provision of Health Care as part of the educational process.

Article 218

- (1) Health workers may continue their education in a specialist program.
- (2) Students in the specialist program as referred to in paragraph (1) are utilized by Health Care Facilities in the provision of Health Services as part of the educational process.

Article 219

- (1) Students who provide Health Services as referred to in Article 217 paragraph (3) and Article 218 paragraph (2) are entitled to:
 - a. to receive legal assistance in the event of a medical dispute during the course of their education;
 - b. to receive time off;
 - c. to receive health insurance in accordance with the provisions of laws and regulations;
 - d. protection from physical, mental, and psychological violence; and
 - e. to receive compensation for services rendered from Health Care Facilities in accordance with the Health Care Services provided.
- (2) Students who provide Health Services as referred to in Article 217 of the Health Services Law () as stipulated in Article 217 of the Health Services Law () paragraph (3) and Article 218 paragraph (2) are obligated to:
 - a. to ensure the safety of patients;
 - b. respecting, protecting, and fulfilling the rights of patients;

C. to ensure...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

- 95 -

- C. maintaining professional ethics and discipline in the practice of Medical Personnel and Health Personnel; and
- d. maintaining the ethics of Health Care Facilities and following the rules and regulations applicable in educational institutions and Health Care Facilities.

Article 220

- (1) In order to assess the achievement of competency standards for Medical Personnel or Health personnel, students in specialist/subspecialist programs, whether Medical Personnel or Health Personnel, must take a nationally standardized competency test.
- (2) The competency standards referred to in paragraph (1) are developed by the College and established by the Minister.
- (3) The competency examination referred to in paragraph (1) is conducted by educational institutions in collaboration with the College.
- (4) Students who complete the specialist/subspecialist education program as referred to in paragraph (1) and pass the competency test at the end of their education period shall receive a competency certificate and a professional certificate.
- (5) The competency certificate as referred to in paragraph (4) is issued by the College.
- (6) The professional certificate referred to in paragraph (4) shall be issued by the education provider.

Article 221

Graduates of specialist/subspecialist programs are awarded specialist/subspecialist titles by the educational institution after completing their education.

Article 222

- (1) Human resources in Medical and Health Workforce education consist of:
 - a. educators and personnel educational who are not Medical Personnel or Health Personnel;
 - b. Personnel ...



PRESIDENT
REPUBLIC OF INDONESIA

- 96

- b. Medical and Health Personnel;
 - c. researchers and/or engineers; and
 - d. other personnel as needed.
- (2) Medical and Health Personnel as referred to in paragraph (1) letter b are educators or non-educators who can carry out education, research, community service, and/or Health Services.
 - (3) Human resources as referred to in paragraph (1) shall receive equal recognition for their work in the education process of Medical Personnel and Health Personnel in their career development.
 - (4) Human resources as referred to in paragraph (1) may be assigned to perform their work flexibly between higher education institutions and Health Care Facilities.
 - (5) Human resources who are assigned as referred to in paragraph (4) shall receive recognition for their work in their career development.

Article 223

- (1) Higher education institutions and Health Care Facilities that provide Medical Personnel and Health Care Personnel education shall provide facilities and infrastructure in accordance with national education standards and Health Care standards.
- (2) The facilities and infrastructure referred to in paragraph (1) shall be used jointly and/or alternately.

Article 224

- (1) The Central Government and Local Governments provide support for the education of Medical Personnel and Health Workers, including human resources, facilities and infrastructure, educational funding assistance, research, and other support.

(2) Assistance . .



PREfIDEI4
REPt3 BLIK lhiOOI'4ESIA

- 97 -

- (2) The educational funding assistance referred to in paragraph (1) is provided in accordance with the planning policy for Medical Personnel and Health Workers as referred to in Article 205.
- (3) Medical Personnel and Health Workers who receive educational funding assistance as referred to in paragraph (1) are required to serve at designated Health Care Facilities after completing their education.
- (4) Medical and Health Personnel who receive educational funding assistance and do not fulfill the service period as referred to in paragraph (1) shall be subject to administrative sanctions in the form of revocation of their STR.

Article 225

Medical Personnel and Health Workers shall continuously improve their competencies to develop their profession.

Article 226

Further provisions regarding the procurement of Medical Personnel and Health Personnel as referred to in in Articles 207 to 225 are regulated by Government Regulation.

Part Four

Utilization of Medical Personnel and Health Personnel

Paragraph 1

General

Article 227

- (1) The utilization of medical personnel and health workers shall be carried out in accordance with the planning for the fulfillment of medical personnel and health workers as referred to in Article 203.

(2) Utilization ...



**PRESIDENTIAL
DECREE 6/2009**

-98

- (2) The utilization of Medical Personnel and Health Workers shall be carried out by the Central Government, Regional Governments, and/or the community in accordance with their respective duties and functions based on the provisions of laws and regulations.
- (3) The utilization of Medical Personnel and Health Workers as referred to in paragraph (1) shall be carried out with due regard to aspects of equity, utilization, and/or development.

Article 228

- (1) Local governments at the district/city level are required to meet the needs for medical personnel and health workers for primary health care services at community health centers and other first-level health care facilities owned by local governments in accordance with the provisions of laws and regulations.
- (2) The Central Government may provide incentives or disincentives to district/city local governments in meeting the needs for medical personnel and health workers as referred to in paragraph (1).

Article 229

- (1) Local governments are responsible for fulfilling the need for medical personnel and health workers for advanced health services at their health service facilities in accordance with the provisions of laws and regulations.
- (2) The Central Government may provide incentives or disincentives to Regional Governments in fulfilling the needs for Medical Personnel and Health Personnel as referred to in paragraph (1).

Article 230

Further provisions regarding incentives or disincentives as referred to in Article 228 and Article 229 shall be regulated by Government Regulation.

Paragraph 2 ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

- 99 -

**Paragraph 2 Utilization
of Medical Personnel
and Health Personnel in the Country**

Article 231

- (1) In order to ensure equitable access to health services and meet the health service needs of the community, the Central Government and Local Governments are responsible for placing medical personnel and health workers after a selection process.
- (2) The placement of Medical Personnel and Health Workers by the Central Government or Local Government as referred to in paragraph (1) shall be carried out by:
 - a. appointment as civil servants;
 - b. special assignment; or
 - c. appointment as employees in other ways in accordance with the provisions of laws and regulations.
- (3) In addition to the placement of Medical Personnel and Health Workers as referred to in paragraph (2), the Central Government may place Medical Personnel and Health Workers through appointment as members of the Indonesian National Armed Forces or the Indonesian National Police.
- (4) Appointment as a civil servant as referred to in paragraph (2) letter a and placement through appointment as a member of the Indonesian National Armed Forces or the Indonesian National Police as referred to in paragraph (3) shall be carried out in accordance with the provisions of laws and regulations.
- (5) The placement of Medical Personnel and Health Personnel through special assignments as referred to in paragraph (2) letter b shall be carried out in accordance with national planning and shall be carried out by the Minister or governor/regent/mayor with due regard to the needs of Health Services, the availability of Medical Personnel and Health Personnel, and with due regard to disadvantaged areas, border areas, and islands.

(6) Provisions ...



**PRESIDENT
REPUBLIC OF INDONESIA**

-100-

- (6) Further provisions regarding the special assignment referred to in paragraph (2) letter b are regulated by Government Regulation.

Article 232

The placement referred to in Article 231 shall be followed by efforts to retain Medical Personnel and Health Personnel.

Article 233

- (1) In order to ensure equitable access to specialist medical services, the Central Government, teaching hospitals, and educational institutions may utilize students enrolled in specialist/subspecialist medical education programs or dental specialist/subspecialist programs.
- (2) Further provisions regarding the utilization of students in specialist/subspecialist medical education programs or specialist/subspecialist dental education programs as referred to in paragraph (1) shall be regulated by Government Regulation.

Article 234

- (1) In order to ensure the equitable distribution of medical and health personnel in accordance with health service needs, the Central Government and/or Local Government may utilize medical and health personnel who are graduates of educational institutions established by the Central Government or the community to participate in placement selection.
- (2) Medical and health personnel who have passed the selection process as referred to in paragraph (1) shall be placed in health care facilities owned by the Central Government and/or Local Government for a certain period of time.
- (3) The head of the Health Care Facility as referred to in paragraph (2) or the regional head overseeing the Health Care Facility must ensure that the needs of Medical Personnel and Health Workers in terms of incentives, security guarantees, and occupational safety are met in accordance with the provisions of laws and regulations.

(4) Provisions ...



**PRESIDENT
OF THE REPUBLIC OF INDONESIA**

- III -

- (4) Further provisions regarding the placement of Medical Personnel and Health Personnel as referred to in paragraphs (1) to (3) shall be regulated by Government Regulation.

Article 235

- (1) Medical and health personnel appointed by the central government or local government may be transferred between provinces, districts, or cities due to the needs of health care facilities and/or promotion in accordance with the provisions of laws and regulations.
- (2) Medical and health personnel working in disadvantaged, border, and island areas, as well as areas with health problems or unpopular areas, shall receive special allowances or incentives, security guarantees, infrastructure and medical equipment support, extraordinary promotions, and protection in the performance of their duties in accordance with the provisions of laws and regulations.
- (3) In the event of a shortage of Medical Personnel and Health Workers, the Central Government or Local Government must provide replacement Medical Personnel and Health Workers to ensure the continuity of Health Services at the relevant Health Service Facilities.
- (4) Further provisions regarding the transfer of Medical Personnel and Health Personnel as referred to in paragraph (1), Medical Personnel and Health Personnel serving in disadvantaged areas, border areas, and island regions, as well as regions with health issues or unpopular regions as referred to in paragraph (2), and the provision of replacement Medical Personnel and Health Personnel as referred to in paragraph (3) shall be regulated by Government Regulation.

Article 23fi

- (1) Under certain conditions, the Central Government has the authority to regulate the placement of Medical Personnel and Health Workers who are graduates of educational institutions.

(2) Provisions ...



PRESIDENT
REPUBLIK INDONESIA

- 102 -

- (2j)** Further provisions regarding the regulation of the placement of Medical Personnel and Health Workers as referred to in paragraph (1) are regulated by Government Regulation.

Article 237

- (1) The Central Government and/or Local Government may establish employment patterns for prospective Medical Personnel and Health Personnel to meet the interests of Health development.
- (2) In addition to the service bond patterns established by the Central Government and/or Local Government as referred to in paragraph (1), business entities or communities may establish service bond patterns in order to meet the interests of Health Services.
- (3) The implementation of service bond patterns by business entities or communities as referred to in paragraph (2) shall be followed by the placement of prospective Medical Personnel and Health Personnel in remote, disadvantaged, border, and island areas, as well as areas with health problems or unpopular areas, in order to support the equitable distribution of Medical Personnel and Health Personnel.
- (4) Further provisions regarding the employment bond scheme for prospective Medical Personnel and Health Personnel as referred to in paragraphs (1) to (3) shall be regulated by Government Regulation.

Paragraph 3

Utilization of Reserve Health Personnel for the Handling of Extraordinary Events,
Epidemics, and Disaster Emergencies

Article 238

- (1) The Central Government has established a Health Reserve Force to increase the capacity of Human Resources in Health and support Health Security.
- (2) Workforce ...



**PRESIDENT
REPUBLIC OF CHDOXESJA**

- 103 -

- (2) The health reserve force referred to in paragraph (1) consists of medical personnel, health workers, and non-health workers who are prepared to be mobilized in response to outbreaks, epidemics, and disaster emergencies.
- (3) Health reserve personnel in the form of non-Health Personnel as referred to in paragraph (2) are sourced from non-Health Personnel who have received training related to the management of epidemics, outbreaks, and disaster emergencies.
- (4) The Health Reserve Force referred to in paragraph (2) is managed through:
 - a. registration and credentialing utilizing information technology integrated with the National Health Information System;
 - b. capacity building and enhancement of reserve health personnel; and
 - C. implementation of mobilization.

Article 239

Further provisions regarding the utilization of reserve health personnel for the handling of outbreaks, epidemics, and disaster emergencies as referred to in Article 238 are regulated by Government Regulation.

Paragraph 4

**Utilization of Indonesian Medical Personnel and Health Workers
Abroad**

Article 240

- (1) The deployment of Indonesian medical and health personnel abroad may be carried out by considering the balance between the need for medical and health personnel in Indonesia and employment opportunities for Indonesian medical and health personnel abroad.
- (2) Further provisions regarding the deployment of Indonesian medical and health personnel abroad are regulated by Government Regulation.

Paragraph 5 ...



**PRESIDENT
REPUBLIC OF INDONESIA**

- 104 -

Paragraph 5

Utilization of Medical Personnel and Health Workers Who Are
Indonesian Citizens Graduating from Foreign Universities

Article 241

- (1) Medical personnel and health workers who are Indonesian citizens and graduates of foreign universities who will practice in Indonesia must undergo a competency evaluation.
- (2) The competency evaluation as referred to in and as specified in paragraph (1) is conducted by the Minister in collaboration with the minister responsible for government affairs in the field of education, the Council, and the College.
- (3) The competency assessment competency as referred to in paragraph (1) includes:
 - a. assessment of administrative completeness; and
 - b. assessment of practical skills.
- (4) The assessment of practical competence as referred to in paragraph (3) letter b is conducted after the assessment of administrative completeness as referred to in paragraph (3) letter a.
- (5) In order to assess practical competence as referred to in paragraph (3) letter b, a competency test is conducted.
- (6) The results of the competency test as referred to in paragraph (5) are:
 - a. competent; or
 - b. not yet competent.
- (7) In the event that the competency test results indicate competence as referred to in paragraph (6) letter a, Indonesian Medical Personnel and Health Personnel who are graduates of foreign institutions shall undergo adaptation at Health Care Facilities.
- (8) In the event that the competency test results indicate that they are not yet competent as referred to in paragraph (6) letter b, Indonesian Medical Personnel and Health Personnel who are graduates of foreign universities must undergo additional competency training.

Article 242.



**PRESIDENTIAL
DECREE OF THE
REPUBLIC OF INDONESIA**

-105-

Article 242

Medical personnel and health workers who are Indonesian citizens and graduates of foreign universities who will undergo adaptation at Health Care Facilities must have an STR and SIP.

Article 243

The provisions referred to in Article 241 are exempted for Indonesian citizens who are medical personnel and health workers who graduated from foreign institutions and who:

- a. is a graduate of a recognized overseas educational institution and has practiced for at least 2 (two) years overseas; or
- b. is an expert in a specific field of excellence in Health Services as evidenced by a competency certificate.

Article 244

Medical personnel and health workers who are Indonesian citizens and graduates of foreign institutions who have completed competency evaluations and will practice in Indonesia must have an STR and SIP in accordance with the provisions of this Law.

Article 245

Further provisions regarding the utilization of Indonesian medical personnel and health workers who are graduates of foreign institutions are regulated by Government Regulation.

Paragraph 6

**Utilization of Foreign Medical Personnel and Health Workers
Graduating from Domestic Institutions**

Article 24fi

- (1) Foreign medical and health personnel who are domestic graduates practicing in Indonesia must:

- a. have ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

106 —

a. have an STR; and

b. have a SIP,

in accordance with with the provisions of of
the law.

- (2) Foreign medical personnel and health workers who are domestic graduates as referred to in paragraph (1) may only practice at the request of the user Health Care Facility for a limited period of time.

Article 247

Further provisions regarding the utilization of foreign medical personnel and health workers who are domestic graduates are regulated by Government Regulation.

Paragraph 7

**Utilization of Medical Personnel and Health Workers Who Are
Foreign Nationals Graduating from Overseas Institutions**

Article 248

- (1) Foreign medical personnel and health workers who graduated abroad and are permitted to practice in Indonesia are limited to medical specialists and subspecialists, as well as health workers of a certain competency level, after undergoing a competency evaluation.
- (2) The competency evaluation as referred to in in paragraph (1) is conducted by the Minister in collaboration with the minister responsible for government affairs in the field of education, the Council, and the College.
- (3) The competency evaluation competency as referred to in in paragraph (1) includes:
- a. assessment of administrative completeness; and
- b. assessment of practical skills.
- (4) The assessment of practical competence as referred to in paragraph (3)(b) is conducted after the assessment of administrative completeness as referred to in paragraph (3)(a).

(5) Assessment ...



PRES7DEM
REPUBLIC OF NGONESTA

– III –

- (5) The assessment of practical skills as referred to in paragraph (3) letter b includes competency equivalence and competency testing.
- (6) Competency equivalence as referred to in paragraph (5) aims to ensure compliance with the competency standards for Medical Personnel and Health Personnel in Indonesia.
- (7) The results of the competency assessment as referred to in paragraph (5) are as follows:
 - a. competent; or
 - b. not yet competent.
- (8) In the event that the competency test results are declared competent as referred to in paragraph (7) humf a, foreign nationals who are graduates of foreign institutions and hold specialist and subspecialist medical personnel or health personnel qualifications at a certain competency level must undergo adaptation at a Health Care Facility.
- (9) In the event that the competency test results indicate incompetence as referred to in paragraph (7) humf b, foreign nationals who are specialist and subspecialist medical personnel and health personnel of a certain competency level who graduated overseas must return to their country of origin in accordance with the provisions of the legislation.

Article 249

Specialist and subspecialist medical personnel and certain levels of health personnel who are foreign nationals graduating from overseas institutions and participating in adaptation at Health Care Facilities must have an STR and SIP.

Article 250

The provisions referred to in Article 248 are exempted for foreign nationals who are graduates of foreign universities and hold specialist and subspecialist medical licenses or certain levels of health professional competency, provided they are:

- a. graduates ...



**PRESIDEN
REPUBLIC OF INDONESIA**

-108 -

- a. Graduates from recognized overseas educational institutions who have practiced as medical specialists and subspecialists and health workers of a certain level of competence for at least 5 (five) years overseas, as evidenced by a certificate or other document issued by the competent authority in the country concerned; or
- b. experts in a particular field of excellence in Health Services, as evidenced by competency certification and having practiced for at least 5 (five) years abroad.

Article 251

- (1) Foreign nationals who are specialist and subspecialist medical personnel and health workers of a certain competency level who are graduates of foreign institutions may practice at Health Service Facilities in Indonesia under the following conditions:
 - a. there is a request from Health Care Facilities that use foreign medical personnel, specialists, subspecialists, and health workers with certain levels of competence who are graduates of foreign universities, in accordance with their needs;
 - b. for technology and knowledge transfer; and
 - c. for a maximum period of 2 (two) years and may be extended once for only the following 2 (two) years.
- (2) Requests from user Health Care Facilities as referred to in paragraph (1) letter a must prioritize the use of Indonesian Medical Personnel and Health Personnel and meet competency standards.
- (3) The time period referred to in paragraph (1) letter c is exempted for the utilization of foreign medical personnel who are specialists and subspecialists, as well as health personnel with certain competency levels who are foreign nationals and graduates of foreign universities in special economic zones.

Article 252 ...



**PRESIDENT
REPUBLIC OF INDONESIA**

- 109 -

Article 252

- (1) Specialist and subspecialist medical personnel and health workers of a certain level of competence who are foreign nationals and graduates of foreign universities who have completed the competency evaluation process and will practice in Indonesia are required to have an STR and SIP.
- (2) The STR and SIP for foreign nationals who are medical specialists, subspecialists, and healthcare workers of a certain competency level, as referred to in Article 10(1) of the Regulation of the Minister of Health of the Republic of Indonesia Number 10 of 2014 (), are valid for a period of 2 (two) years and may be extended once for an additional 2 (two) years.

Article 253

Healthcare facilities employing foreign nationals who are graduates of foreign universities as medical specialists, subspecialists, and healthcare workers of a certain competency level are required to facilitate Indonesian language education and training for such foreign medical and healthcare workers.

Article 254

- (1) Foreign medical and health personnel who are graduates of foreign universities and who will participate in specialist/subspecialist education programs in Indonesia are required to have an STR.
- (2) The STR referred to in paragraph (1) is valid for the duration of the education program.

Article 255

- (1) Foreign nationals who are graduates of foreign universities and are medical specialists, subspecialists, or health workers of a certain competency level who will provide education and training in the context of knowledge and technology transfer or other activities for a certain period of time do not require an STR.
- (2) Specialist and subspecialist medical personnel and health workers of a certain competency level who are foreign nationals graduating from overseas institutions as referred to in paragraph (1) must obtain approval from the Minister.

(3) Approval ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

110 –

- (3) The approval referred to in paragraph (2) is granted for a specific period of time through the education and training provider or other activity.

Article 256

In addition to the provisions referred to in Articles 248 to 255, foreign nationals who are specialist and subspecialist medical personnel and health personnel of a certain level of competence who graduated from overseas institutions must meet other requirements in accordance with the provisions of laws and regulations.

Article 257

Further provisions regarding the utilization of foreign nationals who are graduates of foreign universities and hold specialist and subspecialist medical qualifications, as well as health workers with certain levels of competence, as referred to in Articles 248 to 255, shall be regulated by Government Regulation.

Part Five

**Training of Medical Personnel and Health Workers in the Context of Quality
Maintenance and Improvement**

Article 258

- (1) In order to maintain and improve the quality of Medical Personnel and Health Personnel, training and/or competency enhancement activities shall be conducted to support continuity in the practice of their profession.
- (2) Training and/or competency improvement activities as referred to in paragraph (1) shall be organized by the Central Government and/or training institutions accredited by the Central Government.
- (3) Quality control and improvement as referred to in paragraph (1) shall be carried out in accordance with professional standards, competency standards, service standards, and developments in science and technology.

(4) Training ...



**PRESIDENT
REPUBLIC OF INDONESIA
- 111 -**

- (4) Training and/or competency improvement activities as referred to in paragraph (1) may be used for the certification process through conversion into professional credit units.
- (5) Further provisions regarding the conduct of training and/or competency enhancement activities for the purpose of maintaining and improving the quality of Medical Personnel and Health Personnel as referred to in paragraph (1) are regulated by Government Regulation.

Article 259

In order to maintain and improve the quality of Medical Personnel and Health Personnel as referred to in Article 258, regional heads and leaders of Health Care Facilities must provide equal opportunities to Medical Personnel and Health Personnel by taking into account performance and behavior assessments.

**Section Six Registration and
Licensing**

**Paragraph 1
Registration**

Article 260

- (1) Every Medical Personnel and Health Personnel who will practice must have an STR.
- (2) The STR referred to in paragraph (1) is issued by the Council on behalf of the Minister after meeting the requirements.
- (3) The requirements referred to in paragraph (2) are at least:
 - a. possession of a degree in the field of Health and/or a professional certificate; and
 - b. possessing a competency certificate.
- (4) The STR referred to in paragraph (1) is valid for life.

Article 261 ...



PRESEÖEM
REPUBLIC OF 1NDDMES!A

112 -

Article 261

STR as referred to in Article 260 does not apply if:

- a. the person concerned has died;
- b. has been dismissed or revoked by Council of the name of the Minister; or
- c. revoked based on a of the court that has become final and binding.

Article 262

Further provisions regarding the Registration of Medical Personnel and Health Personnel are regulated by Government Regulation.

Paragraph 2

Licensing

Article 263

- (1) Certain types of Medical Personnel and Health Personnel are required to have a license to practice their profession.
- (2) The license as referred to in means on paragraph (1) is issued in the form of a SIP.
- (3) The SIP referred to in paragraph (2) is issued by the district/city local government where the Medical Personnel or Health Personnel practice.
- (4) Under certain conditions, the Minister may issue the SIP.
- (5) In issuing the SIP as referred to in paragraph (3), the Central Government involves the local government of the regency/city in determining the quota for each type of Medical Personnel and Health Personnel, taking into account the following minimum criteria:
 - a. the availability and distribution of Medical Personnel and Health Personnel in the region;
 - b. the ratio of the population to the number of active Medical Personnel and Health Personnel as determined by the Minister; and
 - C. the workload of Medical Personnel and Health Workers.

Article 264



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

-113

Article 264

- (1) To obtain the SIP as referred to in Article 263 paragraph (2), certain Medical Personnel and Health Workers must have:
 - a. STR; and
 - b. place of practice.
- (2) The SIP remains valid as long as the practice location remains in accordance with that stated in the SIP.
- (3) The SIP referred to in paragraph (1) is valid for 5 (five) years and can be extended as long as the requirements are met.
- (4) The requirements for extending the SIP as referred to in paragraph (3) include:
 - a. STR;
 - b. practice location; and
 - c. fulfillment of professional credit requirements.
- (5) The management of the fulfillment of professional credit units as referred to in paragraph (4) letter c is carried out by the Minister.
- (6) The SIP referred to in paragraph (2) and paragraph (3) shall not be valid if:
 - a. its validity period has expired;
 - b. the person concerned has died;
 - c. the STR is revoked or deactivated;
 - d. the SIP is revoked; or
 - e. the place of practice has changed.

Article 265

Under certain conditions, Medical Personnel and Health Workers who provide Health Services do not require a SIP in that location.

Article 266 ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

- 114

Article 266

Further provisions regarding licensing as referred to in Articles 263 to 265 are regulated by Government Regulation.

Article 267

- (1) For the purpose of fulfilling medical service needs, the Minister may issue a letter of assignment to certain specialist doctors or specialist dentists who already have a SIP to work at certain Health Care Facilities without requiring a SIP at that location.
- (2) The issuance of the letter of assignment as referred to in paragraph (1) is subject to the following conditions:
 - a. there is a request from the district/city health office based on need;
 - b. there are no specialist doctors or specialist dentists with the same expertise and competence in the district/city; and
 - c. Specialist doctors or specialist dentists who receive a letter of assignment must already have a SIP.
- (3) If, during the period of validity of the assignment letter, there is another specialist doctor or specialist dentist with the same expertise and competence in the same area, the assignment letter becomes invalid.
- (4) Further provisions regarding the assignment letter are regulated by Government Regulation.

Section Seven:

Council

Article 268

- (1) To improve the quality and technical competence of medical and health personnel and to provide legal protection and certainty to the public, a Council is established.
- (2) Council . .



**PRESIDENT OF THE
REPUBLIC OF IMDOXESIA**

115 -

- (2) The Council referred to in paragraph (1) is subordinate to and responsible to the President through the Minister and is independent in carrying out its role.

Article

2Ö9 The Council has the following roles:

- a. formulating policy internal and standardizing the implementation of the Council's duties;
- b. conducting Registration Medical Personnel and Health Workers; and
- c. providing technical guidance on the profession of Medical Personnel and Health Personnel.

Article 270 Membership

of the Council consists of representatives from:

- a. The Central Government;
- b. Medical Personnel and Health Personnel professions;
- c. Colleges; and
- d. the public.

Article 271

Provisions Further further regarding the Council, including tasks, functions, and authorities are regulated by Government Regulations.

Section Eight College

Article 272

- (1) To develop branches of scientific disciplines and educational standards for Medical Personnel and Health Workers, each group of experts in each health discipline may form a College.

(2) College ...



**PRESIDEN
REPUBLIK INDONESIA**

- 116

- (2) The College referred to in paragraph (1) is an organ of the Council and operates independently in carrying out its functions.
- (3) The College has the following roles:
 - a. developing competency standards for Medical Personnel and Health Personnel; and
 - b. developing curriculum standards for the training of Medical Personnel and Health Workers.
- (4) The membership of the College consists of professors and experts in the field of health sciences.
- (5) Further provisions regarding the College, including its duties, functions, and authorities, are regulated by Government Regulation.

**Section Nine Rights
and Obligations**

Paragraph 1

Rights and Obligations of Medical Personnel and Health Workers

Article 273

- (1) Medical Personnel and Health Workers in the course of their practice have the right to:
 - a. receive legal protection while performing duties in accordance with professional standards, professional service standards, standard operating procedures, and professional ethics, as well as patient health needs;
 - b. receive complete and accurate information from patients or their families;
 - c. receive a salary/wage, service fees, and performance allowances that are appropriate in accordance with the provisions of laws and regulations;
 - d. receive protection for safety, occupational health, and security;
 - e. receive ...



**PRESIDENT
REPUBLIC OF INDONESIA**

-117

- e. receive health insurance and employment insurance in accordance with the provisions of laws and regulations;
 - f. receive protection from treatment that is not in accordance with human dignity, morals, decency, and social and cultural values;
 - g. receive rewards in accordance with the provisions of laws and regulations;
 - h. to have the opportunity to develop themselves through competency, scientific, and career development in their professional fields;
 - i. refusing requests from patients or other parties that conflict with professional standards, service standards, operational procedures, codes of ethics, or statutory provisions; and
 - j. obtain other rights in accordance with the provisions of laws and regulations.
- (2) Medical and Health Personnel may terminate Health Services if they receive treatment that is not in accordance with human dignity, morals, decency, and social and cultural values as referred to in paragraph (1) letter f, including acts of violence, harassment, and bullying.

Article 274

Healthcare professionals and healthcare workers, in the course of their practice, must:

- a. provide Health Services in accordance with professional standards, professional service standards, standard operating procedures, professional ethics, and the health needs of the Patient;
- b. obtain consent from the patient or their family for the actions to be taken;
- c. maintain patient confidentiality;
- d. create and maintain records and/or documents regarding examinations, care, and procedures performed; and

e. refer .



PRESIDENT
REPUBLIK INDONESIA

- 118 -

- e. refers patients to medical personnel or other health workers who have the appropriate competence and authority.

Article 275

- (1) Healthcare professionals and health workers practicing at healthcare facilities are required to provide first aid to patients in emergency situations and/or during disasters.
- (2) Healthcare professionals and health workers who provide healthcare services in the context of life-saving measures or the prevention of disability in emergency situations and/or during disasters are exempt from liability claims.

Paragraph 2

Rights and Obligations of Patients

Article

276 Patients have the right:

- a. to receive information about their health;
- b. to receive adequate explanations regarding the health services they receive;
- c. to receive health services in accordance with medical needs, professional standards, and quality services;
- d. refuse or consent to medical treatment, except for medical treatment necessary for the prevention of infectious diseases and the control of outbreaks or epidemics;
- e. obtaining access to information contained in medical records;
- f. requesting the opinion of Medical Personnel or Health Personnel ; and
- g. obtaining other rights in accordance with the provisions of laws and regulations.

Article 277 ...



**PRESIDEM
REPUBLIC OF INDONESIA**

119 -

Article 277

Patients have the obligation:

- a. to provide complete and honest information about their health issues;
- b. to comply with advice and instructions
Medical staff and
Health personnel;
- c. comply with the that applicable at Health
Care Facilities; and
- d. providing compensation for services received.

Article 278

Further provisions regarding the rights and obligations of Medical Personnel, Health Personnel, and Patients are regulated by Government Regulations.

Section Ten Practice
Implementation

Paragraph 1
General

Article 279

Medical Personnel and Health Health are
morally responsible for:

- a. devote themselves to their field of expertise;
- b. behaving and acting in accordance with professional ethics;
- c. prioritizing the interests of patients and society above personal or group interests; and
- d. enhancing knowledge knowledge and
keeping abreast of developments in science and
technology.

Article 280 ...



**PRESCDEM
REPUBLIC OF INDONESIA**

-120-

Article 280

- (1) In carrying out their practice, Medical Personnel and Health Workers who provide Health Services to Patients must perform to the best of their ability.
- (2) The best efforts referred to in paragraph (1) shall be carried out in accordance with norms, service standards, professional standards, and the health needs of patients.
- (3) The best efforts referred to in paragraph (1) do not guarantee the success of the healthcare services provided.
- (4) The practice of medical personnel and healthcare workers is conducted based on an agreement between the medical personnel or healthcare workers and the patient, based on the principles of equality and transparency.

Article 281

In certain circumstances, the practice referred to in Article 280 may utilize information and communication technology integrated with the National Health Information System.

Article 282

- (1) Medical Personnel or Health Personnel who are unable to carry out their practice may be replaced by substitute Medical Personnel or Health Personnel.
- (2) The substitute Medical Personnel or Health Personnel referred to in paragraph (1) are Medical Personnel or Health Personnel who have a SIP.
- (3) The substitute Medical Personnel or Health Personnel as referred to in paragraph (1) must inform the Patient and/or their family.

Article 283

- (1) Medical personnel and health workers who practice individually are required to provide clear identification, including their SIP and STR numbers, at their individual practice locations.

(2) In ...



PRESIDENT
REPUBLIC OF INDONESIA
-121

- (2) In the case of Medical Personnel and Health Workers practicing at Health Care Facilities, the head of the Health Care Facility is required to provide a list of names, SIP and STR numbers, and the practice schedule of the Medical Personnel and Health Workers.
- (3) Any Medical Personnel, Health Workers, and heads of Health Care Facilities who fail to comply with the provisions as referred to in paragraph (1) and paragraph (2) shall be subject to administrative sanctions.
- (4) Administrative as as referred to in paragraph (3) may include:
- a. verbal warning;
 - b. written warning;
 - c. administrative fines; and/or
 - d. revocation of license.
- (5) Administrative sanctions as referred to in paragraph (4) shall be imposed by the Central Government, Provincial Government, and Regency/City Government in accordance with their respective authorities.
- (6) Further provisions regarding the procedures for imposing administrative sanctions are regulated by Government Regulation.

Article 284

The Head of a Health Care Facility is prohibited from utilizing Medical Personnel or Health Personnel who do not have a SIP to practice at that Health Care Facility.

Paragraph 2
Authority

Article 285

- (1) Medical Personnel and Health Workers must practice in accordance with the authority based on their competencies.
- (2) Personnel ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

- 122 -

- (2) Medical and Health Personnel who have more than one level of education have authority in accordance with the scope and level of their highest competence and qualifications.
- (3) Further provisions regarding the authority referred to in paragraph (1) shall be regulated by Government Regulation.

Article 286

- (1) Under certain circumstances, Medical Personnel and Health Personnel may provide services beyond their authority.
- (2) The specific circumstances referred to in paragraph (1) shall include at least the following:
 - a. the absence of Medical Personnel and/or Health Personnel in an area where Medical Personnel or Health Personnel are assigned;
 - b. government program requirements;
 - c. the handling of medical emergencies; and/or
 - d. epidemics, outbreaks, and/or disaster emergencies.
- (3) Medical Personnel and Health Personnel as referred to in paragraph (1) include:
 - a. doctors/dentists who provide medical and/or pharmaceutical services within certain limits;
 - b. nurses or midwives who provide medical and/or pharmaceutical services within certain limits; or
 - c. pharmaceutical vocational personnel who provide pharmaceutical services that are the authority of pharmacists within certain limits.

Article 287

- (1) The absence of Medical Personnel and/or Health Personnel as referred to in Article 286 paragraph (2) letter a shall be determined by the local government.

(2) Personnel ...



PRESIDENT
REPUBLIC OF INDONESIA
- 123

- (2) Medical personnel and health workers as referred to in Article 286 paragraph (3) have undergone training with due regard to the competence of medical personnel and health workers.
- (3) The training referred to in paragraph (2) is conducted by the Central Government and/or the Local Government.
- (4) In conducting the training referred to in paragraph (3), the Central Government and/or Local Government may involve relevant parties.

Article 288

- (1) The provision of health services for government programs as referred to in Article 286 paragraph (2) letter b is carried out through the assignment of Medical Personnel and/or Health Workers by the Central Government or Local Government.
- (2) Government programs as referred to in paragraph (1) shall be implemented in accordance with the provisions of laws and regulations.
- (3) Medical personnel and health workers as referred to in paragraph (1) have undergone training with regard to the competencies of medical personnel or health workers.
- (4) The training referred to in paragraph (3) is organized by the Central Government and/or Local Government.
- (5) In conducting the training referred to in paragraph (4), the Central Government and/or Local Government may involve relevant parties.

Article 289

Further provisions regarding the provision of services outside the scope of authority are regulated by Government Regulation.

Paragraph 3.



PRESIDENT
REPUBLIC OF INDONESIA

- 124

Paragraph 3 Delegation
of Authority

Article 290

- (1) Medical personnel and health workers may receive delegation of authority to provide health services.
- (2) The delegation of authority referred to in paragraph (1) consists of mandatory delegation and delegative delegation.
- (3) The delegation of authority as referred to in paragraph (1) shall be carried out from Medical Personnel to Health Personnel, between Medical Personnel, and between Health Personnel.
- (4) Further provisions regarding the delegation of authority shall be regulated by Government Regulation.

Paragraph 4

Professional Standards, Service Standards, and
Operational Procedure Standards

Article 291

- (1) Every Medical Personnel and Health Personnel in providing Health Services is obliged to comply with professional standards, service standards, and operational procedure standards.
- (2) The professional standards referred to in paragraph (1) for each type of Medical Personnel and Health Personnel are formulated by the Council and the College and established by the Minister.
- (3) The service standards referred to in paragraph (1) are regulated by Ministerial Regulation.
- (4) The operational procedure standards referred to in paragraph (1) are established by the head of the Health Service Facility.

Article 292 . .



**PRESIDENT
REPUBLIC OF INDONESIA**

- 125 -

Article 292

- (1) Medical personnel and health workers may conduct research and development in the course of their practice.
- (2) The research and development referred to in paragraph (1) is intended to support health development in the fields of science, expertise, policy, and technology through health efforts and health resources.
- (3) The research and development referred to in paragraphs (1) and (2) shall be carried out in accordance with the provisions of applicable laws and regulations.

Paragraph 5

Approval of Health Services

Article 293

- (1) Every individual health service action performed by Medical Personnel and Health Personnel must obtain approval.
- (2) The consent referred to in paragraph (1) shall be given after the Patient has received adequate explanation.
- (3) The explanation referred to in paragraph (2) must at least include:
 - a. diagnosis;
 - b. indications;
 - c. Health Services actions carried out and their purpose;
 - d. risks and complications that may occur;
 - e. other alternative procedures and their risks;
 - f. risks if the procedure is not performed; and
 - g. the prognosis after receiving the action.
- (4) The consent referred to in paragraph (1) may be given in writing or orally.

(5) Consent ...



PRESIDEM
RePuaLiX iNDoNEstA

-126-

- (5) Written consent as referred to in paragraph (4) must be obtained before performing invasive and/or high-risk procedures.
- (6) 's consent as referred to in in paragraphs (4) and (5) is given by the patient concerned.
- (7) In the event that the patient referred to in paragraph (Ö) is incapable of giving consent, consent for the procedure may be given by their representative.
- (8) Written consent to perform the Health Services referred to in paragraphs (1) to (7) shall be signed by the Patient or his/her representative and witnessed by a Medical Practitioner or Health Worker.
- (9) In the event that the Patient referred to in paragraph (6) is incapacitated and requires emergency treatment, but there is no one from whom consent can be obtained, consent for the treatment is not required.
- (10) The actions referred to in paragraph (9) are carried out based on the best interests of the Patient, as determined by the Medical Personnel or Health Personnel providing services to the Patient.
- (11) The action referred to in paragraph (10) shall be communicated to the Patient after the Patient has regained capacity or their representative is present.
- (12) The provisions regarding the procedures for obtaining consent for actions by Medical Personnel and Health Personnel as referred to in paragraphs (1) to (11) are regulated by Ministerial Regulation.

Article 294

- (1) In addition to receiving the explanation referred to in Article 293 paragraph (3), Patients also receive an explanation of the costs of the Health Services they receive.

(2) Explanation ...



**PRESIDEM
R6PUBLIX INDONESIA**

- 127 -

- (2) The explanation regarding the costs of Health Services as referred to in paragraph (1) is provided by the Health Service Facility.

Article 295

- (1) Public health services that are government programs do not require approval for action.
- (2) Health Services as referred to in paragraph (1) must still be communicated to the recipients of such Health Services.

Paragraph 6

Medical Records

Article 290

- (1) Every medical and health worker who provides individual health services is required to create medical records.
- (2) In the case of individual health services as referred to in paragraph (1) being carried out at a health service facility other than an independent practice, the management of medical records is the responsibility of the health service facility.
- (3) Medical records as referred to in paragraph (1) must be completed immediately after the Patient has received Health Services.
- (4) Each medical record entry must be signed with the name, date, and signature of the Medical Personnel or Health Personnel who provided the service or performed the procedure.
- (S) Medical records as referred to in paragraph (3) must be stored and kept confidential by Medical Personnel, Health Personnel, and the management of the Health Care Facility.

Article 297

- (1) The medical records referred to in Article 296 are the property of the Health Care Facility.

(2) Every ...



**PRESCDEM
REPUBL)X INDONXStA**

128 -

- (2) Every patient has the right to access the information contained in the medical records referred to in paragraph (1).
- (3) Healthcare Facilities are obligated to maintain the security, integrity, confidentiality, and availability of the data contained in the medical records referred to in paragraph (1).

Article 298

- (1) The ministry that administers government affairs in the field of health is responsible for managing medical records data in the context of national health data management.
- (2) The management of medical record data as referred to in paragraph (1) includes policy formulation, collection, processing, storage, security, data transfer, and supervision.

Article 299

Further provisions regarding medical records are regulated by Government Regulation.

Article 300

- (1) In carrying out public health efforts, medical personnel and health workers are required to make health service records.
- (2) The health service records referred to in paragraph (1) may be integrated into the patient data system that is integrated with the National Health Information System.

Paragraph 7 Patient Health Confidentiality

Article 301

- (1) All medical personnel and health workers must maintain the confidentiality of patients' personal health information when providing health services.

(2) Opening ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

- 129

- (2) Disclosure of a patient's personal health information as referred to in paragraph (1) may be carried out for specific purposes as referred to in Article 4 paragraph (4).
- (3j) Provisions further further regarding confidentiality regarding

Article 302

- (1) In cases where medical personnel and health workers become aware of or have reasonable grounds to suspect criminal activity involving a patient receiving healthcare services, such personnel are entitled to report such matters to law enforcement authorities.
- (2) The provisions referred to in paragraph (1) are exempt from health confidentiality.
- (3) Healthcare professionals and medical personnel who report suspected criminal acts involving patients receiving healthcare services as referred to in paragraph (1) are entitled to legal protection.

Paragraph 8

Quality Control and Cost Control

Article 303

- (1) Every Medical and Health Worker in carrying out Health Services Health Services must implement quality control and cost control and pay attention to patient safety.
- (2) In order to implement the activities referred to in paragraph (1), a health service audit may be conducted.
- (3) Quality control and cost control in Health Service Facilities are the responsibility of the Health Service Facilities.
- (4) Supervision and oversight of quality control and cost control as referred to in paragraphs (1) through (3) are carried out by the Central Government and Local Governments.

Section . .



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

- 130 -

Section Eleven

Enforcement of Discipline for Medical and Health Personnel and
Resolution of Disputes

Paragraph 1

Enforcement of Discipline for Medical Personnel and Health Workers

Article 304

- (1) In order to support the professionalism of Medical Personnel and Health Personnel, professional discipline enforcement needs to be implemented.
- (2) In order to enforce professional discipline as referred to in paragraph (1), the Minister shall establish a council to carry out tasks in the field of professional discipline.
- (3) The council referred to in paragraph (2) shall determine whether or not there has been a violation of professional discipline by Medical Personnel and Health Workers.
- (4) The committee referred to in paragraph (2) may be permanent or *ad hoc*.
- (5) Further provisions regarding the duties and functions of the committee referred to in paragraph (2) shall be regulated by Government Regulation.

Article 305

- (1) Patients or their families whose interests have been harmed by the actions of Medical Personnel or Health Personnel in providing Health Services may file a complaint with the council referred to in Article 304.
- (2) The complaint referred to in paragraph (1) must at least include:
 - a. the identity of the complainant;
 - b. the name and address of the place of practice of the Medical Personnel or Health Personnel and the time the action was taken; and
 - c. reasons for the complaint.

Article 30d ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

13 1 –

Article 306

- (1) Disciplinary violations by Medical Personnel or Health Personnel as referred to in Article 304 paragraph (3) shall be subject to disciplinary sanctions in the form of:
 - a. a written warning;
 - b. the obligation to attend education or training at an educational institution in the field of health or the nearest teaching hospital that has the competence to conduct such training;
 - c. temporary suspension of the STR; and/or
 - d. recommendation for revocation of the SIP.
- (2) The results of the examination referred to in paragraph (1) are binding on Medical Personnel and Health Workers.
- (3) Medical Personnel or Health Personnel who have carried out the disciplinary sanctions referred to in paragraph (1) and are suspected of criminal acts, law enforcement officials shall prioritize the resolution of disputes through restorative justice mechanisms in accordance with the provisions of laws and regulations.

Article 307

The decision of the council as referred to in Article 304 may be reviewed by the Minister in the event that:

- a. new evidence is found;
- b. an error in the application of disciplinary violations; or
- c. there is a suspected conflict of interest between the examiner and the examinee.

Article 308

- (1) Medical personnel or health workers suspected of committing unlawful acts in the provision of health services that may be subject to criminal sanctions must first seek a recommendation from the panel referred to in Article 304.

(2) Personnel ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

-132-

- (2) Medical personnel and health workers who are held accountable for actions/deeds related to the provision of health services that cause civil damages to patients must first seek a recommendation from the council as referred to in Article 304.
- (3) Recommendations from the council as referred to in paragraph (1) shall be given after the Civil Servant Investigator or the Indonesian National Police investigator submits a written request.
- (4) Recommendations from the council as referred to in paragraph (2) shall be given after Medical Personnel, Health Personnel, or persons authorized by Medical Personnel or Health Personnel submit a written request regarding a lawsuit filed by a Patient, the Patient's family, or persons authorized by the Patient or the Patient's family.
- (5) The recommendation referred to in paragraph (3) is a recommendation on whether or not an investigation can be conducted due to the implementation of professional practices carried out by Medical Personnel or Health Personnel in accordance or not in accordance with professional standards, service standards, and standard operating procedures.
- (6) The recommendations referred to in paragraph (4) are recommendations regarding the implementation of professional practices carried out by Medical Personnel or Health Personnel in accordance with or not in accordance with professional standards, service standards, and standard operating procedures.
- (7) Recommendations as referred to in paragraph (5) and paragraph (6) are given at long within a of 14 (fourteen) working days from the date the request is received.
- (8) If the panel does not provide a recommendation within the period referred to in paragraph (7), the panel is deemed to have provided a recommendation for an investigation into the criminal act to be conducted.
- (9) The provisions referred to in paragraphs (1), (3), (5), and (7) shall not apply to the examination of Medical Personnel or Health Personnel who may be held liable for alleged criminal acts unrelated to the provision of Health Services.

Article 309 ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

133 -

Article 309

Further provisions regarding the enforcement of professional discipline for Medical Personnel and Health Workers are regulated by Government Regulation.

Paragraph 2 Dispute
Resolution

Article 310

In the event that Medical Personnel or Health Personnel are suspected of committing an error in the performance of their profession that causes harm to a Patient, the dispute arising from such error shall first be resolved through alternative dispute resolution outside of court.

Part Twelve Professional
Organizations

Article 311

- (1) Medical Personnel and Health Personnel may form professional organizations.
- (2) The establishment of professional organizations as referred to in paragraph (1) shall be carried out in accordance with the provisions of laws and regulations.

Part Thirteen
Prohibitions

Article

312 Every person is prohibited
from:

- a. using, without authorization, an identity in the form of a title or other form that gives the impression to the relevant community that they are Medical Personnel or Health Personnel who have obtained an STR and/or SIP;

b. using ...



PRESIDENT
REPUBLIC OF THE PHILIPPINES

– 134 –

- b. using tools, methods, or other means in providing services to the public that give the impression that the person concerned is a Medical Professional or Health Worker who has obtained an STR and/or SIP; and
- C. practicing as a Medical Professional or Health Worker without possessing an STR and/or SIP.

Article 313

- (1) Any Medical Personnel or Health Personnel who practices without having an STR and/or SIP as referred to in Article 312 letter c shall be subject to administrative sanctions in the form of administrative fines.
- (2) Provisions regarding the procedures for imposing administrative sanctions as referred to in paragraph (1) shall be regulated by Government Regulation.

CHAPTER VIII HEALTH

SUPPLIES

Article 314

- (1) The Central Government and Regional Governments are responsible for the availability, distribution, and affordability of Health Supplies needed to carry out Health Efforts.
- (2) The responsibility for the availability, distribution, and affordability referred to in paragraph (1) is carried out through the management of Health Supplies.
- (3) The management of Health Supplies as referred to in paragraph (2) includes planning, provision, and distribution.
- (4) The management of health supplies as referred to in paragraph (3) for health services is carried out with due regard to safety, efficacy/benefit, quality, and price.

(5) For ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

-135 -

- (5) To carry out the responsibilities referred to in paragraph (2), the Central Government and Regional Governments may establish pharmaceutical management facilities.
- (ö) In emergency situations, the Central Government and Regional Governments may establish and implement special policies for the procurement and utilization of Pharmaceutical Supplies, Medical Devices, and other Medical Supplies.
- (7) Further provisions regarding the availability, distribution, and affordability of Medical Supplies as referred to in paragraph (1) shall be regulated by Government Regulation.

Article 315

- (1) The Central Government and Regional Governments plan for the needs of Health Supplies.
- (2) The planning of health supply needs by the Regional Government as referred to in paragraph (1) shall be based on the norms, standards, procedures, and criteria established by the Central Government.
- (3) The planning of health supply needs as referred to in paragraph (1) may use information technology that is integrated with the National Health Information System.

Article 316

- (i) The provision of Health Supplies aims to meet Health Service needs.
- (2) The provision of medical supplies as referred to in paragraph (1) may be carried out through procurement.
- (3) The procurement of medical supplies shall be carried out in accordance with the provisions of laws and regulations.

Article 317 ...



**PRESIDENT
R6PUBMK INDONESIA**

-136-

Article 317

- (1) The Central Government compiles a list and types of essential medicines that must be available for the benefit of the community.
- (2) The list and types of essential medicines referred to in paragraph (1) shall be reviewed and updated at least every 2 (two) years in accordance with developments in needs and technology.
- (3) The Central Government and Regional Governments are responsible for ensuring that the essential medicines referred to in paragraph (1) are available evenly and affordably to the public.

Article 318

The Central Government has the authority to regulate and control the prices of health supplies, particularly medicines and medical devices.

Article 319

- (1) The distribution of medical supplies is carried out by pharmaceutical management facilities, manufacturers, or distributors of medical supplies in accordance with the provisions of laws and regulations.
- (2) The distribution of medical supplies must be carried out in accordance with good distribution practices.
- (3) Pharmaceutical management facilities, manufacturers, or distributors of medical supplies must submit distribution activity reports in accordance with the provisions of laws and regulations.

Article 320

- (1) Medicines consist of:
 - a. Prescription drugs; and
 - b. Non-prescription drugs.
- (2) Prescription drugs as referred to in paragraph (1) letter a are classified into:

a. Medicines



**PRESIDENT
REPUBLIC OF INDONESIA**

- 137 -

- a. Hard drugs;
 - b. narcotics; and
 - c. psychotropic substances.
- (3) Prescription drugs are dispensed by pharmacists at pharmaceutical service facilities in accordance with the provisions of laws and regulations.
- (4) Non-prescription drugs as referred to in paragraph (1) letter b are classified as:
- a. Over-the-counter drugs; and
 - b. Limited over-the-counter drugs.
- (5) In addition to over-the-counter drugs and limited over-the-counter drugs, certain prescription drugs may be dispensed by pharmacists without a prescription in accordance with the provisions of the law.
- (6) Over-the-counter drugs are obtained from pharmaceutical service facilities or other facilities in accordance with the provisions of laws and regulations.
- (7) In the event of developments in science and technology, the Central Government may determine the classification of drugs and/or make changes to the classification of drugs other than the classification referred to in paragraphs (2) and (4).
- (8) Further provisions regarding the classification of drugs, prescription drugs, and over-the-counter drugs are regulated by Government Regulation.

Article 321

- (1) Natural Medicine is classified into:
- a. traditional herbal medicines;
 - b. standardized herbal medicines;
 - c. phytopharmaceuticals; and
 - d. Other Natural Medicines.
- (2) The government may establish classifications for Natural Medicine other than those referred to in paragraph (1) and/or amend the classifications for Natural Medicine in the event of developments in science and technology.

(3) Provisions ...



**PRESIDENT
REPUBLIC OF INDONESIA**

138 -

- (3) Further provisions regarding the classification of Natural Medicine as referred to in paragraph (1) are regulated by Government Regulation.

CHAPTER IX

PHARMACEUTICAL AND MEDICAL DEVICE RESILIENCE

Article 322

- (1) Pharmaceutical preparations derived from natural sources that have been proven to be effective, meet the requirements for halal product certification in accordance with applicable laws and regulations, and are safe for use in prevention, treatment, and/or care, as well as health maintenance, must be preserved.
- (2) The public is given the widest possible opportunity to research, develop, produce, distribute, improve, and use Pharmaceutical Preparations and Medical Devices whose benefits and safety can be accounted for.
- (3) Research, development, production, distribution, improvement, and use of Pharmaceutical Preparations and Medical Devices as referred to in paragraph (2) shall be carried out in accordance with the provisions of laws and regulations.
- (4) The Central Government and Regional Governments shall ensure the implementation of research and development of Pharmaceutical Preparations and raw materials for Medical Devices derived from natural sources while maintaining their sustainability.

Article 323

- (1) The Central Government and Regional Governments encourage and direct research and development of Pharmaceutical Preparations and Medical Devices by utilizing available national potential.
- (2) Research and development of Pharmaceutical Preparations and Medical Devices shall be conducted with due regard for and preservation of the environment, natural resources, religious norms, and socio-cultural values.

(3) Research ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

139

- (3) Research and development as referred to in paragraph (1) may be conducted by the Pharmaceutical Industry, the Medical Device Industry, research institutions, and educational institutions.

Article 324

- (1) The Central Government and Local Governments are responsible for the implementation of research, development, utilization, and maintenance of Natural Medicine ingredients.
- (2) The Central Government and Local Governments shall encourage the utilization of natural resources for research and development of Natural Medicine while paying attention to and preserving the environment and socio-cultural aspects.
- (3) The Central Government and Regional Governments, in encouraging the utilization of natural resources for research and development of Natural Medicine as referred to in paragraph (2), must create a healthy business climate for the community and business actors.
- (4) Further provisions regarding the implementation of research, development, utilization, and maintenance of Natural Medicines are regulated by Government Regulations.

Article 325

Research and development of Natural Medicine aims to:

- a. achieving independence in the national pharmaceutical industry to support pharmaceutical security;
- b. utilizing natural resources and traditional herbs in a sustainable manner in the advancement of science and the provision of health services;
- c. ensuring the management of natural potential so that it has high competitiveness as a source of community economy; and
- d. providing ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

- 140 -

- d. providing Natural Medicines to maintain Health that are guaranteed in terms of quality, efficacy, and safety, as well as scientifically tested and widely used for prevention, treatment, care, and/or maintenance of Health.

Article 326

- (1) To achieve self-reliance in pharmaceutical preparations and medical devices, the Central Government and Local Governments are responsible for ensuring self-reliance in the field of pharmaceutical preparations and medical devices.
- (2) The independence of pharmaceutical preparations and medical devices is achieved through the development and strengthening of integrated supply chain management for pharmaceutical preparations and medical devices from upstream to downstream, prioritizing the use and fulfillment of domestically produced pharmaceutical preparations and medical devices for national health security and progress.
- (3) The fulfillment of national health resilience needs as referred to in paragraph (2) is carried out gradually in accordance with national priorities.
- (4) The development and strengthening of the management of the supply chain for pharmaceutical preparations and medical devices as referred to in paragraph (2) shall be carried out at a minimum by:
 - a. issuing policies, including providing incentives to business actors who strive to achieve the resilience of Pharmaceutical Preparations and Medical Devices;
 - b. improving the competitiveness of the Pharmaceutical Products and Medical Devices industry;
 - C. providing support for the mastery and utilization of technology and innovation as well as research and development in the field of Pharmaceutical Preparations and Medical Devices, including through foreign cooperation, carried out by the government and/or the community on a multilateral, regional, and bilateral basis in accordance with the provisions of laws and regulations;
 - d. produce ...



PREâDEN

- 141 -

- d. produce domestic Pharmaceutical Preparations and Medical Devices to meet domestic needs and for export, as well as to increase industrial activity/ al capacity utilization;
 - e. Ensuring the use of domestically produced pharmaceutical ingredients and medical device raw materials by the domestic pharmaceutical and medical device industries;
 - f. optimizing the role of academics, business actors, the Central Government, Local Governments, and the community; and
 - g. Ensuring the continuity of the supply chain through voluntary licensing, compulsory licensing, or the enforcement of patents by the government, especially in the event of disasters, emergencies, or epidemics.
- (5) To ensure national resilience, generic drugs/*non-proprietary* drugs marketed in Indonesia may only be manufactured by domestic pharmaceutical industries.

Article 327

- (1) The central government, local governments, the community, and health care facilities must prioritize the use of domestic pharmaceutical preparations and medical devices while still paying attention to quality, safety, and efficacy.
- (2) Pharmaceutical preparations and medical devices as referred to in paragraph (1) produced by the pharmaceutical and medical device industry must prioritize the use of domestic raw materials.

PasM328

- (1) The Central Government, Local Governments, and Health Care Facilities must prioritize medicines and medical devices that use domestically produced raw materials when procuring medicines and medical devices.

(2) Prioritization ...



REPUELIX INDONESIA

142 -

- (2) The prioritization of the use of domestically produced raw materials as referred to in paragraph (1) shall be carried out while taking into account quality, safety, and efficacy.

Article 329

- (1) The Central Government and Regional Governments shall provide facilities for the implementation of national research downstreaming to enhance the competitiveness of the Pharmaceutical Preparations and Medical Devices industry.
- (2) The Central Government and Regional Governments shall develop a research ecosystem consisting of research infrastructure, research licensing facilities and research support, as well as human resources.
- (3) The research infrastructure referred to in paragraph (2) shall be developed by the Central Government, Regional Governments, and/or the community.
- (4) The Central Government and Local Governments shall provide facilitation of research permits and research support as referred to in paragraph (2) without reducing the protection of research values.
- (5) The Central Government and Local Governments may provide support to institutions and/or communities that invest in pharmaceutical and medical device research.

Article 330

Provisions regarding the acceleration of development and resilience of the Pharmaceutical Preparations and Medical Devices industry are regulated by Government Regulation.

Article 331

- (1) In order to support the independence of the Pharmaceutical Products and Medical Devices industry, the Central Government provides incentives for the Pharmaceutical Products and Medical Devices industry.

(2) Incentives ...



PRESIDEM
BZPUBLIK INDONESIA

143 —

- (2) The incentives referred to in paragraph (1) shall be granted to every Pharmaceutical Preparation and Medical Device industry that conducts research, development, and innovation activities within the country, as well as those that conduct production using domestic raw materials.
- (3) The incentives referred to in paragraphs (1) and (2) are fiscal and non-fiscal.
- (4) The provision of incentives for the Pharmaceutical Preparations and Medical Devices industry shall be carried out in accordance with the provisions of laws and regulations.

Article 332

- (1) The Central Government and Regional Governments shall mitigate risks to Pharmaceutical Preparations, Medical Devices, and other Medical Supplies that are needed in emergencies, disasters, outbreaks, or epidemics.
- (2) In order to mitigate risks as referred to in paragraph (1), the Central Government and Regional Governments establish policies, standards, systems, and governance for Pharmaceutical Preparations, Medical Devices, and other Health Supplies.

Article 333

Further provisions regarding standards, systems, and governance of Pharmaceutical Preparations, Medical Devices, and other Medical Supplies in emergency, disaster, outbreak, or epidemic conditions are regulated by Government Regulations.

CHAPTER X
HEALTH TECHNOLOGY

Article 334

- (1) Health Technology is organized, produced, distributed, developed, and evaluated through research, development, and assessment for the improvement of Health Resources and Health Efforts.
- (2) Technology ...



PRESIDENT
eEPuaLlx INDoHEsIA

-||- -

- (2) Technology Health as referred to in in paragraph (1) includes hardware and software.
- (3) The Central Government and Regional Governments encourage the use of domestic Health Technology products.
- (4) Health Technology as referred to in paragraph (1) must meet standards in accordance with applicable laws and regulations.

Article 335

- (1) In developing Health Technology as referred to in Article 334, research may be conducted in laboratories, research utilizing test animals, plants, microorganisms and stored biological materials, or research involving humans as subjects.
- (2) The research referred to in paragraph (1) must comply with ethical principles, scientific principles, scientific methodology, and obtain permission from the competent authority in accordance with the provisions of laws and regulations.
- (3) Research as referred to in paragraph (1) must take into account the benefits, risks, human safety, and environmental sustainability.
- (4) Research involving humans as subjects as referred to in paragraph (1) must obtain the consent of the parties who are the subjects of the research.
- (5) Research involving humans as research subjects must be conducted with respect for the rights of the research subjects, including guarantees that the humans who are the subjects of the research will not be harmed.
- (6) Research involving the use of laboratory animals must take into account the welfare of those animals and prevent any indirect adverse effects on human health.
- (7) The research procedures referred to in paragraph (1) shall be carried out in accordance with the provisions of laws and regulations.

Article 336 ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

145 —

Article 336

- (1) All research, development, assessment, and utilization of of Technology Health must consider the potential risks and benefits to public health.
- (2) Research, development, assessment, and utilization of Health Technology Health as referred to in in paragraph (1) shall be carried out in accordance with the provisions of laws and regulations.

Article 337

- (1) The Central Government and Regional Governments are responsible for promoting and facilitating the sustainability of Health Technology innovation and ensuring the safety, efficacy, benefits, and quality of Health Technology innovation products in order to protect the public.
- (2) In carrying out the responsibilities referred to in paragraph (1), the Central Government shall establish a Health Technology innovation policy.
- (3) Further provisions regarding the implementation of Health Technology innovation are regulated by Government Regulations.

Article 338

- (1) In order to support Health Services, the Central Government and Regional Governments encourage the use of Health Technology, including biomedical technology.
- (2) The utilization of biomedical technology as referred to in paragraph (1) includes genomic, transcriptomic, proteomic, and metabolomic technologies related to organisms, tissues, cells, biomolecules, and other biomedical technologies.

(3) The use of ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

- 146 -

- (3) The utilization of biomedical technology as referred to in paragraph (1) is carried out starting from the collection, long-term storage, management, and utilization of materials in the form of clinical specimens and biological materials, information content, and related data, which are intended for the purposes of science and health technology and health services, including precision medicine services.
- (4) The collection, long-term storage, management, and utilization of materials in the form of clinical specimens and biological materials, information content, and related data for the purpose of utilizing biomedical technology must obtain approval from the patient and/or donor.
- (5) The obligation to obtain consent from the Patient and/or donor in the management and utilization of materials in the form of clinical specimens and biological materials, information content, and related data as referred to in paragraph (4) is exempted if:
 - a. the materials in the form of clinical specimens and biological materials, information content, and data cannot be traced back to an identifiable individual or are in the form of aggregate data;
 - b. the material in the form of clinical specimens and biological material, information content, and data is for legal purposes; and/or
 - c. materials in the form of clinical specimens and biological materials, information content, and data for public purposes in accordance with the provisions of laws and regulations.

Article 339

- (1) The storage and management of materials in the form of clinical specimens and biological materials, information content, and data for the long term must be carried out by biobanks and/or biorepositories.
- (2) Biobanks and/or biorepositories as referred to in paragraph (1) shall be established by Health Service Facilities, educational institutions, and/or Health research and development institutions, whether owned by the Central Government, Local Government, or private entities.

(3) The operation of ...



**PRESIDEM
REPUBLIC OF INDONESIA**

147 —

- (3) The establishment of biobanks and/or biorepositories as referred to in paragraph (2) must be approved by the Central Government.
- (4) The establishment of biobanks and/or biorepositories must apply the principles of:
 - a. biological safety and security;
 - b. confidentiality or privacy;
 - c. accountability;
 - d. benefit;
 - e. public interest;
 - f. respect for human rights;
 - g. ethics, law, and medico-legal matters; and
 - h. sociocultural.
- (5) Organizers of biobanks and/or biorepositories shall store specimens and data within the country.
- (6) Data and information in the operation of biobanks and/or biorepositories must be integrated into the National Health Information System.

Article 340

- (1) The transfer and use of materials in the form of clinical specimens and biological materials, information content, and/or data outside the territory of Indonesia shall be carried out with due regard to the principle of preserving Indonesia's biological and genetic resources.
- (2) The transfer and use of materials in the form of clinical specimens and biological materials, information content, and/or data outside the territory of Indonesia as referred to in paragraph (1) may only be carried out if:
 - a. the means to achieve the purpose and objectives of the examination cannot be carried out in Indonesia;
 - b. the examination can be conducted in Indonesia but to achieve the main objective of the research, the examination must be conducted outside the territory of Indonesia; and/or

c. for ...



**PRESIDEM
REPUBLIC OF INDONESIA**

-148 -

- c. for quality control purposes in order to update the accuracy of diagnostic and therapeutic standards.
- (3) The transfer and use of materials in the form of clinical specimens and biological materials, information and/or data leaving Indonesia must be accompanied by a material transfer agreement drawn up based on the principle of benefit sharing that fulfills fairness, safety, and usefulness.
- (4) The transfer and use of materials in the form of clinical specimens and biological materials, information content, and/or data outside the territory of Indonesia as referred to in paragraph (1) may only be carried out after obtaining approval from the Central Government.

Article 341

- (1) The collection and shipment of materials in the form of clinical specimens and biological materials may only be carried out by Medical Personnel, Health Personnel, or health support or auxiliary personnel who have the expertise and authority to do so.
- (2) The requirements and procedures for collecting and sending materials in the form of clinical specimens and biological materials as referred to in paragraph (1) shall be carried out in accordance with the provisions of laws and regulations.

Article 342

- (1) No person shall discriminate against the results of a person's genetic testing and analysis.
- (2) Any person who violates the prohibition referred to in paragraph (1) shall be subject to administrative sanctions by the Central Government or Local Government in accordance with their authority, ranging from administrative fines to revocation of licenses.
- (3) The provisions regarding the procedures for imposing administrative sanctions as referred to in paragraph (2) are regulated by Government Regulation.

Article 343 ...



**PRESIDENT
aEPuaLIK iN»oNEsIA**

149 -

Article 343

The use of materials in the form of clinical specimens and biological materials, information content, and/or biomedical data by industry or for commercial purposes must obtain permission from the Central Government.

Article 344

Further provisions regarding Health Technology are regulated by Government Regulations.

**CHAPTER XI
HEALTH INFORMATION SYSTEM**

Section One General

Article 345

- (1) In order to carry out effective and efficient Health Efforts, a Health Information System shall be established.
- (2) The Health Information System referred to in paragraph (1) shall be implemented by:
 - a. The Central Government;
 - b. Local Governments;
 - c. Health Care Facilities; and
 - d. the public, both individuals and groups.
- (3) The administrators referred to in paragraph (2) are required to integrate the Health Information System with the National Health Information System.
- (4) The ministry that administers government affairs in the field of health may provide support to the administrators referred to in paragraph (2) in the management of the Health Information System.

Section ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

150 –

Section Two

Governance of the Health Information System

Article 346

- (1) Organizer System Information Health
implements the governance of the Health Information System that supports services in the field of Health.
- (2) The management of the Health Information System as referred to in paragraph (1) is a series of activities to ensure the quality and reliability of the system.
- (3) The management of the Health Information System as referred to in paragraph (2) is carried out in accordance with the architecture of the Health Information System.
- (4) The Health Information System architecture as referred to in paragraph (3) is developed in accordance with the guidelines established by the Minister.
- (5) In addition to supporting health services as referred to in paragraph (1), the implementation of the Health Information System is also aimed at developing information systems in the field of health biotechnology.
- (6) Health Information System operators are required to process health data and information within Indonesia.
- (7) Health Information System Operators may process health data and information outside the territory of Indonesia, provided that such processing is carried out in accordance with the provisions of laws and regulations.

Article 347

- (1) Health Information System operators must ensure the reliability of the Health Information System, which includes:
 - a. availability;
 - b. security;
 - c. maintenance; and
 - d. integration.
- (2) Reliability . .



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

151

- (2) Reliability System Information Health as referred to in paragraph (1) shall be implemented by:
- testing the suitability of the system;
 - maintaining data confidentiality;
 - determining data access rights policies;
 - obtaining system reliability certification; and
 - conducting periodic audits.

Article 348

- (1) Health Information System operators are required to provide quality health data and information.
- (2) The public can access public data and/or their own health data through Health Information System operators that are integrated into the National Health Information System in accordance with the provisions of laws and regulations.
- (3) The processing of health data and information is carried out in accordance with the provisions of laws and regulations.

Article 349

- (1) Health Information System operators are required to process health data and information, including:
 - planning;
 - collection;
 - storage;
 - examination;
 - transfer;
 - utilization; and
 - destruction.
- (2) The planning referred to in paragraph (1) letter a is intended to determine the list of data and information to be collected.

(3) Collection ...



**PRESIDENT OF THE
REPUBLIC OF CNIZONESIA**

– 152 –

- (3) The collection referred to in paragraph (1) letter b shall be carried out in accordance with the results of data planning.
- (4) Storage as referred to in paragraph (1) letter c shall be carried out in a database in a secure location that is not damaged or easily lost, using electronic and/or non-electronic storage media.
- (5) The inspection referred to in paragraph (1) letter d shall be carried out in order to ensure the quality of data and information.
- (6) The transfer referred to in paragraph (1) letter e shall be carried out between Health Information System operators through the National Health Information System.
- (7) Data and information managed by Health Information System operators may be transferred outside Indonesia for specific and limited purposes with the permission of the Central Government.
- (8) The utilization referred to in paragraph (1) letter f is carried out for:
 - a. Individual health;
 - b. Public health;
 - c. Health development; and
 - d. policy making.
- (9) The destruction referred to in paragraph (1) letter g may be carried out by the Health Information System operator after the end of the storage period in accordance with the provisions of laws and regulations.
- (10) The Health Information System operator may destroy data and information after the end of the storage period.
- (11)** Operator System Health System must record the history of data and information processing.
- (12) Further provisions regarding the processing of Health data and information are regulated by Government Regulations.

Article 350 ...



PRESIDENT
RZPUBLIK INDONEOTA

- 153 -

Article 350

- (1) The Health Information System contains data and information sourced from:
 - a. Health Care Facilities;
 - b. Central Government and Local Government agencies;
 - c. agencies/institutions that organize. national social security programs;
 - d. agency/institution other that organize activities in the field of health;
 - e. activities community other than Facilities Health Health;
 - f. individual self-reporting; and
 - g. other sources.
- (2) The data and information referred to in paragraph (1) consist of personal data and information as well as public data and information.

Article 351

- (1) Health Information System operators are required to ensure the protection of each individual's health data and information.
- (2) The processing of health data and information that uses individual health data must obtain the consent of the data owner and/or comply with other provisions that form the basis for the processing of personal data in accordance with the provisions of laws and regulations in the field of personal data protection.
- (3) The data owner data as referred to on paragraph (2) has the right to:
 - a. to obtain information regarding the purpose of collecting individual health data;
 - b. access and correct data and information through the Health Information System administrator;
 - c. request the Health Information System operator to send their data to another Health Information System operator;
 - d. to request ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

-154-

- d. requests that the Health Information System administrator delete incorrect data with the consent of the data owner; and
 - e. obtain the rights of other personal data subjects in accordance with the provisions of laws and regulations in the field of personal data protection.
- (4) The rights of data owners as referred to in paragraph (3) are exempted for certain purposes as stipulated in laws and regulations in the field of personal data protection.
- (5) Health Information System operators are required to inform data owners in the event of a failure to protect individual health data and information in accordance with the provisions of laws and regulations in the field of personal data protection.
- (6) The protection of data and health information of each individual shall be carried out in accordance with the provisions of laws and regulations.

CHAPTER XII

EXTRAORDINARY EVENTS AND EPIDEMICS

Section One

Extraordinary Events

Article 352

- (1) To protect the public from extraordinary events, the Regional Government and the Central Government are responsible for implementing activities preparedness , outbreak response, and post-outbreak activities.
- (2) Outbreak preparedness, outbreak response, and post-outbreak activities as referred to in paragraph (1) shall be carried out in a coordinated, comprehensive, and continuously in the region, Entrance of entry, and ports or airports serving domestic traffic.

(3) In ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

-155 -

- (3) In the implementation of KLB preparedness, KLB response, and post-KLB activities as referred to in paragraph (1), the following elements are involved: Medical Personnel, Health Personnel, academics or experts, the Indonesian National Armed Forces, the Indonesian National Police, cross-sectoral entities, and/or community/religious leaders.

Article 353

- (1) The regent/mayor, governor, or Minister must declare an outbreak if a particular area has a disease or health problem that meets the criteria for an outbreak.
- (2) The criteria for an outbreak as referred to in paragraph (1) consist of:
- a. the emergence of a disease or health problem that did not previously exist or was unknown;
 - b. a continuous increase in incidence over a period of 3 (Riga) hours, days, or weeks in a row;
 - c. an increase in the incidence of illness by 2 (two) times or more compared to the previous period;
 - d. The average number of illness cases per month over a period of 1 (one) years shows an increase of 2 (two) times or more;
 - e. the mortality rate due to disease or health problems within a specific period shows an increase of 50% (fifty percent) or more;
 - f. the proportion of new cases of a disease during a period shows an increase of 2 (two) times or more compared to the previous period in the same period ; and/or
 - g. other criteria set by the Minister.

(3) Regent . .



**PRKS!DEM
REPUBLICX INDOHESIA**

- 156 -

- (3) The regent/mayor, governor, or minister must revoke the KLB designation if the area no longer meets the KLB criteria.
- (4) Further provisions regarding the criteria for a public health emergency, its declaration, and revocation are regulated by Government Regulation.

Article 354

- (1) The regent/mayor, governor, or Minister who declares a KLB must immediately implement KLB mitigation activities.
- (2) The KLB mitigation activities referred to in as mentioned in paragraph (1) include:
 - a. epidemiological investigations;
 - b. surveillance;
 - c. control of risk factors;
 - d. elimination of the causes of outbreaks;
 - e. prevention and immunization;
 - f. health promotion;
 - g. risk communication;
 - h. case management;
 - i. handling of bodies due to outbreaks; and
 - j. efforts other other that necessary according to the cause of the outbreak.

Article 355

Further provisions regarding outbreak preparedness, outbreak response, and post-outbreak activities are regulated by Government Regulations.

Section ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

157 —

Section Two

Epidemic

Paragraph 1

General

Article 356

To protect the public from epidemics, the Central Government and Regional Governments shall carry out epidemic preparedness, epidemic control, and post-epidemic activities.

Paragraph 2

Determination of Disease Types with Epidemic Potential

Article 357

- (1) In the context of Epidemic Preparedness, the types of diseases that have the potential to cause an Epidemic are determined.
- (2) The types of diseases that have the potential to cause an outbreak as referred to in paragraph (1) are categorized as:
 - a. certain endemic infectious diseases;
 - b. new infectious diseases; and/or
 - c. re-emerging old infectious diseases.
- (3) The types of diseases that have the potential to cause an epidemic as referred to in paragraph (1) are determined based on the following criteria:
 - a. diseases caused by biological agents;
 - b. diseases that can be transmitted from human to human and/or from animal to human;
 - c. diseases that have the potential to cause severe illness, disability, and/or death; and
 - d. diseases ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

- 158 -

- d. diseases that have the potential to increase and spread rapidly.
- (4) The types of diseases that have the potential to cause an epidemic as referred to in paragraph (1) are determined by the Minister.
- (5) The Minister may designate changes to the types of diseases that have the potential to cause an epidemic as referred to in paragraph (4) by considering the epidemiological development of the disease, socio-cultural factors, security, economy, and scientific and technological advancements.

Paragraph 3 Epidemic

Preparedness in the Region

Article 358

- (1) In the context of Epidemic Preparedness in the region, the district/city and provincial governments must carry out the following activities:
 - a. observation of the occurrence of diseases that have the potential to cause epidemics and mapping of risk factors for epidemics;
 - b. handling of disease cases that have the potential to cause an outbreak and their risk factors;
 - c. designation of outbreak-affected areas and outbreak response; and
 - d. preparedness of resources in the event of an outbreak.
- (2) The activities referred to in paragraph (1) are carried out in a comprehensive and continuously.

Paragraph 4 ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

– 159 –

Paragraph 4 Epidemic
Vigilance at Entry Points

Article 359

In the context of Epidemic Preparedness at Entry Points and inter-regional crossings, the Central Government shall carry out disease surveillance and/or monitoring of disease risk factors that have the potential to cause an epidemic, both at Entry Points and at ports or airports serving domestic traffic.

Article 300

- (1) In order to monitor diseases and/or disease risk factors that have the potential to cause an outbreak, surveillance is conducted on means of transport, people, goods, and/or the environment.
- (2) The monitoring of means of transport as referred to in paragraph (1) is carried out on ships, aircraft, and land vehicles that serve civil transportation, both upon arrival and departure.
- (3) In addition to ships, aircraft, and land vehicles serving civil transportation as referred to in paragraph (2), monitoring is also carried out on non-civil ships, aircraft, and land vehicles for the purposes of war transportation, state officials, and/or state guests, in coordination with the relevant ministries/institutions.
- (4) In the event that a disease and/or disease risk factors that have the potential to cause an outbreak are found at the Point of Entry or ports and airports that serve domestic traffic, countermeasures shall be taken immediately.
- (5) The countermeasures referred to in paragraph (4) may include:
 - a. screening, referral, isolation or quarantine, immunization, prophylaxis, disinfection, and/or decontamination of persons as indicated;
 - b. disinfection ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

- 100 -

- b. disinfection, decontamination, disinsection, and/or deratization of means of transport and goods; and/or
 - c. other control measures.
- (6) The mitigation measures referred to in paragraph (5) shall be carried out in accordance with the type of disease agent and its mode of transmission.
- (7) In the event that a person is unwilling to undergo the countermeasures referred to in paragraph (6), the ministry responsible for health affairs shall have the authority to recommend to the airline, shipping agent, or land vehicle agent to delay departure or issue a recommendation to immigration officials to refuse entry.
- (8) The ministry that administers government affairs in the field of health in carrying out the response measures referred to in paragraph (5) may involve cross-sectoral and local government agencies.
- (9) Further provisions regarding the mitigation measures referred to in paragraph (4) are regulated by Government Regulation.

Article 361

- (1) In the event that the ministry responsible for government affairs in the field of health receives information regarding an increase in disease transmission and/or disease risk factors that have the potential to cause an outbreak in another country, the ministry responsible for government affairs in the field of health must increase vigilance and take the necessary steps to prevent and control the disease at the point of entry.
- (2) In the event that an epidemic has spread across various countries, the Minister shall issue regulations on the supervision and/or control measures for means of transport arriving from abroad in accordance with the characteristics of the cause/agent of the disease and its mode of transmission, including the possibility of restricting the movement of people and goods at the Point of Entry.

(3) In . .



**PRESTOEM REPUBLIC
OF INDONESIA**

- 161 -

- (3) In order to prevent and control diseases at the Point of Entry as referred to in paragraph (1), the Minister may recommend the closure of the Point of Entry to the President.

Article 362

Every ship, aircraft, and land vehicle that:

- a. arrives from or departs to a foreign country; or
- b. arrives from an Infected Area,

is located under the supervision of the that
administers government affairs in the field of health.

Article 363

- (1) Every ship captain, pilot, or driver upon arrival or passing through a border crossing point must inform the Health Quarantine Officer if there are sick and/or deceased persons who are strongly suspected of having died from a disease and/or disease risk factors that have the potential to cause an epidemic.
- (2) The provision of information by the captain, pilot, or driver as referred to in paragraph (1) shall be carried out by submitting a health declaration document for ships, aircraft, and land vehicles upon arrival to the Health Quarantine Officer.
- (3) The ship captain, aircraft captain, or driver referred to in paragraph (1) is prohibited from disembarking or embarking persons and/or goods before obtaining a letter of approval from the ministry that administers government affairs in the field of health.

Article 364

- (1) For means of transport carrying sick and/or deceased persons who are strongly suspected of having died from a disease and/or disease risk factors that have the potential to cause an epidemic, Health Quarantine Officers are authorized to conduct examinations and take countermeasures as referred to in Article 360 paragraph (5).

(2) Provisions ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

- 162

- (2) Provisions regarding inspection activities and countermeasures against land vehicles at border crossing points shall be regulated through an agreement between the two countries.

Article 305

Further provisions regarding the supervision of ships, aircraft, and land vehicles are regulated by Government Regulations.

Article 366

- (1) Any means of transport, person, and/or goods that:
- a. arrives from or departs to a foreign country; or
 - b. arrives from or depart to an endemic or infected area/country,
- must be accompanied by a Health Quarantine Document.
- (2) The Health Quarantine Document referred to in paragraph (1) is intended as a tool for monitoring and preventing the entry and/or exit of diseases and/or disease risk factors that have the potential to cause an epidemic.

Article 367

Provisions regarding the procedures for submitting, issuing, and canceling Health Quarantine Documents are regulated by Government Regulations.

Paragraph 5

Epidemic Areas

Article 368

- (1) The Minister shall designate or revoke the designation of certain areas as Epidemic Areas.
- (2) To designate a specific area as an Epidemic-Affected Area as referred to in paragraph (1), the Minister shall consider the following aspects:

- a. etiology ...



PRESIDEX
Republik Indonesia

163 —

- a. etiology of the disease;
 - b. case and death situations;
 - c. health service capacity; and/or
 - d. community conditions.
- (3) Further provisions regarding the designation and revocation of the designation of Epidemic-Affected Areas as referred to in paragraphs (1) and (2) are regulated by Government Regulation.

Article 369

In the event that an epidemic has a threatening impact and the potential to disrupt the lives and livelihoods of the community, resulting in casualties, economic losses, widespread coverage of the affected area, socio-economic impacts, and environmental damage, the Minister shall propose to the President that the epidemic be declared a non-natural national disaster.

Article 370

In the event of an outbreak situation as referred to in Article 309, the President shall declare the outbreak as a non-natural national disaster in accordance with the provisions of laws and regulations.

Paragraph 6

Epidemic Control

Article 371

Epidemic control shall be carried out immediately after the designation of the Epidemic-Affected Area, taking into account humanitarian, social, cultural, economic, and environmental principles.

Article 372

Epidemic control is carried out through the following activities:

- a. disease investigation;
- b. strengthening surveillance;
- c. handling ...



**PRESIDEN
REPUBLIK INDONESIA**

-164 -

- c. patient management;
- d. control of risk factors;
- e. management of at-risk populations;
- f. risk communication; and
- g. other mitigation measures.

Article 373

- (1) The investigation of diseases as referred to in Article 372 letter a is carried out to obtain information about the etiology of the disease, the source of the disease, and the mode of transmission or spread of the epidemic disease.
- (2) Information regarding the etiology of the disease, the source of the disease, and the mode of transmission or spread of the epidemic disease as referred to in paragraph (1) is used as a consideration ly in determining mitigation measures.

Article 374

- (1) Strengthening surveillance as referred to in Article 372 letter b is carried out for case detection and in-depth identification of the characteristics of the etiology/disease agent and its risk factors based on laboratory and/or scientific research.
- (2) Surveillance as referred to in paragraph (1) shall be carried out through systematic and continuous observation of disease outbreaks and conditions that influence the increase and transmission of disease in order to obtain and provide information to guide effective and efficient disease control measures.

Article 375

- (1) The treatment of patients as referred to in Article 372 letter c is carried out in accordance with medical needs.
- (2) The management of patients as referred to in paragraph (1) includes:
 - a. isolation;
 - b. quarantine ...



**PRESIDENT
REPUBLIC OF INDONESIA**

- 165 -

- b. quarantine; and/or
 - c. treatment and care.
- (3) Isolation as referred to in paragraph (2) letter a shall be carried out at a Health Care Facility or other place where the patient can access Health Care Services to sustain their life.
 - (4) Quarantine as referred to in paragraph (2) letter b may be carried out at home, hospitals, workplaces, means of transportation, hotels, guesthouses, dormitories, and other places or areas, taking into account epidemiological aspects.
 - (5) Quarantine as referred to in paragraph (2) letter b may be imposed on persons, goods, and means of transportation.
 - (6) Treatment and care as referred to in paragraph (2) letter c shall be carried out at Health Care Facilities in accordance with the standards and provisions of laws and regulations.
 - (7) The Central Government and Local Governments, together with the community, are responsible for facilitating the implementation of isolation or quarantine.
 - (8) In page patients as referred to in in paragraph (2) who meet the criteria for isolation or quarantine measures must undergo isolation or quarantine to reduce the spread of the epidemic disease.

Article 376

- (1) Control of risk factors as referred to in Article 372 letter d is carried out to break the chain of disease transmission from risk factors in accordance with the provisions and technological developments and characteristics of these risk factors, including the possibility of eliminating the risk factors in question.
- (2) Risk factor control as referred to in paragraph (1) includes:
 - a. sanitation, safety, and control measures aimed at improving environmental risk factors and/or eliminating biological agents that cause disease;
 - b. prevention ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

-166 -

- b. infection prevention and control; and/or
- c. handling of corpses.

Article 377

- (1) Management of at-risk populations as referred to in Article 372 letter e is carried out to prevent and reduce the risk of disease spread.
- (2) Management of at-risk populations as referred to in paragraph (1) includes:
 - a. immunization;
 - b. prophylaxis; and/or
 - c. restriction of social activities.
- (3) Restrictions social social as referred to in paragraph (2) letter c include:
 - a. school and workplace closures;
 - b. restrictions on religious activities;
 - c. restrictions on activities in public places or facilities; and/or
 - d. restrictions on other activities.

Article 378

- (1) Risk communication as referred to in in Article 372 letter f is carried out to provide understanding to the public and increase the role of the public in efforts to combat the outbreak.
- (2) Risk communication as referred to in paragraph (1) is carried out through:
 - a. providing information and/or education to the public; and/or
 - b. social mobilization.

Article 379 ...



PRESIDENT
RzPuaLis ixDoNEsIA

-167 -

Article 379

- (1) Epidemic control activities shall be carried out in an integrated, comprehensive, and targeted manner by involving relevant ministries/institutions and local governments.
- (2) In combating epidemics, the Central Government may cooperate with other countries through international bodies.

Article 380

Further provisions regarding the implementation of epidemic control activities as referred to in Articles 371 to 379 are regulated by Government Regulation.

Paragraph 7 Post-
Outbreak Activities

Article 381

- (1) For post-epidemic recovery, normalization activities shall be conducted:
 - a. Health services; and
 - b. social, economic, and cultural life of the community.
- (2) In addition to the recovery referred to in paragraph (1), efforts to prevent the recurrence of the outbreak shall continue through the following activities:
 - a. strengthening health surveillance; and
 - b. control of risk factors.
- (3) Activities as intended in paragraph (1) and paragraph (2) must be implemented by the Government of the regency/city, Regional Government, and the Central Government in an integrated, comprehensive, targeted manner, and sustainable in accordance with their respective authorities.
- (4) Further provisions regarding the implementation of post-outbreak activities are regulated by Government Regulations.

Section ...



**PRESIDENTIAL
DEMOCRATIC REPUBLIC
OF INDONESIA**
— 118 —

Part Three Laboratories

Article 382

- (1) In the event that samples and/or specimens are required for laboratory confirmation in the context of outbreak response, the collection of samples and confirmation shall be conducted at the nearest laboratory with the necessary capabilities.
- (2) The implementation of confirmation as referred to in paragraph (1) shall prioritize sovereignty and national interests, utilization for the benefit of society, and the advancement of science and technology.
- (3) In the event that laboratory confirmation as referred to in paragraph (1) needs to be carried out with another country, it must be carried out in accordance with the provisions of laws and regulations governing material transfer agreements.

**Part Four Waste
Management**

Article 383

- (1) The Central Government, Regional Governments, and/or Health Service Facilities are responsible for the management of waste from activities to combat outbreaks and epidemics.
- (2) The management of waste as referred to in paragraph (1) shall be carried out in accordance with the provisions of laws and regulations.

Part ...



PRESIDENTIAL
DEMOCRATIC REPUBLIC OF
INDONESIA

169 –

Section Five Reporting

Article 384

- (1) District/city and provincial governments are required to submit reports on the implementation of KLB and Wabah preparedness, KLB and Wabah response activities, and/or post-KLB and post-Wabah activities to the Minister on a regular basis.
- (2) The reports referred to in paragraph (1) shall at least contain information on the development of the epidemic and outbreak situation and the response activities carried out.

Article 385

- (1) The Minister is required to report any developments in the situation of KLB and epidemic situations and response activities for epidemics and epidemics to the President.
- (2) Based on the report referred to in paragraph (1), the Minister announces developments in KLB and epidemics, taking into account the social, economic, cultural, political, and security impacts that may arise.

Section Six

Resources

Article 386

Resources in the effort to combat KLB and

epidemi

c include:

- a. human resources;
- b. technology;
- c. facilities and infrastructure;
- d. Health supplies; and
- e. funding.

Article 387 ...



**PRESIDENT
REPUBLIC OF INDONESIA**

170 —

Article 387

The human resources referred to in Article 386 letter a are Medical Personnel, Health Personnel, and health support or auxiliary personnel as needed.

Article 388

- (1) All Medical Personnel and Health Personnel are required to participate in activities to combat outbreaks and epidemics.
- (2) In the event that the Medical Personnel and Health Personnel referred to in paragraph (1) are insufficient, the Central Government and Regional Governments may mobilize reserve Health Personnel as referred to in Article 238.
- (3) Further provisions regarding the mobilization of reserve health personnel Kesehatan as referred to in paragraph (2) are regulated by Government Regulation.

Article 389

- (1) Technology as referred to in Article 386 letter b in the form of the application and development of:
 - a. appropriate technology;
 - b. laboratory testing methods;
 - c. treatment methods;
 - d. information and communication management technology; and
 - e. research.
- (2) The research referred to in paragraph (1) letter e shall prioritize service-based research.

Article 390

The facilities and infrastructure referred to in Article 386 letter c are all facilities necessary to support activities related to epidemic and outbreak preparedness, epidemic and outbreak response, and post-epidemic and post-outbreak activities.

Article 391 . .



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

171 -

Article 391

Supplies Health as referred to in Article 386 letter d, includes medical equipment, medicines, vaccines, disposable medical supplies, and other supporting materials that required in carrying out outbreak preparedness outbreak and epidemic preparedness activities, the management of KLB and epidemics, as well as post-KLB and post-epidemic measures.

Section Seven

Rights, Obligations, and Prohibitions

Paragraph 1

Rights

Article 392

Every person who is sick or suspected of being sick due to a disease or health problem that causes an outbreak or due to a disease that causes an epidemic that has been declared an outbreak or epidemic is entitled to health services funded by the Central Government and/or Local Government.

Article 393

- (1) Medical personnel and health workers who carry out efforts to combat outbreaks and epidemics are entitled to legal protection and security as well as health insurance in carrying out their duties.
- (2) The legal protection and security referred to in paragraph (1) includes protection provided to medical personnel and health workers in carrying out investigative activities and entering areas or gaining access to certain communities suspected of being ill due to diseases or health problems that have the potential to cause outbreaks, or due to diseases that have the potential to cause epidemics.
- (3) The health insurance referred to in paragraph (1) includes protection from the risk of infection.

Paragraph 2 ...



PRESIDEN
REPLi8Rllt I INDONESIA

-172

Paragraph 2

Obligations

Article 394

Every person is obligated to comply with all activities related to the prevention and control of epidemics and outbreaks carried out by the Central Government and Local Governments.

Article 395

- (1) Anyone who knows of a person who is sick or suspected of being sick due to an illness or health problem that has the potential to cause an outbreak or due to an illness that has the potential to cause an epidemic must immediately report it to the authorities of the village/subdistrict government and/or the nearest health care facility.
- (2) Village/sub-district government officials and/or health care facilities that receive reports as referred to in paragraph (1) or who are aware of a sick person or a person suspected of being sick due to a disease or health problem that has the potential to cause an outbreak or due to a disease that has the potential to cause an epidemic are required to report to the local government agency that administers health affairs in the area.
- (3) Village/subdistrict government officials and/or Health Care Facilities that violate the provisions referred to in paragraph (2) shall be subject to administrative sanctions by the Regional Government or Central Government in accordance with their authority, in the form of:
 - a. verbal warning;
 - b. written warning; and/or
 - c. proposal for dismissal from office.
- (4) Further provisions regarding the procedures for imposing administrative sanctions as referred to in paragraph (3) are regulated by Government Regulation.

Article 396 ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

173 —

Article 396

In the event of an outbreak or epidemic, all health care facilities, whether owned by the central government, local governments, or the community, are required to provide health care services to persons who are sick or suspected of being sick due to a disease or health problem that has the potential to cause an outbreak or epidemic.

Article 397

- (1) Every person who manages materials containing causes and/or biological agents that cause diseases and health problems that have the potential to cause an outbreak or epidemic must comply with management standards.
- (2) Provisions regarding management standards for materials containing causes and/or biological agents that cause diseases and health problems that have the potential to cause an outbreak or epidemic are regulated by Government Regulations.

Article 398

- (1) Healthcare facilities that do not provide healthcare services to people who are sick or suspected of being sick due to diseases or health problems that have the potential to cause outbreaks or epidemics as referred to in Article 396, and any person who manages materials containing causes and/or biological agents causing diseases and health problems that have the potential to cause an outbreak or epidemic that do not meet the management standards as referred to in Article 397 shall be subject to administrative sanctions by the Central Government or Local Government in accordance with their authority in the form of:
 - a. verbal warning;
 - b. written warning; and/or
 - c. administrative fines.
- (2) Further provisions regarding the procedures for imposing administrative sanctions as referred to in paragraph (1) are regulated by Government Regulation.

Paragraph 3 ...



**PRESIOEM
REPUBLIC OF**

174 -

Paragraph

3

Prohibition

s

Article

399 Every person is prohibited
from:

- a. from engaging in activities that disseminate materials containing disease-causing agents and health issues that have the potential to cause an outbreak; and/or
- b. engaging in activities that spread biological agents that cause diseases that have the potential to cause outbreaks and epidemics.

Article 400

Every person is prohibited from
obstructing the implementation of efforts to combat outbreaks
and epidemics.

CHAPTER XIII

HEALTH FUNDING

Article 401

- (1) Health funding aims to finance sustainable health development with sufficient funds, allocated fairly, and utilized effectively and efficiently to improve the health of the community to the highest degree possible.
- (2) The elements of health financing as referred to in paragraph (1) consist of funding sources, allocation, and utilization.
- (3) Health funding sources come from the Central Government, Local Governments, and other legitimate sources in accordance with the provisions of laws and regulations.

Article 402 ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

- 175 -

Article 402

- (1) The Central Government monitors health funding at the national and regional levels to ensure the achievement of the Health Funding Objectives as referred to in Article 401 paragraph (1).
- (2) To support the monitoring of health funding as referred to in paragraph (1), the Central Government develops a health funding information system that is integrated with the National Health Information System.
- (3) The health funding information system referred to in paragraph (2) is an integrated set of data, information, indicators, and health funding performance achievements that are managed in an integrated manner to guide actions or decisions in health development.
- (4) Every Health Care Facility, Central Government and Local Government agencies, agencies that administer social security programs in the field of health, agencies that administer social security programs in the field of employment, state-owned enterprises, regionally-owned enterprises, private institutions, and development partners that perform health functions shall report on the realization of health expenditures and achievements each year in accordance with the provisions of laws and regulations through the health funding information system.
- (5) Further provisions regarding the development and implementation of the health financing information system are regulated by Government Regulation.

Article 403

- (1) The Central Government and Regional Governments are responsible for providing funds to be used for all activities:
 - a. Health efforts;
 - b. disaster management, outbreaks, and/or epidemics;
 - c. strengthening health resources and community empowerment;
 - d. strengthening health management;
 - e. Research ...



**PRESIDEM
RkPtJBklK IHOOHESIA**

– 176 –

- e. research, development, and innovation in the field of health; and
 - f. other strategic health programs in accordance with national development priorities in the health sector.
- (2) Funding for all activities referred to in paragraph (1) may come from other legitimate sources in accordance with the provisions of laws and regulations.

Article 404

The Central Government and Regional Governments are responsible for funding health examinations and services for victims of criminal acts and/or post-mortem examinations for legal purposes.

Article 405

- (1) The Central Government, Regional Governments, and/or relevant private parties are responsible for funding arising from adverse events following mass preventive medication and immunization in disease control disease, including the control of epidemics and outbreaks.
- (2) The funding referred to in paragraph (1) shall be used at least for:
- a. causality audits;
 - b. Health services, including medical rehabilitation; and
 - c. compensation for victims.

Article 406

Hospital funding may come from hospital revenues, the central government budget, the local government budget, and/or other legitimate sources in accordance with the provisions of laws and regulations.

Article 407 ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

- 177 -

Article 407

- (1) The Central Government, Regional Governments, and/or the community may provide financial assistance for the improvement and provision of Health Services to the community.
- (2) Financial assistance from the Central Government, Regional Government, and/or the community as referred to in paragraph (1) shall be implemented in accordance with the provisions of laws and regulations.

Article 408

Further further provisions regarding the utilization health funding are regulated by Government Regulation.

Article 409

- (1) The Central Government, Provincial Governments, and District/Municipal Governments shall prioritize the Health budget for programs and activities in the preparation of the state revenue and expenditure budget and the regional revenue and expenditure budget.
- (2) The health budget for programs and activities as referred to in paragraph (1) is a budget other than for salaries within the scope of improving health services for the community while still paying attention to the welfare of human resources in the health sector.
- (3) The Central Government allocates the health budget from the state revenue and expenditure budget in accordance with the needs of national programs as outlined in the master plan for the health sector, taking into account performance-based budgeting.
- (4) The Regional Government allocates the Health Budget from the regional revenue and expenditure budget in accordance with regional health needs, referring to the national health program as outlined in the master plan for the health sector, with consideration given to performance-based budgeting.

(5) Allocation ...



**PRESIDEN
REPUBLIC OF INDONESIA**

178 —

- (S) Allocation budget Health as referred to in paragraphs (3) and (4), including addressing health issues based on disease burden or epidemiology.
- (ö) In the preparation of the Regional Government's health budget, the Central Government has the authority to synchronize budget allocation needs for activities as referred to in Article 403.

Article 410

- (1) In order to improve health funding performance, the Central Government may provide incentives or disincentives to Local Governments in accordance with the performance achievements of programs and health services as determined by the Central Government.
- (2) The provision of incentives or disincentives as referred to in paragraph (1) shall be carried out in accordance with the provisions of laws and regulations.

Article 411

- (1) Funding for individual health efforts through the implementation of health insurance programs is carried out by agencies that administer social security programs in the health sector.
- (2) The health insurance program referred to in paragraph (1) is mandatory for all residents.
- (3) The health insurance program referred to in paragraph (1) is implemented to ensure that the community receives health maintenance and protection benefits in order to meet basic health needs.
- (4) The basic health needs referred to in paragraph (3) are essential needs relating to individual health services, including promotive, preventive, curative, rehabilitative, and palliative care in accordance with the life cycle and epidemiology, regardless of socioeconomic status and the causes of health problems.

(5) The population ...



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

179 —

- (5) Residents who wish to receive additional benefits may enroll in supplementary health insurance and/or pay privately.
- (6) Additional benefits through supplementary health insurance as referred to in paragraph (5) may be paid by the employer and/or paid privately, which shall be implemented in coordination with other health insurers.

Article 412

The implementation of the health insurance program is carried out in accordance with the provisions of the applicable regulations.

CHAPTER XIV

COORDINATION AND SYNCHRONIZATION OF HEALTH SYSTEM STRENGTHENING

Article 413

- (1) In order to develop health services, coordination and synchronization of health policies among ministries/institutions and related parties is required.
- (2) The coordination and synchronization referred to in paragraph (1) shall be carried out with the aim of:
 - a. implementing prevention and handling of policy issues in the health sector;
 - b. synergizing and consolidating policy implementation in the Health among ministries/institutions and related parties; and
- C. Accelerating development and strengthening the health system.

Article 414

Coordination and synchronization as referred to in Article 413 shall be carried out with due regard to transparency, continuity, accountability, professionalism, and integration of services, as well as prioritizing the interests of the community.

Article 415 ...



**PRESIDENT OF THE
REPUBLIC OF ITHOXESIA**

180 —

Article 415

The coordination and synchronization referred to in Article 413 shall be carried out at least through:

- a. review of various relevant or influential information and data on the process of accelerating health development;
- b. the formulation of strategies for achieving and prioritizing health development programs and activities;
- c. the establishment of criteria and indicators for assessing the implementation of health development programs and activities;
- d. assessment of the stability and resilience of the health system;
- e. the establishment of coordination measures to prevent health crises and strengthen the resilience of the health system; and
- f. coordination of improvements to public health programs, especially those that are promotive and preventive in nature.

Article 416

Further provisions regarding the coordination and synchronization of health system strengthening are regulated by Presidential Regulations.

**CHAPTER XV
COMMUNITY PARTICIPATION**

Article 417

- (1) The community participates, both individually and in an organized manner, in all forms and stages of health development in order to help accelerate the achievement of the highest possible level of public health.
- (2) The participation referred to in paragraph (1) includes active and creative involvement.

(3) Government



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

181

- (3) The Central Government and Local Governments coordinate the participation referred to in paragraph (1).
- (4) Further provisions regarding public participation are regulated by Government Regulations.

**CHAPTER XVI
GUIDANCE AND SUPERVISION**

**Section One
Supervision**

Article 418

- (1) The Central Government and Regional Governments shall provide guidance to the public and every activity related to Health Resources and Health Efforts.
- (2) Health efforts as referred to in paragraph (1) include preparedness and KLB and epidemic s, the management of KLB and epidemics, as well as integrated and continuous post-KLB and post-epidemic activities.

Article 419

- (1) The development referred to in Article 418 is directed at:
 - a. improving access and meeting the needs of every person for health resources and health services;
 - b. promoting and implementing health efforts;
 - c. improving the quality of Health Services and the capabilities of Medical Personnel and Health Workers; and
 - d. protecting the public's health against any possibility that may pose a danger to health.

(2) Development ...



PRES!DEM
ԻԷ»uauis ixseuESIA

182

- (2) Development as intended in paragraph (1) implemented through:
- communication, information, education, and community empowerment;
 - socialization and advocacy;
 - capacity building and technical guidance;
 - consultation; and/or
 - education and training.

Article 420

- (1) In the context of development, the Central Government and Regional Governments may award individuals or entities that have contributed to activities aimed at achieving health development objectives, including activities related to epidemic and outbreak preparedness, epidemic and outbreak response, and post-epidemic and post-outbreak recovery.
- (2) Further provisions regarding the awarding of awards as referred to in paragraph (1) shall be implemented in accordance with the provisions of laws and regulations.

Section Two
Supervision

Article 421

- (1) The Central Government and Local Governments conduct supervision over all health services.
- (a) The scope of supervision as referred to in paragraph (1) includes:
 - compliance with the provisions of laws and regulations, including compliance with the implementation of norms, standards, procedures, and criteria established by the Central Government;
 - compliance with professional standards, service standards, operational standard procedures, as well as professional ethics and discipline;
 - impact . .



- c. Impact of Health Services by Medical Personnel or Health Personnel;
- d. evaluation of public satisfaction assessment;
- e. accountability and feasibility of Health Efforts and Health Resources; and
- f. other supervision objects as needed.

(3) The supervision referred to in paragraph (1) may involve the public.

In the context of supervision as referred to in Article 421, the Central Government or Regional Government may be assisted by supervisory personnel and carried out in accordance with the provisions of laws and regulations.

Further provisions regarding the implementation of supervision are regulated by Government Regulation.

N

- (1) Investigating officers of the Indonesian National Police have the authority and responsibility to investigate criminal acts in the field of health based on the Criminal Procedure Code.
- (2) In addition to the Indonesian National Police investigators referred to in paragraph (1), certain civil servants within the government who administer government affairs in the field of health are also given special authority as investigators as referred to in the provisions of laws and regulations concerning Criminal Procedure Law to investigate criminal acts in the field of health.

Decree No187183 A



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

- 184 -

- (3) Civil servant investigators as referred to in paragraph (2) are authorized to:
- a. receive reports and conduct investigations into the accuracy of reports and information regarding criminal acts in the field of health;
 - b. to summon, examine, and conduct searches related to alleged criminal acts in the field of health;
 - c. taking initial action at the scene;
 - d. prohibiting anyone from leaving or entering the scene of the incident for the purposes of investigation;
 - e. ordering persons suspected of committing crimes in the field of health to stop;
 - f. checking the identity of persons suspected of committing crimes in the field of health;
 - g. Seeking and requesting information and evidence from individuals or legal entities in connection with criminal acts in the field of health;
- detaining, examining, and seizing letters, documents, and/or other evidence in cases of criminal acts in the field of health;
- i. conducting searches in certain places suspected of containing letters, documents, or other items related to criminal acts in the field of health;
 - j. summoning a person to be examined and heard as a suspect or witness;
 - k. requesting the assistance of experts in the context of carrying out criminal investigations in the field of health;
 - i. shall terminate the investigation if there is insufficient evidence to prove that a criminal offense has been committed in the field of health; and
- m. conducting ...



PRE.1\OBM
REPUBLIC OF INDONESIA

-185 -

- m. taking other actions after coordinating in order to request investigative assistance from investigators of the Indonesian National Police.
- (4) Civil servant investigators shall send notification of the commencement of the investigation and the submission of the investigation results to the public prosecutor through investigators from the Indonesian National Police.
- (5) The authority referred to in paragraph (3) is exercised in accordance with the provisions of the Criminal Procedure Code.
- (6) In exercising the authority referred to in paragraph (3), Civil Servant Investigators are under the coordination and supervision of the Indonesian National Police in accordance with the provisions of laws and regulations.

Article 425

In the event of alleged criminal acts in the field of health committed by members of the Indonesian National Armed Forces or members of the Indonesian National Armed Forces together with civilians, investigations shall be conducted in accordance with the provisions of the legislation.

Article 426

The requirements, procedures for the appointment of Civil Servant Investigators, and investigation administration shall be carried out in accordance with the provisions of laws and regulations.

CHAPTER XVIII CRIMINAL PROVISIONS

Article 427

Any woman who undergoes an abortion that does not meet the criteria for exemption as referred to in Article 60 shall be punished with a maximum imprisonment of 4 (four) years.

Article 428 ...



**PRESIDENT
REPUBLIC OF INDONESIA**

186 —

Article 428

- (1) Any person who performs an abortion on a woman in violation of the provisions of Article 60:
 - a. with the consent of the woman shall be punished with imprisonment for a maximum of 5 (five) years; or
 - b. without the woman's consent shall be punished with a maximum imprisonment of 12 (twelve) years.
- (2) If the act referred to in paragraph (1)(a) results in the death of the woman, the offender shall be punished with imprisonment for a maximum of 8 (eight) years.
- (3) If the act referred to in paragraph (1) letter b results in the death of the woman, the perpetrator shall be punished with imprisonment for a maximum of 15 (fifteen) years.

Article 429

- (1) Medical personnel or health workers who commit the criminal act referred to in Article 428 shall have their sentence increased by one-third (1/3).
- (2) Medical personnel or health workers who commit the criminal acts referred to in paragraph (1) may be subject to additional penalties in the form of the revocation of certain rights, namely:
 - a. the right to hold public office in general or a specific position; and/or
 - b. the right to practice certain professions.
- (3) Medical personnel or health workers who perform abortions due to medical emergencies or on victims of rape or other sexual violence that resulted in pregnancy as referred to in Article 60 shall not be punished.

Article 430.



PHES1DEf4

REPUBLIC OF INDONESIA

187

Article 430

Any person who obstructs the exclusive breastfeeding program as referred to in Article 42 shall be punished with imprisonment of up to 1 (one) year or a fine of up to Rp50,000,000.00 (fifty million rupiah).

Article 431

Any person who sells human blood for any reason as referred to in Article 119 shall be punished with imprisonment of up to 3 (three) years or a fine of up to Rp200,000,000.00 (two hundred million rupiah).

Article 432

- (1) Any person who commercializes the transplantation of organs or body tissues as referred to in Article 124 paragraph (3) shall be punished with imprisonment of up to 5 (five) years or a fine of up to Rp500,000,000.00 (five hundred million rupiah).
- (2) Any person who sells organs or body tissues for any reason as referred to in Article 124 paragraph (3) shall be punished with imprisonment of up to 7 (seven) years or a maximum fine of Rp2,000,000,000.00 (two billion rupiah).

Article 433

Any person who performs reconstructive and cosmetic plastic surgery that is contrary to the norms prevailing in society and is intended to change a person's identity as referred to in Article 137 paragraph (2) shall be punished with imprisonment of up to 10 (ten) years or a maximum fine of Rp2,000,000,000.00 (two billion rupiah).

Article 434 ...



**PRESIDENT
REPUBLIC OF INDONESIA**

- 188

Article 434

Any person who commits confinement, abandonment, violence, and/or instructs another person to commit confinement, abandonment, and/or violence against a person with a mental disorder or other acts that violate the human rights of a person with a mental disorder, as referred to in Article 76 paragraph (2) shall be punished with imprisonment of up to 2 (two) years and 6 (six) months or a maximum fine of Rp10,000,000.00 (ten million rupiah).

Article 435

Any person who manufactures or distributes pharmaceutical preparations and/or medical devices that do not meet standards and/or requirements for safety, efficacy/benefit, and quality as referred to in Article 138 paragraph (2) and paragraph (3) shall be punished with imprisonment of up to 12 (twelve) years or a fine of up to Rp5,000,000,000.00 (five billion rupiah).

Article 436

- (1) Any person who does not have the expertise and authority but practices pharmacy as referred to in Article 145 paragraph (1) shall be punished with a maximum fine of Rp200,000,000.00 (two hundred million rupiah).
- (2) In the event that the pharmaceutical practice referred to in paragraph (1) involves pharmaceutical preparations in the form of strong drugs, the offender shall be punished with a maximum imprisonment of 5 (five) years or a maximum fine of Rp500,000,000.00 (five hundred million rupiah).

Article 437

- (1) Any person who manufactures, imports cigarettes into the territory of the Republic of Indonesia, and/or distributes them without including a health warning in the form of text accompanied by images as referred to in Article 150 shall be punished with imprisonment of up to 5 (five) years or a maximum fine of Rp500,000,000.00 (five hundred million rupiah).

(2) Every ...



**PRESIDXM
REPUBLIK INDOXESIA**

189 —

- (2) Any person who violates the smoke-free zone as referred to in Article 151 paragraph (1) shall be punished with a maximum fine of Rp50,000,000.00 (fifty million rupiah).

Article 438

- (1) Healthcare Facility Management, Medical Personnel, and/or Health Personnel who fail to provide first aid to Patients in a State of Emergency at Health Care Facilities as referred to in Article 174 and Article 275 paragraph (1) shall be punished with imprisonment for a maximum of 2 (two) years or a fine of up to Rp200,000,000.00 (two hundred million rupiah).
- (2) In the event that the act referred to in paragraph (1) results in disability or death, the head of the Health Care Facility shall be punished with imprisonment for a maximum of 10 (ten) years or a fine of up to Rp2,000,000,000.00 (two billion rupiah).

Article 439

Any person who is not a Medical Professional or Health Worker and practices as a Medical Professional or Health Worker who has obtained a SIP shall be punished with imprisonment for a maximum of 5 (five) years or a fine of up to Rp500,000,000.00 (five hundred million rupiah).

Article 440

- (1) Any Medical Personnel or Health Worker who commits negligence resulting in serious injury to a Patient shall be punished with imprisonment for a maximum of 3 (three) years or a fine of up to Rp250,000,000.00 (two hundred and fifty million rupiah).
- (2) If the negligence referred to in paragraph (1) results in death, any Medical Personnel or Health Worker shall be punished with imprisonment for a maximum of 5 (five) years or a fine of up to Rp500,000,000.00 (five hundred million rupiah).

Article 441 ...



PRESIDENT
REPUBLIC OF INDONESIA

190 -

Article 441

- (1) Any person who uses an identity in the form of a title or other form that gives the impression to the relevant community that they are a Medical Professional or Health Worker who has an STR and/or SIP as referred to in Article 312 letter a shall be punished with imprisonment for a maximum of 5 (five) years or a fine of up to Rp500,000,000.00 (five hundred million rupiah).
- (2) Any person who uses tools, methods, or other means in providing services to the public that give the impression that they are a Medical Professional or Health Worker who has obtained a STR and/or SIP as referred to in Article 312 letter b shall be punished with imprisonment for a maximum of 5 (five) years or a fine of up to Rp500,000,000.00 (five hundred million rupiah).

Article 442

Any person who employs medical personnel and/or health workers who do not have a SIP as referred to in Article 312 letter c shall be punished with imprisonment of up to 5 (five) years or a fine of up to Rp500,000,000.00 (five hundred million rupiah).

Article 443

A ship captain, aircraft pilot, or land vehicle driver who loads or unloads persons and/or goods before obtaining a letter of approval from the ministry responsible for health affairs as referred to in Article 363 paragraph (3) with the intent to spread disease and/or disease risk factors that could cause an epidemic shall be punished with imprisonment for a maximum of 10 (ten) years or a maximum fine of Rp2,000,000,000.00 (two billion rupiah).

Article 444 ...



**PRES!DEM
RzPusLlK tH»oNEsIA**

191 -

Article 444

Any person who falsifies a Health Quarantine Document or uses a Health Quarantine Document as referred to in Article 366, the contents of which are false or forged, shall be punished with imprisonment for a maximum of 5 (five) years or a fine of up to Rp500,000,000.00 (five hundred million rupiah).

Article 445

Any person who engages in activities to disseminate materials containing disease-causing agents and/or biological agents that cause diseases and health issues that have the potential to cause outbreaks and epidemics as referred to in Article 399 shall be punished with imprisonment for a maximum of 12 (twelve) years or a fine of up to Rp5,000,000,000.00 (five billion rupiah).

Article 44fi

Any person who fails to comply with the implementation of measures to combat outbreaks and epidemics and/or deliberately obstructs the implementation of measures to combat outbreaks and epidemics as referred to in Article 400 shall be punished with a maximum fine of Rp500,000,000.00 (five hundred million rupiah).

Article 447

- (1) In the case of criminal offenses as referred to in Article 428, Article 430 to with Article 435, Article 437, Article 442, Article 444, Article 445, and Article 446 are committed by a corporation, criminal liability shall be imposed on the corporation, its functional officers, those who gave the orders, those who exercised control, and/or the beneficial owners of the corporation.
- (2) In addition to imprisonment and fines for managers in functional positions, persons in authority, persons in control, and/or beneficial owners of corporations, the maximum fine that may be imposed on a corporation is:

a. Rp2,000,000,000.00 . .



**PRESIDENT OF THE
REPUBLIC OF INDONESIA**

192 -

- a. Rp2,000,000,000.00 (two billion rupiah) in the case of a criminal offense punishable by imprisonment of less than 7 (seven) years;
 - b. Rp5,000,000,000.00 (five billion rupiah) in cases of criminal acts punishable by imprisonment of a maximum of 7 (seven) years to a maximum of 15 (fifteen) years; or
 - c. Rp50,000,000,000.00 (fifty billion rupiah) in the case of criminal acts punishable by death, life imprisonment, or imprisonment for a maximum of 20 (twenty) years.
- (3) Corporations are subject to criminal liability for acts committed for and/or on behalf of the corporation if such acts fall within the scope of its business as determined in the articles of association or other provisions applicable to the corporation concerned.
- (4) Criminal penalties are imposed on corporations if the criminal act:
- a. is committed in pursuit of the corporation's objectives and purposes;
 - b. is accepted as corporate policy; and/or
 - c. is used to benefit the corporation unlawfully.

Article 448

In the case of criminal acts as referred to in Article 428, Articles 430 to 435, Article 437, Articles 442, 444, 445, and 446 committed by a corporation shall, in addition to being subject to a criminal fine, also be subject to additional penalties in the form of:

- a. payment of compensation;
- b. revocation of certain licenses; and/or
- c. closure ...



PRESIDENT OF THE
REPUBLIC OF INDONESIA

– 193 –

- c. closure all or partial premises
business and/or corporate activities.

CHAPTER XIX TRANSITIONAL PROVISIONS

Article 449

Upon the entry into force of this Law:

- a. STR, Temporary STR, Conditional STR, and SIP that have been issued shall remain valid until the expiration of the STR, Temporary STR, Conditional STR, and SIP;
- b. the issuance of STR, Temporary STR, Conditional STR, and SIP that have completed the verification process and meet the requirements shall be completed immediately and shall remain valid until the expiration of the STR, Temporary STR, Conditional STR, and SIP; and
- C. The issuance of STR, Temporary STR, Conditional STR, and SIP that are still in the initial process prior to verification shall be adjusted to the provisions of this Law.

Article 450

Upon the entry into force of this Law, the Indonesian Medical Council, the Medical Council, the Dental Medical Council, the Indonesian Health Workers Council, the respective Health Workers Councils, the secretariat of the Indonesian Medical Council, the secretariat of the Indonesian Health Workers Council, and the Indonesian Medical Disciplinary Honorary Council shall continue to perform their duties, functions, and/or authorities until the establishment of the Councils as referred to in Articles 208 and the disciplinary honorary councils as referred to in Article 304 formed under this Law.

Article 451 ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

194 —

Article 451

When this Law comes into force, the Collegium established by each professional organization shall remain recognized until the establishment of the Collegium referred to in Article 272, which shall be formed based on this Law.

Article 452

Upon the effective date of this Act, complaints regarding disciplinary violations against Medical Personnel or Health Personnel that are still:

- a. are in process before the Indonesian Medical Disciplinary Honorary Council or the respective Health Worker council and have completed the verification, clarification, and/or examination process, shall be resolved based on the procedures applicable prior to the enactment of this Law; and
- b. at the initial stage of proceedings before the Indonesian Medical Disciplinary Honorary Council or the respective Health Worker council and for which verification, clarification, and/or examination have not yet been conducted, shall be resolved in accordance with the provisions of this Law.

CHAPTER XX FINAL

PROVISIONS

Article 453

Upon the entry into force of this Law, all regulations that are implementing regulations of:

- a. Law No. 4 of 1984 concerning Infectious Disease Outbreaks (State Gazette of the Republic of Indonesia of 1984 No. 20, Supplement to State Gazette of the Republic of Indonesia No. 3273);
- b. Law ...



**PRRS^tDEM
REPUBLIC OF INDONESIA**

- 195 -

- b. Law No. 29 of 2004 concerning Medical Practice (State Gazette of the Republic of Indonesia of 2004 No. 116, Supplement to the State Gazette of the Republic of Indonesia No. 4431);
- C. Law Number 36 of 2009 concerning Health (State Gazette of the Republic of Indonesia Year 2009 Number 144, Supplement to the State Gazette of the Republic of Indonesia Number 5063);
- d. Law Number 44 of 2009 concerning Hospitals (State Gazette of the Republic of Indonesia of 2009 Number 153, Supplement to the State Gazette of the Republic of Indonesia Number 5072);
- e. Law Number 20 of 2013 concerning Medical Education (State Gazette of the Republic of Indonesia of 2013 Number 132, Supplement to the State Gazette of the Republic of Indonesia Number 5434);
- f. Law Number 18 of 2014 concerning Mental Health (State Gazette of the Republic of Indonesia of 2014 Number 185, Supplement to State Gazette of the Republic of Indonesia Number 5571);
- g. Law No. 36 of 2014 concerning Health Workers (State Gazette of the Republic of Indonesia of 2014 No. 298, Supplement to the State Gazette of the Republic of Indonesia No. 5607);
- h Law Number 38 of 2014 concerning Nursing (State Gazette of the Republic of Indonesia of 2014 Number 307, Supplement to State Gazette of the Republic of Indonesia Number 5612);
- i. Law Number 6 of 2018 concerning Health Quarantine (State Gazette of the Republic of Indonesia of 2018 Number 128, Supplement to State Gazette of the Republic of Indonesia Number 6230); and
- j. Law No. 4 of 2019 concerning Midwifery (State Gazette of the Republic of Indonesia of 2019 Number 56, Supplement to the State Gazette of the Republic of Indonesia Number 6325),

are declared to remain in force to the extent that they do not conflict with the provisions of this Law.

Article 454 ...



**PRESIDEN
REPUBLIK INDONESIA**

- 196 -

Article 454

Upon the effective date of this Act:

- a. Law Number 419 Year 1949 concerning Ordinance on Strong Medicines (Stootsb/od 1949 Number 419);
- b. Law No. 4 of 1984 concerning Infectious Disease Outbreaks (State Gazette of the Republic of Indonesia of 1984 No. 20, Supplement to the State Gazette of the Republic of Indonesia No. 3273);
- c. Law No. 29 of 2004 concerning Medical Practice (State Gazette of the Republic of Indonesia of 2004 No. 116, Supplement to the State Gazette of the Republic of Indonesia No. 4431);
- d. Law No. 36 of 2009 concerning Health (State Gazette of the Republic of Indonesia Year 2009 Number 144, Supplement to the State Gazette of the Republic of Indonesia Number 5063);
- e. Law Number 44 of 2009 concerning Hospitals (State Gazette of the Republic of Indonesia of 2009 Number 153, Supplement to the State Gazette of the Republic of Indonesia Number 5072);
- f. Law No. 20 of 2013 concerning Medical Education (State Gazette of the Republic of Indonesia of 2013 No. 132, Supplement to the State Gazette of the Republic of Indonesia No. 5434);
- g. Law Number 18 of 2014 concerning Mental Health (State Gazette of the Republic of Indonesia of 2014 Number 185, Supplement to the State Gazette of the Republic of Indonesia Number 5571);
- h. Law Number 36 of 2014 concerning Health Workers (State Gazette of the Republic of Indonesia of 2014 Number 298, Supplement to the State Gazette of the Republic of Indonesia Number 5607);
- i. Law No. 38 of 2014 concerning Nursing (State Gazette of the Republic of Indonesia of 2014 No. 307, Supplement to the State Gazette of the Republic of Indonesia No. 5612);
- j. Law ...



PRESIDENT
OF THE REPUBLIC OF
INDONESIA

- 197 -

- j. Law Number 6 of 2018 concerning Health Quarantine (State Gazette of the Republic of Indonesia of 2018 Number 128, Supplement to State Gazette of the Republic of Indonesia Number 623fi); and
 - k. Law No. 4 of 2019 concerning Midwifery (State Gazette of the Republic of Indonesia of 2019 No. 56, Supplement to the State Gazette of the Republic of Indonesia No. 6325),
- are revoked and declared invalid.

Article 455

The provisions of Articles 427, 428, 429, 431, and 432 shall remain in force until the enactment of Law—Law No. 1 of 2023 on the Criminal Code (State Gazette of the Republic of Indonesia Year 2023 No. 1, Supplement to the State Gazette of the Republic of Indonesia No. 6842).

Article 456

The implementing regulations of this Law must be established no later than 1 (one) year from the date this Law is enacted.

Article 457

The Central Government shall report on the implementation of this Law to the House of Representatives through the relevant council organs.

Article 458

This Law shall come into force on the date of its promulgation.

In order to ...



PRE!?! IDEB REPMBLIII
INDONESIA

– 198

To ensure that everyone is aware of it, this Law is hereby promulgated and published in the State Gazette of the Republic of Indonesia.

Enacted in Jakarta
on August 8, 2023 PRESIDENT OF THE
REPUBLIC OF INDONESIA,

Signed.

JOKO WIDODO

Promulgated in Jakarta on
August 8, 2023

MINISTER OF STATE SECRETARY OF
THE REPUBLIC OF INDONESIA,

Signed.

PRATIKNO

OFFICIAL GAZETTE OF THE REPUBLIC OF INDONESIA YEAR 2023 NUMBER 105

A copy conforming to the original MINISTRY OF
STATE SECRETARIAT OF THE REPUBLIC OF
INDONESIA

Deputy for Legislation and
Legal Administration,



dia Silvanna Djaman



PRE? IBEË
REPUBLIC OF INDONESIA

EXPLANATION OF
LAW OF THE REPUBLIC OF INDONESIA NUMBER 17 OF
2023
ON
HEALTH

i. GENERAL

Indonesia, as a country based on the principles of Pancasila and the 1945 Constitution of the Republic of Indonesia, has the national objectives of protecting the entire Indonesian nation and all Indonesian blood, promoting general welfare, educating the nation, and participating in establishing world order based on freedom, eternal peace, and social justice. To achieve these national objectives, sustainable development is carried out, which is a series of comprehensive, targeted, and integrated development programs, including health development.

Health is a human right and one of the elements of welfare that must be realized in accordance with the objectives of the state as referred to in Pancasila and the Preamble to the 1945 Constitution of the Republic of Indonesia. Therefore, every activity and effort to improve the highest possible level of public health is carried out based on the principles of welfare, equity, non-discrimination, participation, and sustainability, which are very important for the development of Indonesia's human resources, the improvement of national resilience and competitiveness, and national development.

National health development achievements experienced massive disruption with the onset of the Coronavirus *Disease* 2019 (COVID-19) pandemic in 2020, which occurred on a global scale. The COVID-19 pandemic, which had a widespread impact on all aspects of society, created an additional burden in efforts to improve the quality of public health, forcing the world, including Indonesia, to adjust to these conditions.

The event ...



PRESIDENT OF THE
REPUBLIC of Indonesia

- 2 -

The pandemic has raised awareness of the importance of strengthening the national health system, necessitating comprehensive transformation as an improvement effort aimed at enhancing the health status of the Indonesian people and increasing the competitiveness of the Indonesian nation.

Based on the identification of various issues in the health sector, such as health services that are still dominated by a curative approach, the availability and distribution of health resources, preparedness for health crises, aspects of pharmaceutical and medical device independence, financing aspects, and the utilization of health technology, a transformation of the health system was carried out.

The implementation of health system transformation requires a strong and comprehensive regulatory foundation to address various health issues. Reform of health regulations is also necessary to ensure that the structure of health laws does not overlap or contradict each other.

Therefore, synchronization of various laws using the omnibus method is required.

This law contains provisions that support the implementation of health system transformation, including:

- a. strengthening the duties and responsibilities of the Central Government and Regional Governments in implementing health development;
- b. synchronization of health management carried out by the Central Government, Local Governments, and/or the community;
- c. Strengthening the implementation of health efforts in the form of promotive, preventive, curative, rehabilitative, and/or palliative measures, by prioritizing the rights of the community and the responsibilities of the government;
- d. Strengthening primary health services by prioritizing a promotional and preventive approach, providing patient-centered services based on the human life cycle, and improving services in remote, disadvantaged, border, and island areas, as well as for vulnerable communities;
- e. equal distribution of Health Care Facilities to facilitate access for the community through the development of primary Health Care Facilities and advanced Health Care Facilities by the government or the community;
- f. Providing medical and health personnel through improving specialist/subspecialist education, transparency in the registration and licensing process, and improving the mechanism for accepting Indonesian medical and health personnel who are graduates of foreign universities through transparent competency tests;

g. strengthening . .



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

- 3 -

- g. Strengthening the role of the Central Government and Local Governments in ensuring the availability, distribution, and affordability of Medical Supplies;
- h. Strengthening pharmaceutical and medical device security through the implementation of an upstream to downstream supply chain;
- i. Utilizing health technology, including biomedical technology, for the benefit of science and health technology as well as health services towards precision medicine;
- j. Strengthening the National Health Information System () Health Information System () including authority for the government to manage and utilize health data through the integration of various Health Information Systems into the National Health Information System;
- k. strengthening health emergencies through improving the management of preparedness, response, and post-outbreak and epidemic measures, including role sharing and coordination among stakeholders and strengthening anticipation of emergency conditions by registering, training, and mobilizing reserve health personnel;
- l. Strengthening health funding, particularly the utilization of funding sourced from the state revenue and expenditure budget and the regional revenue and expenditure budget through the preparation of budget allocations based on performance-based budgeting principles, the implementation of a health funding information system, and ensuring benefits in health insurance programs based on basic health needs; and
- m. coordination and synchronization of policies in the health sector among ministries/institutions and related parties to strengthen the health system.

In general, this Law contains systematically arranged subject matter covering general provisions, rights and obligations, the responsibilities of the Central Government and Regional Governments, the implementation of health, health efforts, health service facilities, health human resources, health supplies, pharmaceutical and medical device security, health technology, health information systems, outbreaks and epidemics, health funding, coordination and synchronization of health system strengthening, community participation, guidance and supervision, investigation, criminal provisions, transitional provisions, and closing provisions.

II. ARTICLE BY ARTICLE

Article 1

Sufficiently clear.

Article 2 ...



**PRESIDEX
REPUBLIC OF INDONESIA**

-4-

Article 2

Letter a

The term "humanitarian principle" refers to the development of health care based on humanity and the belief in one God, without discrimination based on religion or ethnicity.

Letter b

The term "principle of balance" refers to the fact that health development must be carried out in a balanced manner between the interests of individuals and society, between physical and mental health, and between material and spiritual needs.

Letter c

The principle of benefit means that health development must provide the greatest possible benefit to humanity and a healthy life for every citizen.

Letter d

The "scientific principle" refers to the implementation of health efforts based on science and technology.

Letter e

The term "equity principle" refers to the regulation of Health Resources intended to provide Health Services that are accessible to all levels of society in order to achieve the highest possible level of public health.

Letter f

The term "principle of ethics and professionalism" refers to the provision of health services by medical and health personnel who must be able to achieve and improve professionalism in their practice and possess professional ethics and attitudes.

Letter g

The principle of "protection and safety" refers to the implementation of health efforts that must be able to provide protection and safety to health service providers and recipients by prioritizing the safety of patients, the community, and the environment.

Letter h ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

– 5 –

Letter h

The term "principle of respect for rights and obligations" refers to the implementation of health services in a manner that respects the rights and obligations of the community as a form of legal equality.

Letter i

The term "principle of fairness" refers to the provision of health services that must be able to provide fair and equitable services to all levels of society at an affordable cost.

Letter j

The term "principle of non-discrimination" refers to the provision of health services without discrimination based on religion, gender, race, ethnicity, nationality, skin color, physical condition, social status, or social group.

Letter k

The term "principle of moral considerations and religious values" refers to health development policies that are in accordance with the principle of belief in one supreme God and just and civilized humanity as referred to in the Preamble to the 1945 Constitution of the Republic of Indonesia.

Letter l

The term "participatory principle" refers to health development that actively involves the community.

Letter m

The term "principle of public interest" refers to health development that prioritizes the public interest over the interests of individuals or specific groups.

Letter n

The term "principle of integration" refers to integrated health development involving cross-sectoral collaboration.

Letter o

The term "principle of legal awareness" refers to health development requiring legal awareness and compliance from the community.

Letter p ...



REPUBLIK INDONESIA

- 6 -

Letter p

What is meant by "the principle of state sovereignty" is that health development must prioritize national interests and contribute to improving health efforts to build a health resilience system.

Letter q

The term "principle of environmental sustainability" means that health development must be able to guarantee efforts to preserve the quality of the environment for current and future generations in the interests of the nation and state.

Letter r

The principle of cultural wisdom means that health development must pay attention to and respect the social and cultural values embraced by society.

Letter s

The term "principles of order and legal certainty" refers to the implementation of Health Efforts that must be able to realize order and legal certainty in society in accordance with the provisions of laws and regulations.

Article 3

This is quite clear.

Article 4

Paragraph (1)

Letter a

What is meant by "physically healthy life" is a condition of the body without disease, characterized by organs functioning normally, the body being able to adjust organ function within physiological limits to environmental conditions, and the body being able to perform physical work without excessive fatigue.

What is meant by "mental health" is a state of mental and spiritual well-being that enables a person to recognize their abilities, cope with life's pressures, learn and work effectively, and contribute to their community.

Which...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

- 7 -

What is meant by "socially healthy living" is a state in which a person is able to establish healthy and beneficial interpersonal relationships with others.

Letter b

Quite clear.

Letter c

It is quite clear.

Letter d

The term "Health Service Standards" refers to guidelines for Medical Personnel and Health Workers in providing Health Services.

Letter e

It is quite clear.

Letter f

It is quite clear.

Letter g

Quite clear.

Letter h

Quite clear.

Letter i

Quite clear.

Letter j

Quite clear.

Letter k

It is quite clear.

Paragraph (2)

It is quite clear.

Paragraph (3)

It is clear enough.

Paragraph (4)

Letter a

It is clear enough.

Letter b ...



PRESIDENT
REPUBLIC OF INDONESIA

- 8 -

Letter b

Quite clear.

Letter c

What is meant by "limited to educational purposes" is without disclosing the identity of the Patient or data that can be traced to their identity, except in the clinical management of the Patient.

What is meant by "limited to research purposes" is without disclosing the Patient's identity or data that can be traced back to their identity.

Letter d

It is quite clear.

Letter e

Sufficiently clear.

Letter f

Quite clear.

Letter g

Quite clear.

Letter h

It is quite clear.

Paragraph (5)

It is quite clear.

Article 5

Paragraph (1)

It is clear enough.

Paragraph (2)

Letter a

Self-explanatory.

Letter b

It is quite clear.

Letter c ...



**PREÂLDEH
REPUBLIC INDONESIA**

-9 -

Letter c

What is meant by "health-oriented development" is development based on a healthy paradigm carried out with a strategy of mainstreaming health in development, strengthening health efforts that prioritize promotion, prevention, and community empowerment.

Paragrap
h (3)

That is clear enough.

Article ö

Paragraph (1)

In order for health efforts to be effective and efficient, the Central Government needs to plan, regulate, organize, foster, and supervise the implementation of health efforts and resources in a harmonious and balanced manner, with the active participation of the community.

Paragraph (2)

It is clear enough.

Article 7

Self-explanatory.

Article 8

It is clear enough.

Article 9

It is quite clear.

Article 10

Paragraph (1)

In order to provide equitable health services to the community, it is necessary to have adequate health resources, including medical personnel, health workers, health care facilities, health supplies, health information systems, and health technology that are evenly distributed throughout the country, including remote areas, so that it is easy for the community to obtain health services.

Paragraph (2) ...



**PRKSIDEX
REPUBLIC OF INDONESIA**

- 10

Paragrap
h (2)

The term "fiscal incentives" refers, among other things, to facilities provided by the Central Government and Regional Governments in accordance with the provisions of laws and regulations in the field of taxation.

The term "non-fiscal incentives" refers, among other things, to business licensing facilities provided in accordance with the provisions of laws and regulations.

Article 11

Availability and access to health care facilities as well as health information and education, including for remote, isolated, and poorest communities.

Article 12

Self-explanatory.

Article 13

Self-explanatory.

Article 14

It is quite clear.

Article 15

It is quite clear.

Article 16

It is quite clear.

Article 17

Paragraph (1)

It is clear enough.

Paragraph (2)

The term "highest possible level of health" refers to a state of health that is better than before and can be achieved in accordance with the maximum capabilities of each individual or community.

Paragraph (3)

It is quite clear.

Paragraph (4) ...



**PRESIDENT
REPUBLIC OF INDONESIA**

11

Paragraph (4)

It is clear enough.

Article 18

Paragraph **(1)**

What is meant by "promotive individual health efforts" is an activity and/or series of activities to enable individuals to control and improve their health. Promotive individual health efforts can take the form of providing explanations and/or education about healthy lifestyles, risk factors, and health issues.

What is meant by "preventive individual health efforts" is an activity and/or series of activities aimed at preventing the occurrence of disease or stopping disease and preventing complications caused after the onset of disease. Preventive individual health efforts can take the form of immunization, early detection, and early intervention.

What is meant by "curative individual health efforts" is an activity and/or series of treatment activities aimed at curing disease and/or reducing suffering caused by disease.

What is meant by "rehabilitative individual health efforts" is an activity and/or series of activities aimed at optimizing function and reducing disability in individuals with health problems in their interaction with their environment. Rehabilitative individual health efforts can take the form of speech therapy or physiotherapy.

What is meant by "palliative individual health efforts" are health efforts aimed at improving the quality of life of patients and their families facing problems related to life-threatening illnesses. Palliative individual health efforts can take the form of early identification, proper assessment, pain management, and handling of other problems, whether physical, psychosocial, or spiritual.

Paragraph (2) ...



PRESIDENT
REPUBLIC OF THE PHILIPPINES

-12 -

Paragraph (2)

"Promotive public health efforts" refer to activities and/or a series of activities aimed at empowering the community to control and improve their health. Promotive public health efforts can take the form of effective communication to educate the community about health and the factors that influence it, as well as ways to improve health status, strengthening community movements, and developing policies and regulations that support and protect public health.

"Preventive public health measures" refer to activities aimed at preventing health problems/diseases in order to avoid or reduce the risks, problems, and adverse effects of disease. Preventive public health measures are carried out through surveillance, monitoring of public health status and problems, and addressing any problems that are identified. Preventive public health measures can take the form of restricting tobacco consumption, salt consumption, consumption of foods and beverages with excessive sugar content, as well as mass vaccinations, disease screening, and environmental health control, including environmental pollution prevention and vector control.

What is meant by "curative public health measures" is an activity and/or series of treatment activities aimed at stopping or controlling the transmission and burden of disease in the community. Curative public health efforts can take the form of mass medication, presumptive medication, and medication for infectious diseases, as well as ensuring an effective system for equitable access to curative individual health efforts.

What is meant by "rehabilitative public health efforts" is an activity and/or series of activities to help survivors return to society. Rehabilitative public health efforts can take the form of social training for people with autism spectrum disorder, intellectual disabilities, or schizophrenia.

Which...



PRESIDENT
REPUBLIC INDONESIA

- 13 -

What is meant by "palliative public health efforts" is an activity and/or series of activities to enable the community to provide support to improve the quality of life of patients and their families who are facing problems related to life-threatening illnesses. Palliative public health efforts can take the form of establishing mutual support communities.

Article 19

Self-explanatory.

Article 20

Letter a

Sufficiently clear.

Letter b

It is quite clear.

Letter c

Quite clear.

Letter d

Quite clear.

Letter e

Quite clear.

Letter f

Quite clear.

Letter g

Other resources include the health industry and health education institutions.

Article 21

It is quite clear.

Article 22

It is quite clear.

Article 23

It is clear enough.

Article 24 ...



PHESEDki'4
RKPLi BUL INDONESIA

- 14

Article 24

It is quite
clear.

Article 25

Paragraph (1)

Self-explanatory.

Paragraph (2)

It is clear enough.

Paragraph (3)

It is clear enough.

Paragraph (4)

Healthcare services through telemedicine include medical/clinical care
and/or health consultation services.

Paragraph (5)

It is clear enough.

Article 26

Letter a

The term "primary health care" refers to health care that is closest to the
community as *the first point of contact*, organized in an integrated
manner to meet health needs in every phase of life for individuals,
families, and communities.

Letter b

The term "Advanced Health Services" refers to individual health services
that are specialized and/or subspecialized, organized comprehensively
across multiple disciplines and professionals for each patient's illness.

Article 27

It is quite clear.

Article 28 . .



PRESGDEB
REPUBLIC INDONESIA

-15-

Article 28

Paragraph (1)

Self-explanatory.

Paragraph (2)

It is clear enough.

Paragraph (3)

It is clear enough.

Paragraph (4)

Vulnerable communities include:

- a. individuals who do not have access to adequate Healthcare and adequate health insurance;
- b. individuals with low socioeconomic status;
- c. communities with comorbidities (chronic diseases);
- d. women, including those who are pregnant and breastfeeding, infants, toddlers, adolescents, and the elderly;
- e. individuals with disabilities;
- f. individuals with mental disorders;
- g. due to religion/belief, race or ethnicity, sexual orientation, gender identity, illness, and citizenship status;
- h. individuals living in disadvantaged, remote, outlying, and border areas, including indigenous communities;
- i. individuals living in households without access to clean water and adequate sanitation; or
- j. individuals living in cramped housing or social institutions with limited private space.

Paragraph (5)

Self-explanatory.

Article 29

Paragraph (1)

Participating communities include the private sector.

Paragraph (2)

It is clear enough.

Paragraph (3)

It is clear enough.

Paragraph (4) ...



PRESIDENT
REPUBLIC OF INDONESIA

-16-

Paragraph (4)

It is clear
enough.

Article 30

It is quite clear.

Article 31

Paragraph (1)

It is clear enough.

Paragraph (2)

The term "first contact" refers to the first health service received by the community to address basic health issues.

Paragraph (3)

It is clear enough.

Paragraph (4)

It is quite clear.

Paragraph (5)

It is clear enough.

Paragraph (6)

It is clear enough.

Paragraph (7)

It is clear enough.

Paragraph (8)

What is meant by "health status" is a description and/or measurement of the health of an individual or population at a given point in time against identifiable standards, and is carried out with reference to health indicators.

Paragraph (9)

It is clear enough.

Article 32

Paragraph (1)

Sufficiently clear.

Paragraph (2) ...



PRESIDENT OF THE
REPUBLIC OF INDONESIA

17 —

Paragraph (2)

That's clear enough.

Paragraph (3)

Letter a

It is quite clear.

Letter b

Educational institutions include, among others, early childhood education, schools/madrasahs, Islamic boarding schools, universities, or other similar names for formal education.

Letter c

Quite clear.

Letter d

Self-explanatory.

Letter e

It is quite clear.

Paragraph (4)

It is quite clear.

Paragraph **(5)**

It is clear enough.

Paragraph **(6)**

It is clear enough.

Paragraph (7)

It is clear enough.

Paragraph (8)

It is clear enough.

Paragraph (9)

It is clear enough.

Paragraph **(10)**

Health partners include non-governmental organizations, religious leaders, youth leaders, women leaders, community leaders, health awareness communities, and business entities.

Paragraph **(11)**

It is clear enough.

Article 33 .



PRESIDENT OF
THE REPUBLIC OF
INDONESIA

- 18 -

Article 33

Paragraph (1)

It is clear enough.

Paragraph (2)

The term "other laboratories" refers to health laboratories that are adapted to developments in health and health technology needs.

Paragraph (3)

It is clear enough.

Paragraph (4)

Self-explanatory.

Paragraph (5)

It is clear enough.

Article 34

It is clear enough.

Article 35

Paragraph (1)

It is clear enough.

Paragraph (2)

It is clear enough.

Paragraph (3)

It is clear enough.

Paragraph (4)

It is clear enough.

Paragraph (5)

What is meant by "basic social services in the field of health" is services to meet the needs of individuals, groups, or communities to overcome problems or deficiencies in their health needs.

Paragraph (6)

It is quite clear.

Paragraph (7) ...



PREIIDEM RKPUBLIK
iNDONBS!A

- 19 -

Paragraph (7)

It's quite clear.

Article 36

It is quite clear.

Article 37

Paragraph (1)

Follow-up health services include screening and early detection services, homecare, telemedicine, mobile health services, health services at health posts, health services using the latest technology, and research-based services.

Paragraph (2)

It is quite clear.

Paragraph (3)

Sufficiently clear.

Article 38

Paragraph (1)

What is meant by "international standard" is a national flagship service that uses new methods that are internationally recognized.

Paragraph (2)

It is clear enough.

Article 39

Paragraph (1)

It is quite clear.

Paragraph (2)

Cukup jelas.

Paragraph (3)

The term "vertical referral" refers to a referral made from a referring Health Care Facility to a receiving Health Care Facility that has a higher level of service capability in accordance with the medical needs of the Patient.

Which ...



PRES IEBN

REPLi Bile 1NOOI'4ESIA

- 20 -

What is meant by "horizontal referral" is a referral from a referring Health Care Facility to a receiving Health Care Facility of the same type, but which has certain competencies that the referring Health Care Facility does not have.

The term "counter-referral" refers to the referral of a patient who has completed treatment at the receiving health care facility and still requires further treatment at a health care facility with lower competency.

Paragraph (4)

Self-explanatory.

Paragraph (5)

What is meant by "service capacity" is competence based on the type of health service, type of medical and health personnel, facilities and infrastructure, medical equipment, pharmaceutical supplies and medical devices, as well as the capacity of the health service facility.

Paragraph (6)

It is quite clear.

Paragraph (7)

Self-explanatory.

Article 40

It is clear enough.

Article 41

Paragraph (1)

It is clear enough.

Paragraph (2)

It is quite clear.

Paragraph (3)

What is meant by "other health screenings" is health screenings conducted periodically in accordance with standards after the birth period. Other health screenings may include growth and development monitoring, early detection of disabilities, and others.

Paragraph (4) ...



PRESIDoB
GifiPUBLIK INDONESIA

- 21 -

Paragraph (4)

Responsibilities in infant and child health efforts include the provision of health services in schools that accept children with disabilities, both in special schools and inclusive schools, so that the health of infants and children is not compromised in their education and there is no discrimination or violence that could endanger the health of infants and children.

Article 42

Paragraph **(1)**

The term "medical indication" refers to a condition of the mother's health that makes it impossible for her to breastfeed as determined by medical personnel.

Paragraph (2)

It is quite clear.

Paragraph (3)

It is clear enough.

Paragraph (4)

It is clear enough.

Article 43

Paragraph **(1)**

Policies, i n c l u d i n g , in the form of the creation of norms, standards, procedures, and criteria.

Paragraph (2)

This is quite clear.

Article 44

It is quite clear.

Article 45

It is clear enough.

Article 46 .



PRESIDENT OF THE
REPUBLIC OF INDONESIA

- 22

Article 46

It is clear
enough.

Article 47

It is quite
clear.

Article 48

It is quite
clear.

Article 49

It is clear
enough.

Article 50

Paragraph (1)

It is clear enough.

Paragraph (2)

The term "adolescent age" refers to the age group of 10 (ten) years old to under 18 (eighteen) years old.

Paragraph (3)

That's clear enough.

Paragraph (4)

"Health screening" refers to any activity carried out to detect diseases at an early stage so that intervention can be taken to cure or prevent the disease from progressing.

"Adolescent reproductive health" refers to health efforts undertaken to prevent various health problems that can hinder the ability to lead a healthy reproductive life.

"Adolescent mental health" refers to health efforts undertaken to prepare adolescents to develop physically, mentally, spiritually, and socially so that they are aware of their own abilities, can cope with stress, and are able to contribute to society.

Paragraph (5) ...



PRESIOEi'4
REPUBLIC OF INDONESIA

- 23 -

Article (5)

It is clear enough.

Paragraph (6)

It is clear enough.

Article 51

It is clear enough.

Article 52

It is clear enough.

Article 53

Paragraph (1)

It's quite clear.

Paragraph (2)

Health services for persons with disabilities, including health services for women with disabilities who are expecting mothers and mothers, health services for children who are detected to have disabilities or are born with disabilities, and support for families with members who have disabilities.

Health services for children who are detected as having a disability or born with a disability include early detection and intervention efforts for disabilities.

Health services for persons with disabilities entering productive age include reproductive health.

Paragraph (3)

The term "access" includes the availability of health services that can be used independently by persons with disabilities without the assistance of others and health services that are provided proactively to persons with disabilities.

Paragraph (4)

Self-explanatory.

Paragraph (5)

Self-explanatory.

Paragraph (6)

It is clear enough.

Article 54 . .



PRESIDENT OF THE
REPUBLIC OF INDONESIA

- 24 -

Article 54

It is quite clear.

Article 55

It is quite clear.

Article 56

It is clear enough.

Article 57

It is quite clear.

Article 58

It is quite clear.

Article 59

It is quite clear.

Article 60

It is clear enough.

Article 61

It is clear enough.

Article 62

It is quite clear.

Article 63

Paragraph (1)

It is clear enough.

Paragraph (2)

It is clear enough.

Paragraph (3)

Family planning services include family planning consultations and contraceptive services.

Paragraph (4)

It is clear enough.

Paragraph (5)

It is clear enough.

Article 64 ...



PRESIB1B
R&PUBLIK JNGONESIA

-25

Article 64

Paragraph (1)

Self-explanatory.

Paragraph (2)

Letter a

What is meant by "nutritionally balanced" is nutritional intake that is appropriate for a person's needs in order to prevent the risk of overnutrition and undernutrition.

Letter b

Clear and concise.

Letter c

Sufficiently clear.

Paragraph (3)

Fairly clear.

Paragraph (4)

It is quite clear.

Paragraph (5)

It is clear enough.

Article 65

It is clear enough.

Article 66

It is clear enough.

Article 67

Paragraph (1)

The term "intervention" refers to all activities carried out to address the direct and indirect causes of various nutritional problems.

Paragraph (2)

Stakeholders include individuals, communities, academics, the business world, the mass media, civil society organizations, universities, community leaders, women leaders, youth leaders, religious leaders, and development partners.

Article 68



**PRÉSIDENT
REPUBLIC OF
INDONESIA**

- 26

Article 68

Public knowledge and awareness of the importance of nutrition and its impact on improving nutritional status can be obtained through telehealth services.

Article 69

Quite clear.

Article 70

Paragraph (1)

Dental and oral health services oral health services cover the fetal stage, pregnant women, children, adolescents, adults, and the elderly.

Paragraph (2)

Self-explanatory.

Paragraph (3)

Cukup jelas.

Paragraph (4)

It is clear enough.

Article 71

Paragraph (1)

It is clear enough.

Paragraph (2)

It is quite clear.

Paragraph (3)

Community empowerment includes activities such as corneal donation and cataract surgery.

Article 72

It is clear enough.

Article 73

It is quite clear.

Article 74

It is clear enough.

Article 75



**PRESIDENT
REPUBLIC OF INDONESIA**

- 27 -

Article 75

It is clear
enough.

Article 76

Paragraph (1)

Letter a

Quite clear.

Letter b

Information and education about mental health are aimed at preventing the risk of mental health problems or disorders and preventing violations of the human rights of people at risk and people with mental disorders.

Paragraph

It is quite clear.

Paragraph (3)

It is clear enough.

Article 77

It is clear enough.

Article 78

It is clear enough.

Article 79

It is quite clear.

Article 80

Paragraph (1)

It is clear enough.

Paragraph (2)

It is clear enough.

Paragraph (3)

Medical actions aimed at addressing emergency conditions, among others, are performed on persons with mental disorders who exhibit thoughts and/or behaviors that may endanger themselves, others, and/or their surroundings.

Paragraph (4).



PRESIDENT
REPUBLIC OF INDONESIA

- 28 -

Article (4)

It is clear enough.

Paragraph (5)

It is clear enough.

Article 81

It is clear enough.

Article 82

It is clear enough.

Article 83

It is quite clear.

Article 84

It is clear enough.

Article 85

It is clear enough.

Article 8Ö

It is clear enough.

Article 87

Paragraph (1)

It is clear enough.

Paragraph (2)

The criteria for determining certain infectious disease control programs as national or regional priorities include:

- a. locally endemic diseases;
- b. diseases with epidemic potential;
- c. high fatality rates/high mortality rates;
- d. having a broad social, economic, political, and security impact; and
- e. become the target of global reduction, elimination, and eradication.

Criteria ...



PRESIDENT
REPUBLIC OF INDONESIA

- 29 -

Criteria for determining certain non-communicable disease control programs as national or regional priorities include:

- a. high mortality or disability rates;
- b. high morbidity illness or high cost treatment costs; and
- c. having modifiable risk factors.

Paragraph (3)

It is quite clear.

Article 88

It is quite clear.

Article 89

Paragraph (1)

Preventive prevention, control, and eradication of infectious diseases are carried out, among other things, through:

- a. health promotion;
- b. health surveillance;
- c. risk factor control;
- d. case detection;
- e. case management;
- f. Immunization; and
- g. mass administration of preventive drugs.

Paragraph (2)

It is quite clear.

Paragraph (3)

It is clear enough.

Paragraph (4)

It is clear enough.

Article 90

Clean and healthy living behaviors for people with infectious diseases include not doing things that could make it easier for others to catch the disease. Other preventive measures include immunization, quarantine, and isolation.

Article 91 ...



PRESIDENT OF THE
REPUBLIC OF INDONESIA

- 30 -

Article 91

Clear enough.

Article 92

It is clear enough.

Article 93

Paragraph (1)

Prevention, control, and management of non-communicable diseases are carried out, among others, through:

- a. health promotion;
- b. early detection of risk factors;
- c. risk factor control;
- d. special protection;
- e. early case detection;
- f. early management; and
- g. case management, in the form of curative, rehabilitative, and/or palliative health services.

Paragraph (2)

Self-explanatory.

Article 94

Paragraph (1)

Risk factors include obesity, excessive consumption of sugar, salt, and fat, smoking, consumption of alcoholic beverages, and lack of physical activity.

Paragraph (2)

It is quite clear.

Paragraph (3)

It is quite clear.

Article 95

It is clear enough.

Article 96

It is clear enough.

Article 97 ...



PRESIDENT
REPUBLIC OF INDONESIA

-31-

Article 97

Paragraph (1)

Self-explanatory.

Paragraph (2)

It is clear enough.

Paragraph (3)

Letter a

Health education includes intraschool, cocurricular, and extracurricular education.

Letter b

Health Services, among other in the form of the provision of vaccinations and health screenings.

Letter c

That's clear enough.

Paragraph (4)

It is quite clear.

Paragraph (5)

It is quite clear.

Paragraph (ö)

It is clear enough.

Article 98

It is clear enough.

Article 99

Paragraph (1)

The term "adverse effects" refers to the impact that may be caused by processes, equipment, materials, or the work environment that may result in incidents, *near misses*, accidents, or environmental pollution that affects health.

Paragraph (2)

It is clear enough.

Paragraph (3) ...



PRES!DcN
REPUBLIC /INDONESIA

- 32 -

Paragraph (3)

The term "environmental dimension" refers to the environment in all its aspects, which is constantly changing and affects the survival and activities of humans living in that environment.

Paragraph (4)

Self-explanatory.

Paragraph (5)

It is clear enough.

Paragraph (6)

It is quite clear.

Article 100

It is quite clear.

Article 101

It is quite clear.

Article 102

It is quite clear.

Article 103

It is clear enough.

Article 104

It is clear enough.

Article 105

Paragraph (1)

The term "healthy environment" refers to an environment that does not pose a risk to health, including as a result of environmental conditions and the global threat of climate change.

An environment that does not pose a risk to health is an environment that is free from elements that cause health problems, including:

- a. liquid waste, solid waste, and gas waste that has not been properly treated;

b. waste...



PRESJDoX
REPUBLIC OF INDONESIA

- 33 -

- b. Waste that is not processed in accordance with the requirements set by the Central Government and Local Governments;
- c. disease vectors and animals;
- d. hazardous chemicals;
- e. noise exceeding the threshold;
- f. ionizing and non-ionizing radiation;
- g. contaminated water;
- h. polluted air; and
- i. contaminated food.

Paragraph (2)

It is quite clear.

Paragraph (3)

Environmental media include water, air, soil, food, facilities and buildings, and vectors and disease-carrying animals.

Paragraph (4)

It is clear enough.

Article 106

Self-explanatory.

Article 107

It is clear enough.

Article 108

Paragraph (1)

The term "military health" refers to special health efforts organized to improve physical and mental abilities in order to adapt to a significantly changing environment, whether on land, at sea, or in the air.

Paragraph (2)

Letter a

"Land health" refers to health related to temporary work or activities on land in changing environments, such as transmigration, Indonesian National Army soldiers, and special assignments for members of the Indonesian National Police.

Letter b ...



PRESIDU- N
REPUBLIC INDONESIA

- 34 -

Humf b

"Marine health" refers to health related to work or activities at sea and related to high-pressure (hyperbaric) environmental conditions, such as diving.

Letter c

What is meant by "Air environment health" is health related to aviation and space environment health in low-pressure (hypobaric) conditions, such as pilots and Indonesian National Army soldiers.

Paragraph (3)

Self-explanatory.

Paragraph (4)

It is clear enough.

Article 109

Paragraph **(1)**

The term "disaster" refers to an event or series of events that threaten and disrupt the lives and livelihoods of communities, caused by natural and/or non-natural factors or human factors, resulting in human casualties, environmental damage, property loss, and psychological impact.

Paragraph (2)

Letter a

Pre-disaster health planning includes risk mitigation, preparation of health resources, planning, and coordination.

Letter b

Health services during a disaster include activities to respond to disaster emergencies.

Letter c

Post-disaster health services include physical and mental recovery.

Paragraph (3) ...



PRES 7DEN REPUBLIX
iNDONESIA

-35 -

Paragraph (3)

It is clear enough.

Paragraph (4)

It is clear enough.

Article 110

It is clear enough.

Article 111

It is clear enough.

Article 112

It is quite clear.

Article 113

It is quite clear.

Article 114

It is quite clear.

Article 115

It is quite clear.

Article 116

It is clear enough.

Article 117

It is quite clear.

Article 118

It is quite clear.

Article 119

It is clear enough.

Article 120 ...



PRESIDES
REPUBLIC OF if?DONES!A

- 36

Article 120

Paragraph (1)

The term "production" refers to the separation of plasma into individual protein fractions, followed by purification, inactivation, or removal of blood-borne infectious agents, and packaging to produce plasma-derived medicinal products.

Paragraph (2)

Self-explanatory.

Paragraph (3)

Compensation includes, among other things, reimbursement for transportation costs and/or healthcare maintenance costs.

Paragraph (4)

It is clear enough.

Paragraph (5)

It is clear enough.

Paragraph (6)

It is clear enough.

Paragraph (7)

That's clear enough.

Father (8)

It's clear enough.

Article 121

It is quite clear.

Article 122

It is quite clear.

Article 123

It is clear enough.

Article 124

Paragraph (1)

The term "transplantation" refers to the transfer of organs and/or body tissues from a donor to a recipient for the purpose of curing disease and restoring the recipient's health.

Paragraph (2) ...



PRESIDENT OF THE
REPUBLIC OF INDONESIA

-37

Article (2)

It is clear enough.

Paragraph (3)

The term "commercialized" refers to commercialization in the implementation of human organ or tissue transplantation, excluding the process of health services in the implementation of transplantation at health service facilities.

Article 125

It is clear enough.

Article 126

It is quite clear.

Article 127

It is clear enough.

Article 128

It is clear enough.

Article 129

It is clear enough.

Article 130

It is quite clear.

Article 131

It is quite clear.

Article 132

It is quite clear.

Article 33

Paragraph (1)

The award is given because organ transplant donors cannot perform activities or work optimally during the transplant and recovery process.

Paragraph (2)

It is clear enough.

Article 134 ...



PRF1IDEh1
REPUBLIC OF INDONESIA

- 38 -

Article 134

It is clear enough.

Article 135

Paragraph (1)

The term "stem cell" refers to cells in the human body with special abilities, namely the ability to renew or regenerate themselves and differentiate into other specific cells.

Paragraph (2)

It is quite clear.

Paragraph (3)

It is clear enough.

Paragraph (4)

It is clear enough.

Article 136

It is clear enough.

Article 137

Paragraph (1)

It is clear enough.

Paragraph (2)

Changing one's identity includes altering one's face, gender, and/or fingerprints, thereby resulting in a change of identity and the elimination of traces of one's true identity, and is used to break the law or commit crimes.

Reconstructive and aesthetic plastic surgery is not intended to change gender but to align genitalia with one's actual gender. Gender reassignment can only be performed with a court order in accordance with applicable laws and regulations.

Paragraph (3) ...



PREü iDEB
REPUBLIC OF INDONESIA

– 39 –

Paragraph (3)

Clear enough.

Article 138

It is clear enough.

Article 139

It is clear enough.

Article 140

It is clear enough.

Article 141

It is clear enough.

Article 142

Father (1)

Other standards include other pharmacopoeias that are internationally recognized or methods of analysis/monographs established by the Central Government in cases where they are not included in the Indonesian pharmacopoeia.

Paragraph (2)

Other standards include analytical methods used in cases not yet regulated in the Indonesian herbal pharmacopoeia.

Paragraph (3)

Self-explanatory.

Paragraph (4)

Other standards, among others, include analytical methods used in cases not yet regulated in the Indonesian cosmetics code.

Paragraph (5)

What is meant by "certain preparations based on risk assessment" are Natural Medicine preparations, Health supplements, Quasi-medicines, and cosmetics which, based on an assessment by the Central Government, have the potential to cause harmful effects to Health if pharmaceutical raw materials are not used.

Paragraph (ö) ...



PRES DKM REPUB
' NDOHES [A

-40

Paragraph (ö)

It is quite
clear.

Verse (7)

It is quite
clear.

Paragraph (8)

It is clear
enough.

Article 143

It is clear enough.

Article 144

It is clear enough.

Article 145

Paragraph (1)

It is quite clear.

Paragraph (2)

It is quite clear.

Paragraph (3)

The term "certain conditions" refers to the absence of pharmaceutical personnel, government program requirements, and/or conditions of epidemic, outbreak, and other disaster emergencies.

Other health personnel include doctors and/or dentists, midwives, and nurses.

Paragraph (4)

It is quite clear.

Article 14fi

Paragraph (1)

The term "food and beverages" refers to processed foods in accordance with the provisions of laws and regulations.

Standards ...



PRESIDENT OF THE
REPUBLIC OF INDONESIA

- 41 -

Safety, quality, and nutritional standards and/or requirements, including the provision of nutritional information such as sugar, salt, and fat content.

Paragraph (2)

Self-explanatory.

Article 147

Paragraph (1)

The term "false and/or misleading information or statements on product information" refers to inaccurate information or statements included on labels or conveyed in product advertisements.

Paragraph (2)

It is quite clear.

Paragraph (3)

Self-explanatory.

Article 148

It is clear enough.

Article 149

Paragraph (1)

The term "addictive substance" refers to products that contain tobacco or do not contain tobacco, whether in the form of cigarettes or other addictive forms, the use of which can cause harm to the user and/or the surrounding community and can be in solid, liquid, and gas form.

Other addictive substances include electronic cigarettes and nicotine-containing candy.

Paragraph (2)

The term "tobacco product" refers to any product that is wholly or partly made from tobacco as its raw material, which is processed for use by burning, heating, vaporizing, inhaling, chewing, or any other means of consumption.

Paragraph (3) ...



PRE!?!DoI4
R Dt3BLIK !NDONESIA

- 42 -

Paragraph (3)

Letter a

It is quite clear.

Letter b

It is quite clear.

Letter c

Quite clear.

Letter d

Quite clear.

Letter e

Solid and liquid tobacco, among other things, can be used for electronic cigarettes and shisho.

The term "electronic cigarette" refers to tobacco products in liquid, solid, or other forms derived from processed tobacco leaves, manufactured through extraction or other methods in accordance with technological developments and consumer preferences, without regard to substitute or auxiliary materials used in their manufacture, provided to end consumers in retail packaging, consumed by heating using an electronic heating device and then inhaled.

Letter f

Clear enough.

Paragraph (4)

The establishment of standards and/or requirements is intended to reduce and prevent the use of addictive substances that are harmful or detrimental to health.

Article 150

It is quite clear.

Article 151

Paragraph (1)

It is quite clear.

Paragraph (2) ...



PRESIDEN
REPUBLIK INDONESIA

-43

Article (2)

Government of in establishing and implementing smoke-free areas must consider all aspects holistically.

Aya (3)

It is quite clear.

Article 152

It is clear enough.

Article 153

It is quite clear.

Article 154

It is clear enough.

Article 155

It is clear enough.

Article 156

Paragraph (1)

Letter a

Medical services for legal purposes for living persons are intended to determine the condition and nature of injuries, the cause of injuries, the existence of violence/sexual relations, the impact on physical and mental health, a person's legal capacity, and other findings related to criminal acts and their perpetrators.

Letter b

Medical services for legal purposes for deceased persons are medical services performed on a corpse whose death is suspected to be the result of or related to a criminal act or other legal interests.

Paragraph (2)

Self-explanatory.

Paragraph (3) ...



PRESIDENT OF
THE REPUBLIC of
Indonesia

-4 -

Paragraph (3)

It is quite clear.

Article 157

Paragraph (1)

It is clear enough.

Paragraph (2)

The term "death audit" refers to a series of activities to investigate the cause of death and determine the factors that contributed to a person's death.

Paragraph (3)

It is quite clear.

Paragraph (4)

It is quite clear.

Paragraph (5)

It is clear enough.

Article 158

It is clear enough.

Article 159

It is clear enough.

Article 100

It is clear enough.

Article 161

It is quite clear.

Article 162

It is quite clear.

Article 163

It is clear enough.

Article 164



PREV IOEM
REPLI8RIK INDONESIA

-45

Article 164

It is clear enough.

Article 105

It is clear enough.

Article 166

It is clear enough.

Article 167

Father (1)

That's clear enough.

Paragraph (2)

It is quite clear.

Paragraph (3)

It is quite clear.

Paragraph (4)

Government government, among other in the form of a
program to combat tuberculosis, htrton immtnode ciency
virus/ *acquired*immtnode/iciencp syndrome (HIV/AIDS), and
stunting.

Article 168

It is quite clear.

Article 169

It is quite clear.

Article 170

Paragraph (1)

Supporting health care facilities include health laboratories, pharmacies,
blood processing laboratories, and blood banks and/or blood networks.

Paragraph (2) ...



PRES 1DøÀ
eEPuaLiK iNDGNEsl#

-46-

Paragraph (2)

Self-
explanatory.

Article 171

Sufficiently clear.

Article 172

It is clear enough.

Article 173

Paragraph (1)

Letter a

Self-explanatory.

Letter b

Quite clear.

Letter c

The term "medical records" refers to documents containing patient identity data, examinations, treatments, procedures, and other services provided to patients, created using an electronic system designed for the management of medical records. In the event that a Health Care Facility is unable to maintain medical records electronically due to technical obstacles, non-electronic medical records may be used until the obstacles are resolved, and the medical record data must be re-entered into the electronic medical record system.

Letter d

Sufficiently clear.

Letter e

Sufficiently clear.

Letter f

Quite clear.

Letter g ...



PRĒN. İwĒN
REPUBLIC INDONESIA

-|| -

Letter g

It is quite clear.

Paragraph (2)

It is quite clear.

Father (3)

It is clear enough.

Article 174

It is clear enough.

Article 175

It is clear enough.

Article 176

It is clear enough.

Article 177

Paragraph (1)

The term "Patient's personal health secrets" refers to everything related to matters discovered by Medical Personnel and Health Personnel in the course of treatment and recorded in the Patient's medical records, which are confidential in nature.

Paragraph (2)

Self-explanatory.

Paragraph (3)

Self-explanatory.

Article 178

It is clear enough.

Article 179

Father (1)

Letter a ...



**PRESIDENT
HEPUBRIK IMooMesIA**

-48

Letter a

What is meant by "Health Service Support Network" is support provided by Health Service Facilities with higher competence to Health Service Facilities with lower competence, with the aim of improving the competence of Health Service Facilities and addressing health issues in the region.

Letter b

The term "cooperation between two (2) or more Health Care Facilities" refers to cooperation between two (2) Health Care Facilities, either between Health Care Facilities in Indonesia and Health Care Facilities abroad or between Health Care Facilities in Indonesia, including cooperation in the areas of service and research.

Letter c

The term "center of excellence" refers to Health Services with key characteristics in Hospitals that have international service standards, high technology, superior human resource competencies, and collaborate with educational institutions to enhance a culture of learning, innovation, and development.

Letter d

The term "integrated health services" refers to integrated health services provided at health care facilities in an integrated, multidisciplinary manner, and centered on patient needs (*patient-centered care*).

Paragraph (2)

Sufficiently clear.

Article 180

Paragraph (1)

It is quite clear.

Paragraph (2).



PRESIDENT
REPUBLIC OF INDONESIA

- 49 -

Paragraph (2)

It is clear enough.

Paragraph (3)

Humf a

What is meant by "living a healthy lifestyle" is having the awareness, willingness, and ability to live healthily.

Letter b

It is quite clear.

Humf c

It's pretty clear.

Letter d

Quite clear.

Article 181

It is quite clear.

Article 182

It is quite clear.

Article 183

It is quite clear.

Article 184

Father (1)

It is clear enough.

Paragraph (2)

It is quite clear.

Paragraph (3)

It is quite clear.

Paragraph (4)

What is meant by "good hospital governance" is the implementation of hospital management functions based on the principles of transparency, accountability, independence, responsibility, equality, and fairness.

Which ...



**PRESCDIÛN
REPUBLI« thtDÒNESIA**

-50-

What is meant by "good clinical governance" is the application of clinical management functions that include clinical leadership, clinical audit, clinical data, evidence-based clinical risk, performance improvement, complaint management, service outcome monitoring mechanisms, professional development, and hospital accreditation.

Article 185

Paragraph **(1)**

Self-explanatory.

Paragraph (2)

Sufficiently clear.

Paragraph (3)

The term "Health Services sector" refers to sectors that provide direct Health Services to the public, including clinics, pharmacies, and laboratories.

Paragraph (4)

It is quite clear.

Article 186

Self-explanatory.

Article 187

Paragraph (1)

It is quite clear.

Paragraph (2)

It is quite clear.

Paragraph (3)

It is clear enough.

Paragraph (4)

House Illness Education as the organizer ,
priority is given to government hospitals.

Paragraph (5) ...



PRESIDENT
REPUBLIC of Indonesia

-31

Paragraph (5)

The term "requirements, standards, and accreditation in accordance with their roles" refers to the requirements, standards, and accreditation that must be met by teaching hospitals, both as hospitals that collaborate with universities in providing higher education and as hospitals that are the main providers of higher education while continuing to collaborate with universities.

Paragraph (6)

Self-explanatory.

Paragraph (7)

Self-explanatory.

Paragraph (8)

It is clear enough.

Paragraph (9)

It is clear enough.

Paragraph **(10)**

It is clear enough.

Paragraph **(11)**

It is clear enough.

Article 188

Paragraph **(1)**

It is clear enough.

Paragraph (2)

It is quite clear.

Paragraph (3)

What is meant by "research-based service" is a service provided to patients as research subjects, especially in translational research with the aim of proving effectiveness.

Paragraph (4) ...



PRESIDENT
HEPLi Bile 11'4f3ONESIA

- 52 -

Paragraph (4)

What is meant by "responsible freedom" is that research is conducted in accordance with scientific principles based on ethics, moral values, religious norms, and laws and regulations.

Paragraph (5)

Other parties include institutions or individuals who have the duty and function to conduct research or have the competence to conduct research.

Article 189

Paragraph (1)

Letter a

Self-explanatory.

Letter b

The term "hospital service standards" refers to all service standards applicable in hospitals, including operational procedures, medical service standards, and nursing care standards.

Letter c

Self-explanatory.

Letter d

It is quite clear.

Letter e

The term "underprivileged or poor community" refers to patients who meet the criteria for underprivileged or poor status in accordance with the provisions of laws and regulations.

Letter f

Self-explanatory.

Letter g

It is quite clear.

Letter h.



PRES IDEI'4
RKPLi8RIF INDOhiESIA

- 53

Letter h

What is meant by "maintaining medical records" is the maintenance of medical records in accordance with standards that are gradually being developed to meet international standards.

Letter i

Sufficiently clear.

Letter j

It is quite clear.

Letter k

Quite clear.

Letter l

Quite clear.

Letter m

Quite clear.

Letter n

Quite clear.

Letter o

Hospitals are built and equipped with facilities, infrastructure, and equipment that can be operated and maintained in such a way as to ensure safety, prevent fires or disasters, and guarantee the safety, security, and health of patients, staff, visitors, and the hospital environment.

Letter p

Quite clear.

Letter q

Quite clear.

Letter r

The term "internal hospital regulations" refers to regulations formulated for internal hospital use in order to implement good hospital management and good clinical management.

Letter s

Quite clear.

Letter t ...



REPUBLIK INDONESIA

- 54 -

Letter t

Quite clear.

Paragraph (2)

It is clear enough.

Article 190

It is clear enough.

Article 191

It is clear enough.

Article 192

It is quite clear.

Article 193

It is quite clear.

Article 194

It is quite clear.

Article 195

It is quite clear.

Article 196

It is quite clear.

Article 197

It is quite clear.

Article 198

It is quite clear.

Article 199

It is quite clear.

Article 200

Paragraph (1)

Supporting or auxiliary health personnel include biological personnel, administrative personnel, waiters, financial personnel, mortuary attendants, and ambulance attendants.

Paragraph (2) ...



PRESIDENT OF THE
REPUBLIC OF INDONESIA

- 55 -

Paragraph (2)

It is clear enough.

Article 201

It is clear enough.

Article 202

It is clear enough.

Article 203

Paragraph (1)

It is clear enough.

Paragraph (2)

The relevant parties include, among others, associations of health care facilities and associations of health education institutions, as well as other parties as necessary.

Paragraph (3)

It is clear enough.

Paragraph (4)

Sufficiently clear.

Article 204

It is clear enough.

Article 205

It is clear enough.

Article 206

It is clear enough.

Article 207

It is quite clear.

Article 208

It is clear enough.

Article 209

It is quite clear.

Article 210 ...



PRESiDEPā

AE%UBL INDONES!A

- 56 -

Article 210

It is quite clear.

Article 211

It is clear enough.

Article 212

It is clear enough.

Article 213

Paragraph (1)

The term "competency test" refers to the assessment of students' knowledge, skills, and behavior to achieve competency standards.

Paragraph (2)

It is quite clear.

Paragraph

It is clear enough.

Paragraph (4)

It is clear enough.

Article 214

It is clear enough.

Article 215

It is clear enough.

Article 216

It is quite clear.

Article 217

It is quite clear.

Article 218

It is quite clear.

Article 219

Paragraph (1)

Letter a

It is quite clear.

Letter b ...



**PRE6IDEN
REPUBLIC INDONESIA**

-57 -

Letter b

's right to adequate rest time is obtained by students during the clinical education process at Health Care Facilities.

Letter c

Sufficiently clear.

Letter d

Sufficiently clear.

Letter e

It is quite clear.

Paragraph (2)

Letter a

"Patient safety" refers to a framework consisting of organized activities to build a culture, processes, procedures, behaviors, technologies, and environments in healthcare services in a consistent and sustainable manner with the aim of identifying risks, reducing avoidable harm, preventing the possibility of errors, and reducing the impact when incidents occur to patients.

Letter b

It is quite clear.

Letter c

Self-explanatory.

Letter d

It is quite clear.

Article 220

Paragraph **(1)**

The term "national standard competency test" refers to the measurement of knowledge, skills, and behavior of students in higher education institutions in the field of health that conduct examinations in accordance with national standards and are applicable nationwide.

Paragraph (2)

Self-explanatory.

Paragraph (3)

It is quite clear.

Paragraph (4) . . .



PRESIDENT
REPUBLIC of Indonesia

-58

Paragraph (4)

It is quite
clear.

Paragraph (5)

It is quite
clear.

Paragraph (6)

It is clear
enough.

Article 221

It is clear enough.

Article 222

Paragraph (1)

Letter a

The term "educators who are not medical personnel or health workers" refers to lecturers, instructors, and facilitators with educational backgrounds outside of medicine and health who are tasked with transforming, developing, and disseminating knowledge, medical science support technology, and health.

The term "educational personnel who are not medical or health personnel" refers to members of the community who have an educational background outside of medicine and health, who are dedicated and appointed to carry out tasks that support the implementation of education.

Letter b

Self-explanatory.

Letter c

It is quite clear.

Letter d

It is quite clear.

Paragraph (2)

It is quite clear.

Paragraph (3)

It is clear enough.

Paragraph (4) ...



**PRESIDEN
REPUBLIK INDONESIA**

-59

Paragraph (4)

It is quite clear.

Paragraph (S)

It is clear enough.

Article 223

It is clear enough.

Article 224

It is clear enough.

Article 225

It is quite clear.

Article 226

It is clear enough.

Article 227

Paragraph (1)

It is clear enough.

Paragraph (2)

It is quite clear.

Paragraph (3)

The term "equity aspect" refers to the distribution of Medical Personnel and Health Personnel according to needs through the recruitment, selection, and placement process.

The term "utilization aspect" refers to the empowerment of Medical Personnel and Health Workers in accordance with their competencies and authorities.

The term "development aspect" refers to the development of Medical Personnel and Health Workers in a multidisciplinary and cross-sectoral manner, as well as across programs, to equalize and improve the quality of Medical Personnel and Health Workers.

Article 228.



PRESIDENT OF
THE REPUBLIC
REPUBLIK INDONESIA

- 60 -

Article 228

Self-explanatory.

Article 229

It is quite clear.

Article 230

It is clear enough.

Article 231

Paragraph (1)

The placement of medical and health personnel is intended to utilize medical and health personnel in areas where they are needed, especially in remote, disadvantaged, border, and island areas, as well as areas with health problems.

Selection is carried out by considering various factors so that these Medical Personnel and Health Workers can benefit the community and develop in line with advances in science and technology.

Paragraph (2)

Letter a

Self-explanatory.

Letter b

What is meant by "special assignment" is the special utilization of Medical Personnel and Health Workers within a certain period of time to improve access to and the quality of Health Services at Health Service Facilities in disadvantaged, border, and island areas, as well as areas with health problems and government hospitals that require specialist medical services, and to meet other Health Service needs by Medical Personnel and Health Workers.

Letter c

Self-explanatory.

Paragraph (3) ...



**PRESIDENT OF
THE REPUBLIC OF
INDONESIA**

-61-

Paragraph (3)

It is clear enough.

Paragraph (4)

It is clear enough.

Paragraph (5)

It is clear enough.

Paragraph (ö)

It is clear enough.

Article 232

"Retention efforts" refer to efforts to retain Medical Personnel and/or Health Personnel in a certain place for a certain period of time in order to maintain the continuity of Health Services. Retention efforts include, among others, assignment extensions, incentives, career progression, and the implementation of a remuneration system.

Article 233

It is quite clear.

Article 234

Self-explanatory.

Article 235

Paragraph (1)

It is clear enough.

Paragraph (2)

The term "unpopular area" refers to an area that experiences difficulties in fulfilling its medical and health personnel requirements within a certain period of time.

Paragraph (3)

It is clear enough.

Paragraph (4)

Sufficiently clear.

Article 236 ...



PRESIDENT
REPUBLIC OF tNPONESIA

- 62 -

Article 236

It is quite clear.

Article 237

It is clear enough.

Article 238

Paragraph (1)

It is clear enough.

Paragraph (2)

It is clear enough.

Paragraph (3)

Health reserve personnel are non-health workers who have received training related to the handling of outbreaks, epidemics, and disaster emergencies, including students, lecturers, and personnel who are no longer practicing as medical and health workers.

Paragraph (4)

It is clear enough.

Article 239

Sufficiently clear.

Article 240

It is clear enough.

Article 241

Paragraph (1)

It is clear enough.

Paragraph (2)

It is clear enough.

Paragraph (3)

It is clear enough.

Paragraph (4)

It is clear enough.

Paragraph (5) ...



PRES IDEH
RK@LiBt.IK INI2iONESIA

- 63 -

Paragraph (5)

It is quite clear.

Paragraph (6)

It is clear enough.

Paragraph (7)

The term "adaptation" refers to a series of activities to adjust the competencies and abilities of Indonesian Medical Personnel and Health Personnel who are graduates of foreign universities, carried out at Health Care Facilities.

Paragraph (8)

It is clear enough.

Article 242

Self-explanatory.

Article 243

It is clear enough.

Article 244

It is quite clear.

Article 245

It is clear enough.

Article 246

It is quite clear.

Article 247

It is quite clear.

Article 248

It is quite clear.

Article 249

It is clear enough.

Article 250 ...



PRES IDEN
REPUBLIC OF INDONESIA

-64 -

Article 250

Letter a

It is clear enough.

Letter b

What is meant by "certain priority areas in Health Services" are areas of Health Services that are a priority or are needed, but for which personnel are still limited and/or not yet available in Indonesia, such as the field of *surgery* using *robotic* technology.

Article 251

Self-explanatory.

Article 252

Sufficiently clear.

Article 253

Indonesian language education and training for foreign medical and health personnel is intended to enable them to communicate effectively with patients.

Article 254

It is quite clear.

Article 255

Paragraph (1)

Other activities include joint exercises, social services, international sporting events, and disaster response activities.

Paragraph (2)

It is quite clear.

Paragraph (3)

The term "a certain period of time" refers to a maximum of 3 (three) months and may be extended.

Article 250 ...



PRES IDEN
REPLI Bt.U INDONESIA

-65

Article 256

The provisions of laws and regulations include, among others, provisions of laws and regulations in the fields of labor and immigration.

Article 257

Self-explanatory.

Article 258

It is quite clear.

Article 259

It is clear enough.

Article 260

It is clear enough.

Article 261

It is clear enough.

Article 262

It is clear enough.

Article 263

Paragraph (1)

The term "Certain Medical and Health Personnel" refers to Medical and Health Personnel who provide Health Services directly to Patients.

Paragraph (2)

It is quite clear.

Paragraph (3)

Self-explanatory.

Paragraph (4)

Certain conditions, among others, are circumstances that require the accelerated fulfillment of Medical Personnel and Health Personnel in Health Services.

Paragraph (5)

It is quite clear.

Article 250 ...



PRESIDENT REPUBLIC
OF INDONESIA

- 06 -

Article 264

It is clear enough.

Article 265

Certain conditions, including:

- a. social/humanitarian service;
- b. national duties;
- c. response to epidemics, pandemics, or other disasters;
- d. other emergency assistance; and/or
- e. provision of temporary health services. Other incidental matters

Article 266

Self-explanatory.

Article 267

Self-explanatory.

Article 268

It is clear enough.

Article 269

It is quite clear.

Article 270

It is clear enough.

Article 271

It is quite clear.

Article 272

It is clear enough.

Article 273

It is quite clear.

Article 274

It is clear enough.

Article 275

It is quite clear.

Article 270 ...



PRESIDEN
REPUBLIC OF INDONESIA

- 67 -

Article 276

Letter a

Self-explanatory.

Letter b

The term "adequate" refers to the provision of complete information in language that is easy to understand.

Letter c

It is quite clear.

Letter d

It is clear enough.

Letter e

Quite clear.

Letter f

Quite clear.

Letter g

It is quite clear.

Article 277

It is quite clear.

Article 278

It is quite clear.

Article 279

It is clear enough.

Article 280

It is quite clear.

Article 281

It is clear enough.

Article 282

It is clear enough.

Article 283 ...



PRES IDEM
REPUBLIC INDONESIA

-68

Article 283

It is quite
clear.

Article 284

It is quite
clear.

Article 285

It is clear
enough.

Article 286

It is clear
enough.

Article 287

It is quite
clear.

Article 288

It is quite
clear.

Article 289

It is clear
enough.

Article 290

Father (1)

This is clear enough.

Paragraph (2)

What is meant by "mandatory delegation" is the delegation of authority from Medical Personnel to certain Medical Personnel or Health Personnel or between certain Health Personnel with the responsibility and liability remaining with the delegator.

What is meant by "delegative transfer" is the transfer of authority from Medical Personnel to certain Medical Personnel or Health Personnel or between certain Health Personnel with the responsibility and liability fully transferred to the delegatee.

Paragraph (3)

Sufficiently clear.

Paragraph (4)

It is quite clear.

Article 291 ...



PRES!DEM
REPLI BLIK INOONESIA

-69

Article 291

It is quite
clear.

Article 292

It is quite
clear.

Article 293

Paragraph (1)

In principle, the patient concerned has the right to give consent. If the patient is incompetent or under guardianship (under curatorship), consent or refusal of health services is given by the immediate family, including the husband/wife, biological father/mother, biological child, or adult sibling. In an emergency situation, to save the patient's life, consent is not required.

Paragraph (2)

Self-explanatory.

Paragraph (3)

Sufficiently clear.

Paragraph (4)

It is clear enough.

Paragraph (5)

It is clear enough.

Paragraph (6)

It is clear enough.

Paragraph (7)

What is meant by "representative" includes, among others, a husband/wife, a competent biological child, a biological father/mother, or a biological sibling.

Paragraph (8)

This is quite clear.

Paragraph (9)

It is clear enough.

Paragraph (10) . .



PRESIDENT
REPUBLIC OF INDONESIA

- 70 -

Article (10)

It is clear enough.

Paragraph (11)

It is clear enough.

Paragraph (12)

It is clear enough.

Article 294

It is clear enough.

Article 295

It is clear enough.

Article 296

Paragraph (1)

It is clear enough.

Paragraph (2)

It is quite clear.

Paragraph (3)

It is clear enough.

Paragraph (4)

Signatures include, among others, handwritten signatures, electronic signatures, or other similar forms in accordance with the provisions of laws and regulations.

Paragraph (5)

It is clear enough.

Article 297

Verse (I)

It is quite clear.

Paragraph (2)

Access to information on medical records, including medical records or verbal explanations from Medical Personnel and/or Health Personnel or Health Care Facilities.

Paragraph (3) ...



PRENS1DEN
RzpuBLlx lf<f3obikslA

- 71 -

Paragraph (3)

It is quite clear.

Article 298

It is clear enough.

Article 299

It is clear enough.

Article 300

It is quite clear.

Article 301

Paragraph (1)

The term "health secrets" refers to a person's medical history, condition, treatment, physical and mental health, including the patient's personal data.

Paragraph (2)

It is clear enough.

Paragraph (3)

Sufficiently clear.

Article 302

It is clear enough.

Article 303

Paragraph (1)

It is clear enough.

Paragraph (2)

What is meant by "Health Service audit" is a systematic evaluation process of the quality of Health Services to ensure that the Health Services provided are in accordance with standards.

Paragraph (3)

It is quite clear.

Paragraph (4)

It is clear enough.

Article 304 ...



PRESIDENT OF THE
REPUBLIC OF INDONESIA

-72 -

Article 304

It is clear enough.

Article 305

It is clear enough.

Article 306

It is clear enough.

Article 307

It is clear enough.

Article 308

It is clear enough.

Article 309

It is clear enough.

Article 310

It is quite clear.

Article 311

It is quite clear.

Article 312

It is quite clear.

Article 313

It is clear enough.

Article 314

Paragraph (1)

It is clear
enough.

Paragraph (2)

It is clear
enough.

Paragraph (3)

It is clear
enough.

Paragraph (4)

It is clear
enough.

**Paragraph
(5) ...**



PRESIBEM
REPUBLIK INDONESIA

- 73 -

Paragraph (5)

The term "pharmaceutical management facilities" refers to facilities for managing pharmaceutical preparations and medical devices owned by the Central Government, including the Indonesian National Armed Forces and the Indonesian National Police, Regional Governments, State-Owned Enterprises, and Regional-Owned Enterprises, in order to ensure the availability, equitable distribution, and affordability of pharmaceutical preparations and medical devices.

Paragraph (6)

Special policies include the implementation of a *special* access scheme and exemptions from patent provisions based on laws and regulations governing patents.

Paragraph (7)

Sufficiently clear.

Article 315

It is quite clear.

Article 316

It is clear enough.

Article 317

Paragraph (1)

The term "essential medicines" refers to medicines that are most needed in health services, including generic medicines, branded generic medicines, and originator medicines.

Paragraph (2)

Self-explanatory.

Paragraph (3)

Sufficiently clear.

Article 318

It is clear enough.

Article 319

Paragraph (1)

It is clear enough.

Paragraph (2) ...



PRES IDK1'4
BEPt2BL.IK INOONESIA

-74 -

Paragraph (2)

Health supplies that must be distributed in accordance with good distribution practices include medicines, medicinal ingredients, and medical devices.

Paragraph (3)

Distribution activity reports include reports on the availability, price, and quantity of Health Supplies distributed using an information system integrated with the National Health Information System.

Article 320

Paragraph **(1)**

Self-explanatory.

Paragraph (2)

That's clear enough.

Paragraph (3)

It is quite clear.

Paragraph (4)

It is quite clear.

Paragraph (5)

The term "certain strong medicines" refers to types of strong medicines that are subject to restrictions on indications and/or quantities that can be dispensed by pharmacists without a prescription.

Paragraph (6)

The term "other facilities" refers to facilities outside of pharmaceutical service facilities, such as *hypermarkets*, supermarkets, and minimarkets.

Paragraph (7)

Self-explanatory.

Paragraph (8)

Self-explanatory.

Article 321 ...



PRESIDENT OF
THE REPUBLIC
INDONESIA!

4

- 75 -

Article 321

Paragraph (1)

Letter a

The term "jamu" refers to herbal medicine in the form of ingredients or concoctions derived from traditional knowledge or Indonesian cultural heritage that are used for health maintenance, health improvement, disease prevention, treatment, and/or health recovery.

Homf b

The term "standardized herbal medicine" refers to herbal medicines that have been used for generations in Indonesia for health maintenance, health improvement, disease prevention, treatment, and/or health recovery, whose safety and efficacy have been scientifically proven through preclinical trials and whose raw materials have been standardized.

Letter c

The term "phytopharmaceutical" refers to natural medicines used for health maintenance, health improvement, disease prevention, treatment, and/or health recovery that have been scientifically proven to be safe and effective through preclinical and clinical trials, and whose raw materials and finished products have been standardized.

Letter d

Other natural medicines include, among others, new innovative natural medicine products, imported natural medicine products, and licensed natural medicine products in accordance with developments in science and technology.

Paragraph (2)

Sufficiently clear.

Paragraph (3)

Sufficiently clear.

Article 322

It is clear enough.

Article 323

It is clear enough.

Article 324...



PRESIDENT
N REPUBLIC

- 76

Article 324

It is clear enough.

Article 325

It is clear enough.

Article 32ö

Paragraph (1)

It is clear enough.

Paragraph (2)

It is quite clear.

Paragraph (3)

It is clear enough.

Paragraph (4)

Letter a

The term "incentive" refers to support or facilities provided by the Central Government and Local Government to business actors or activities in the form of fiscal and non-fiscal incentives.

Fiscal incentives include tax reductions and exemptions
import duties.

Non-fiscal incentives include ease of business licensing, prioritization of domestic products in government procurement of goods/services, and ease of trade management.

Letter b

This is clear enough.

Letter c

Quite clear.

Letter d

Quite clear.

Letter e

The domestic pharmaceutical and medical device industry includes the pharmaceutical and medical device industry with foreign investment that has production facilities in the country.

Letter f ...



PHES!DEF4 REPLi8LIK
INDONESIA

-77

Letter f

Quite clear.

Letter g

Pretty clear.

Father (5)

Quite clear.

Article 327

It is clear enough.

Article 328

It is quite clear.

Article 329

Paragraph (1)

The term "downstreaming of national research" refers to efforts to increase the added value of research results in line with national security priorities, from laboratory-scale research to commercial scale, so that they can be utilized by the community.

Paragraph (2)

It is quite
clear. Paragraph

Self-explanatory

Paragraph (4)

Sufficiently clear

Paragraph (5)

Forms of support include policy support to facilitate pharmaceutical and medical device research and the necessary financial support.

Article 330

Self-explanatory.

Article 331

It is quite clear.

Article 332 ...



PRES!GEi'4
REPUBLIC OF INDONESIA

78 –

Article 332

Paragraph (1)

It is clear enough.

Paragraph (2)

Establishing policies, including for the procurement and utilization of Pharmaceutical Preparations, Medical Devices, and other Medical Supplies.

Article 333

Self-explanatory.

Article 334

Paragraph (1)

Self-explanatory.

Paragraph (2)

The integrated device is connected to the National Health Information System.

Paragraph (3)

It is clear enough.

Paragraph (4)

It is clear enough.

Article 335

Paragraph (1)

The term "research" refers to activities carried out according to scientific principles and methods in a systematic manner to obtain information, data, and explanations related to the understanding and verification of the truth or falsehood of an assumption and/or hypothesis in the field of science and technology, as well as to draw scientific conclusions for the advancement of science and technology.

Paragraph (2)

The term "ethical principles" refers to the requirements of research that govern the behavior and actions of researchers in conducting research.

Which ...



RRESDEN
&E@MBLIK !NDONESIA

- 79 -

What is meant by "scientific principles" are research requirements that are analytical, rational, objective, empirical, and produce the same results when conducted by other people using the same methods.

What is meant by "scientific methodology" is a systematic way used to solve problems encountered. This method uses systematic, orderly, and controlled steps and is carried out in accordance with scientific principles that are analytical, logical, objective, conceptual, and empirical.

Paragraph (3)

Self-explanatory.

Paragraph (4)

Research involving human subjects must be conducted with due regard for the health and safety of those involved. Research and development that uses humans as subjects must obtain informed consent. Before requesting the consent of research subjects, researchers must provide information about the objectives of the research and development, the use of the results, guarantees of confidentiality regarding identity and personal data, the methods used, possible risks, and other matters that need to be known by the subjects in the context of health research and development.

Paragraph (5)

All research involving humans as research subjects must be based on three general ethical principles, namely respecting human dignity!*respect for persons*, which aims to respect autonomy and protect people whose autonomy is impaired/lacking, do good (beneficence) and do no harm (non-maleficence), and be just (justice).

Paragraph (6)

What is meant by "considering animal welfare" is that animal research is conducted by applying the five principles of animal freedom in animal welfare, namely:

- a. freedom from hunger and thirst;
- b. freedom from pain, injury, and disease;

c. freedom from ...



PRESIDEN
REPUBLIK INDONESIA

- 8 -

- c. free from discomfort, abuse, and abuse;
- d. free from fear and oppression; and
- e. free to express their natural behavior.

Test animals should be selected by prioritizing animals with the lowest neurophysiological sensitivity (sensitive organisms) and animals that are lowest on the evolutionary scale. Reasonable caution should be exercised in research that may affect the environment, and the health of animals used in research must be respected.

Paragraph (7)

Self-explanatory.

Article 336

Sufficiently clear.

Article 337

Paragraph (1)

It is clear enough.

Paragraph (2)

Policy decisions include registration, testing, and supervision.

Paragraph (3)

It is clear enough.

Article 338

Paragraph (1)

The term "biomedical technology" refers to the application of science and engineering to biological systems for the purpose of improving health services.

Paragraph (2)

, "genomics", analysis related to DNA (deoxyribonucleic acid).

What is meant by "transcriptomics" is analysis related to RNA (ribonucleic acid).

Which...



PRESIDENT OF THE
REPUBLIC OF INDONESIA

– 81

The referred to by "proteomics" is analysis related proteins.

The meant by "metabolic" is analysis related to metabolites.

Article (3)

"Related data" refers to primary, secondary, and tertiary analysis data in accordance with the provisions of laws and regulations in the field of research and development.

"Precision medicine services" refers to a new approach to disease prevention and treatment that takes into account a patient's genes, environment, and lifestyle.

Paragraph (4)

Self-explanatory.

Paragraph (5)

Letter a

What is meant by "unidentifiable" is material in the form of clinical specimens and biological material, information content, and stored data whose identity is unknown from the outset and is not unidentified stored material (deidenti/ie@.

Letter b

Self-explanatory.

Letter c

Sufficiently clear.

Article 339

Paragraph (1)

The term "biobank or biorepository" refers to a facility for the collection, long-term storage, and management of specimens derived from humans or specimens related to health, along with related data, in a systematic manner for the purposes of research, development, and health services.

Paragraph (2)

It is clear enough.

Paragraph (3) ...



PRES ICEf4
REPUBLIC OF INDONESIA

-82-

Paragraph (3)

It is clear
enough.

Paragraph (4)

Letter a

"Biological safety" refers to efforts to protect workers, laboratory users, and the environment from potentially harmful biological agents.

Letter b

What is meant by "confidentiality or privacy" is that biobank and biorepository operators guarantee the confidentiality of the identity of the individuals from whom the specimens originate.

Letter c

What is meant by "accountability" is that biobank and/or biorepository operators are responsible for the collection, long-term storage, and management of specimens and data.

Letter d

What is meant by "benefit" is that specimens that are collected, stored, and managed can be utilized to the fullest extent possible to improve the quality of health.

Letter e

The term "public interest" refers to the operation of biobanks and/or biorepositories carried out for the public interest.

Letter f

What is meant by "respect for human rights" is that the collection, long-term storage, and management of specimens and data do not conflict with the implementation of human rights.

Letter g

What is meant by "ethics, law, and medico-legal" is that the operation of biobanks and/or biorepositories is carried out with due regard for applicable ethics, law, and medico-legal considerations.

Letter h ...



PRES ID5!td
REPUBLIC OF INDONESIA

- 83 -

Letter h

The term "sociocultural" refers to the operation of biobanks and/or biorepositories in accordance with empirical practices in other countries, taking into account the sociocultural context in Indonesia.

Paragraph (5)

Self-explanatory.

Paragraph (6)

It is clear enough.

Article 340

Paragraph (1)

It is clear enough.

Paragraph (2)

Humf a

It is clear enough.

Letter b

What is meant by "main objective of the research" is the main reason for conducting the research to answer the main research questions, whether in the form of identifying and explaining concepts or predicting situations/solutions to specific problems.

Letter c

It is quite clear.

Paragraph (3)

The term "material transfer agreement" refers to an agreement concerning the transfer of materials, information, and/or data between an organizing body or institution, with the first party as the sender, provider, carrier, or country of origin, and the second party as the recipient, user, or processor, which is an integral part of a research cooperation agreement and/or other cooperation agreements.

Paragraph (4)

It is clear enough.

Article 341 ...



PREI? tDEN
REPUBLIC OF INDONESIA

- 84 —

Article 341

Paragraph (1)

The term "health support personnel" refers to personnel with a higher education background in natural sciences such as biology.

Paragraph (2)

Self-explanatory.

Article 342

Self-explanatory.

Article 343

It is clear enough.

Article 344

It is clear enough.

Article 345

Paragraph (1)

It is clear enough.

Paragraph (2)

That's clear enough.

Paragraph (3)

It is quite clear.

Paragraph (4)

The term "support" refers to technical assistance provided to Health Information System administrators, including training and software facilitation.

Article 346

Paragraph (1)

It is quite clear.

Paragraph (2) . .



PRE\$10EI'4
REPLi BL.U INDONESIA

-85-

Paragraph (2)

It is quite clear.

Paragraph (3)

The term "architect" refers to the basic framework that describes, among other things, business processes, data and information, infrastructure, applications, security, and integrated services that are implemented nationally.

Paragraph (4)

It is clear enough.

Paragraph (5)

It is clear enough.

Paragraph (6)

What is meant by "processing" is activities that includes:

- a. acquisition and collection;
- b. processing and analysis;
- c. storage;
- d. improvements and updates;
- e. performance, announcement, transfer, dissemination, or disclosure; and/or
- f. deletion or destruction.

Paragraph (7)

The processing of health data and information outside the territory of Indonesia includes, among other things, transfer and storage.

Regulations, among others, are regulations governing electronic information and transactions, the implementation of electronic systems and transactions, and the protection of personal data.

Article 347

Self-explanatory.

Article 348

Paragraph (1)

It is quite clear.

Paragraph (2) .



PRES JDÜN
REPMBLIF INMOBESIA

- 8ö -

Paragraph (2)

It is clear enough.

Paragraph (3)

The term "legal provisions" refers to laws and regulations governing data management, including regulations related to personal data protection, the Health Information System, and One Data Indonesia.

Article 349

Paragraph **(1)**

Self-explanatory.

Paragraph (2)

It is clear enough.

Paragraph (3)

It is clear enough.

Paragraph (4)

It is clear enough.

Paragraph (5)

It is clear enough.

Paragraph (6)

Transfer includes performance, announcement, dissemination, or disclosure.

Paragraph (7)

"Specific and limited" refers to the reasons for transferring health data and information for specific purposes, such as in the context of responding to outbreaks, epidemics, the Hajj pilgrimage, material transfer agreements, or international cooperation in the field of health.

Paragraph (8)

Self-explanatory.

Paragraph (9)

The term "destruction" refers to the act of removing, eliminating, or destroying personal health data and information so that it can no longer be used to identify the subject of the personal health data and information.

Paragraph (10) ...



PRESIDENT OF THE
REPUBLIC OF INDONESIA

- 87

Article (10)

That's clear enough.

Paragraph (11)

It is quite clear.

Paragraph (12)

It is clear enough.

Article 350

It is clear enough.

Article 351

It is clear enough.

Article 352

It is clear enough.

Article 353

It is clear enough.

Article 354

It is clear enough.

Article 355

It is clear enough.

Article 356

It is clear enough.

Article 357

It is quite clear.

Article 358

It is clear enough.

Article 359

The term "disease risk factors that have the potential to cause an epidemic" refers to matters, circumstances, and/or events that may influence the likelihood of a potential epidemic disease occurring.

Article 360 ...



PREŭ.tGİfİB
REPUBLIC OF INDONESIA

- 88 -

Article 360

Paragraph (1)

The term "means of transport" refers to ships, aircraft, and land vehicles used for travel in accordance with the provisions of laws and regulations.

The term "goods" refers to tangible products, animals, plants, and corpses or ashes that are carried and/or shipped during travel, including objects/tools used in means of transport.

Paragraph (2)

The term "ship" refers to watercraft of a certain shape and type that are powered by wind, mechanical power, other energy sources, towed or pushed, including dynamically supported vehicles, underwater vehicles, and floating devices and structures that are not movable.

The term "aircraft" refers to any machine or device that can fly in the atmosphere due to lift from air reaction, but not due to air reaction against the earth's surface used for flight.

The term "land vehicle" refers to a means of transport on land consisting of motor vehicles, including vehicles that run on rails and non-motorized vehicles.

The term "civil transport" refers to a means of transport that carries people and goods.

Paragraph (3)

The term "relevant ministries/agencies" refers to ministries/agencies whose functions are related to foreign affairs, defense and security, and intelligence.

Paragraph (4)

Self-explanatory.

Paragraph (5)

Letter a

The term "isolation" refers to the separation of sick people from healthy people for the purpose of treatment and care.

Which ...



PRES IDEN
REPUBLIC OF INDONESIA

-89-

"Quarantine" refers to the restriction of activities and/or separation of infected persons, even if they do not show any symptoms or are in the incubation period, and the separation of containers, means of transport, or any items suspected of being contaminated from persons and/or items containing disease-causing agents or other contaminants to prevent possible spread to surrounding persons and/or items.

Humf b

That's clear enough.

Letter c

It is quite clear.

Paragraph (6)

It is quite clear.

Paragraph (7)

What is meant by "refusal" is the exclusion of that person as a passenger on the means of transport that is about to depart.

Paragraph (8)

It is clear enough.

Paragraph (9)

It is clear enough.

Article 361

It is clear enough.

Article 302

It is clear enough.

Article 363

Paragraph (1)

The term "captain" refers to one of the crew members who is the highest authority on the ship and has certain powers and responsibilities in accordance with the provisions of laws and regulations.

Which ...



PRE1ICBI'4
REPUBLIC OF IF'DONESI#

-90

The term "pilot captain" refers to a pilot assigned by an airline or aircraft owner to lead a flight and take full responsibility for flight safety during aircraft operation in accordance with the provisions of laws and regulations.

The term "border crossing point" refers to the entry point for people, goods, and means of transport crossing the border by land.

Paragraph (2)

Self-explanatory.

Paragraph (3)

Self-explanatory.

Article 364

It is clear enough.

Article 365

It is clear enough.

Article 3Ö6

It is quite clear.

Article 367

It is clear enough.

Article 368

It is clear enough.

Article 3Ö9

It is clear enough.

Article 370

It is clear enough.

Article 371

It is clear enough.

Article 372

It is clear enough.

Article 373



PREWDEN
A U8LK !NDOMESW

-9|

Article 373

It is clear enough.

Article 374

It is clear enough.

Article 375

It is clear enough.

Article 376

It is clear enough.

Article 377

Paragraph (1)

It is clear
enough.

Paragraph (2)

Letter a

It is quite clear.

Letter b

What is meant by "prophylaxis" is a medical action of administering certain drugs to provide protection from certain infectious diseases for a certain period of time.

Letter c

What is meant by "restrictions on social activities" is limiting or strictly monitoring any gathering of people that is suspected of being a source of disease transmission, such as religious activities, public celebrations, traditional ceremonies, and celebrations.

Paragraph (3)

It is quite clear.

Article 378

It is quite clear.

Article 379

It is clear enough.

Article 390 ...



PRESIDENT

- 92 -

Article 380

It is clear enough.

Article 381

Sufficiently clear.

Article 382

It is quite clear.

Article 383

Paragraph (1)

Waste from outbreak and epidemic control activities consists of medical waste and non-medical waste.

Medical waste includes blood, serum, used medicine packaging, used syringes, used vaccine bottles, used blood bags, used gauze, and used masks worn by medical and health personnel serving patients, or patient masks.

Non-medical waste includes food scraps from the general public, used masks from healthy members of the public, and used bottles and plastic waste from domestic activities.

Paragraph (2)

It is quite clear.

Article 384

It is clear enough.

Article 385

It is clear enough.

Article 386

It is clear enough.

Article 387

It is clear enough.

Article 388

It is clear enough.

Article 389

It is clear enough.

Article 390 ...



**PRESIDENT OF
THE REPUBLIC of
INDONESIA**

- 93 -

Article 390

It is clear enough.

Article 391

It is quite clear.

Article 392

It is quite clear.

Article 393

It is quite clear.

Article 394

It is clear enough.

Article 395

It is clear enough.

Article 396

It is clear enough.

Article 397

It is clear enough.

Article 398

It is clear enough.

Article 399

Letter a

The term "dissemination activities" refers to activities intended to cause an outbreak and does not include dissemination activities for the purpose of diagnosis or laboratory confirmation.

What is meant by "materials containing disease-causing agents and health problems that have the potential to cause outbreaks are chemical, physical, and radioactive elements or substances with levels above reasonable limits or normal permissible limits that can cause diseases and health problems that have the potential to cause outbreaks.

Letter b ...



PRESIDEN
REPUBLIC INDONESIA

- 94 -

Letter b

The term "dissemination activities" refers to activities aimed at causing outbreaks and epidemics and does not include dissemination activities for the purpose of diagnosis or laboratory confirmation.

The term "disease-causing biological agents that have the potential to cause outbreaks and epidemics" refers to viruses, bacteria, fungi, and parasites, both living and dead, that can cause/transmit diseases that have the potential to cause outbreaks and epidemics, for example, samples and/or specimens managed by hospitals, laboratories, and research institutions, and animals or meat containing disease-causing biological agents.

Article 400

Obstructing the implementation of efforts to control epidemics and pandemics, among other including failure to complying with the set forth in the context of the implementation of disease control and outbreak prevention, such as refusing to undergo quarantine or isolation, or refusing to allow the control and/or elimination of risk factors related to transportation vehicles, goods, and the environment that have been exposed, including livestock/pets.

Article 401

It is quite clear.

Article 402

It is clear enough.

Article 403

It is quite clear.

Article 404

It is clear enough.

Article 405 ...



PRES IDIM
REPUBLIC OF INDONESIA

-95

Article 405

Paragrah (1)

The private parties concerned include the pharmaceutical industry that produces pharmaceutical preparations used in mass preventive medication and immunization activities.

Paragraph (2)

Letter a

The term "causality audit" refers to a systematic review of cases of adverse events following mass medication and immunization, based on medical data and literature from experts in the field, and conducted by an independent institution to determine the possible link between the adverse events and the medication and/or vaccine administered.

Letter b

Health services, including medical rehabilitation, consist of, among other things, treatment and care provided in cases of adverse events following mass treatment and immunization in accordance with medical indications and treatment protocols.

Letter c

The term "compensation for victims" refers to compensation in the form of disability benefits or death benefits provided to a person who experiences an adverse event following mass preventive medication and immunization based on the results of a causality audit.

Article 406

Sufficiently clear.

Article 407

Paragraph (1)

Financial assistance, among other things, includes:

- a. assistance or compensation for communities affected by activities to combat outbreaks or epidemics; and
- b. assistance for the funding of Hospitals in accordance with their needs.

Paragraph (2) ...



PRESIDENT OF
THE REPUBLIC of
INDONESIA

—§—

Paragraph (2)

It is quite clear.

Article 408

It is clear enough.

Article 409

Paragraph (1)

It is quite clear.

Paragraph (2)

It is clear enough.

Paragraph (3)

The master plan for the health sector is established by the Central Government, coordinated by the Minister after consultation with the Indonesian House of Representatives committee responsible for health.

What is meant by "performance-based budgeting" is the principles and rules of budgeting in accordance with the provisions of laws and regulations in the field of state finances.

Paragraph (4)

The allocation of the health budget sourced from the regional revenue and expenditure budget is carried out in accordance with regional financial policies and the synchronization of financial relations between the central and regional governments.

The term "performance-based budgeting" refers to the principles and rules of budgeting in accordance with the provisions of laws and regulations, including in the field of central and regional financial balance.

Paragraph (5)

Self-explanatory.

Paragraph (6)

It's quite clear.

Article 410

It is clear enough.

Article 411 ...



PRESIDENT OF THE
REPUBLIC OF INDONESIA

- 97

Article 411

It is clear enough.

Article 412

It is clear enough.

Article 413

It is quite clear.

Article 414

It is quite clear.

Article 415

It is clear enough.

Article 416

It is clear enough.

Article 417

Paragraph (1)

It is clear
enough.

Paragraph (2)

It is clear
enough.

Paragraph (3)

It is clear enough.

Father ()

Community participation, including in the implementation of Health Efforts to achieve the highest possible level of health, includes:

- a. participation in the implementation of Health Efforts;
- b. support for the provision of Health Resources;
- c. research and development of Health Technology;
- d. planning and policy policy national health development strategy;
- e. guidance and supervision; and/or
- f. other community participation.

Article 418 ...



PRE? IDÜN
REPUBLIC OF INDONESIA

- 98 -

Article 418

It is quite clear.

Article 419

It is clear enough.

Article 420

It is clear enough.

Article 42 1

It is quite clear.

Article 422

It is quite clear.

Article 423

It is clear enough.

Article 424

Paragraph (1)

It is clear enough.

Paragraph (2)

It is clear enough.

Paragraph (3)

Letter a

It is clear enough.

Letter b

It is quite clear.

Letter c

Quite clear.

Letter d

Quite clear.

Letter e

Quite clear.

Letter f ...



PRES ICEB
REPUBLIC tBCONESIA

- 00 -

Letter f

Quite clear.

Letter g

Quite clear.

Letter h

Quite clear.

Letter i

Quite clear.

Letter j

Quite clear.

Letter k

Quite clear.

Humf l

Pretty clear.

Letter m

Performing other actions, including arrest, detention, and taking photographs and fingerprints.

Assistance in investigations, including technical assistance, tactical assistance, and assistance with coercive measures.

**Paragra
ph (4)**

That is clear enough.

Paragraph (5)

It is quite clear.

Paragraph (6)

It is quite clear.

Article 425

It is clear enough.

Article 426

It is clear enough.

Article 427

That's clear enough.

Article 428 ...



PRESIDENT OF THE
REPUBLIC OF INDONESIA

100 —

Article 428

It is clear enough.

Article 429

It is clear enough.

Article 430

It is quite clear.

Article 43 1

It is quite clear.

Article 432

It is quite clear.

Article 433

It is clear enough.

Article 434

It is quite clear.

Article 435

It is clear enough.

Article 436

It is clear enough.

Article 437

It is clear enough.

Article 438

It is quite clear.

Article 439

It is clear enough.

Article 440

Paragraph (1)

Negligence resulting in serious injury, including permanent disability.

Paragraph (2) ...



**PRE1IDEM
REPUbLiR tt1DONESIA**

101 -

Paragraph (2)

It is clear enough.

Article 441

It is clear enough.

Article 442

It is quite clear.

Article 443

It is clear enough.

Article 444

It is clear enough.

Article 445

It is clear enough.

Article 446

It is clear enough.

Article 447

It is quite clear.

Article 448

It is quite clear.

Article 449

It is clear enough.

Article 450

It is quite clear.

Article 451

It is clear enough.

Article 452

It is quite clear.

Article 453 ...



PRESIDENT
REPUBLIC OF INDONESIA

102

Article 453

It is quite clear.

Article 454

It is clear enough.

Article 455

It is quite clear.

Article 456

It is clear enough.

Article 457

It is clear enough.

Article 458

It is clear enough.

ADDITION TO THE STATE GAZETTE OF THE REPUBLIC OF INDONESIA NUMBER 6887