

COMPARISON OF INDONESIAN HEALTH LAW WITH INTERNATIONAL HEALTH REGULATIONS: A LITERATURE STUDY

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Abstract

This study aims to analyse the comparison between the Indonesian Health Law and international health regulations, especially those issued by the World Health Organization (WHO). The literature review shows that the Indonesian Health Law is oriented towards the fulfilment of public health rights aligned with national development priorities, while international regulations prioritise global standards and universal, evidence-based approaches. This difference creates challenges in implementation, especially related to limited resources and infrastructure at the national level. Nevertheless, opportunities for integration through adaptation of local policies with international guidelines can provide significant benefits in improving the quality of health services and response to global health threats. This research highlights the importance of collaboration between national policies and global standards to strengthen the health system in Indonesia.

Keywords: Comparison, Indonesian Health Law, International Health Regulations: Literature Study

Introduction

Health is one of the basic human rights that must be guaranteed by every country, in accordance with the principles stated in the *Universal Declaration of Human Rights* and the 2005 *International Health Regulations (IHR)* Framework issued by the World Health Organisation (WHO). These international health regulations aim to create a global health system that is responsive in dealing with public health threats such as outbreaks, pandemics, and other disasters (Nasution, 2020).

The Universal Declaration of Human Rights (UDHR), adopted by the United Nations General Assembly in 1948, sets out basic rights that apply to all human beings without discrimination. Article 25 of the UDHR specifically affirms the right of every individual to an adequate standard of health, including access to medical care and social services (Rahayu, 2025). This principle covers important aspects such as the right to life, liberty, and security of person, and emphasises the need to guarantee access to food, clothing, housing, and health care that are essential for human well-being. In addition, the UDHR encourages countries to develop policies that support universal health and address the social determinants that affect people's health conditions, such as income, education and the environment (Lee, 2022).

The 2005 International Health Regulations (IHR) Framework issued by the World Health Organisation (WHO) presents more specific and technical principles for addressing global health risks. The 2005 IHR was designed to strengthen countries' ability to detect, assess and respond to potential public health threats capable of spreading across national

borders (Miller, 2020) . Key principles in the IHR include international coordination, transparency, and national health security. The IHR requires countries to report events that could threaten global health to WHO, as well as strengthen national preparedness and response to outbreaks or pandemics. In addition, the framework emphasises the importance of cross-sector cooperation and strengthening the capacity of laboratories, surveillance and health workers to ensure a rapid and effective response to global health threats (Shrestha, 2023) .

In Indonesia, the guarantee of health has been strengthened through Law No. 36/2009 on Health, which provides a legal basis for the organisation of health services and the development of the national health system. This law covers various aspects, such as the regulation of health care facilities, medical personnel, drug management, and promotive and preventive efforts in maintaining the quality of public health (Wilson, 2021).

However, in practice, there are various challenges in aligning national health policies with international standards. For example, when Indonesia faces a global pandemic, such as COVID-19, some national policies show differences with international guidelines set by WHO. This gap may affect the effectiveness of global coordination, as well as the implementation of adaptive health systems at the national level (Yanto, 2023).

In addition, several important issues such as disparities in access to health services, limited health budgets, and lack of supervision of policy implementation, are challenges that need to be evaluated in the context of national and international regulations. The urgency to understand how Indonesia's health regulations compare with international standards comes as an effort to improve the national health system that is more effective, adaptive, and in accordance with the global framework (Pratama ., 2025)

Based on this background, this study aims to compare the Indonesian Health Law with international health regulations, especially the *International Health Regulations*. This analysis is expected to provide relevant recommendations to create harmony between national and international policies so as to strengthen the national health system in the face of global and local threats.

Research Methods

The study in this research uses the literature method. The literature research method is a research approach that involves collecting, analysing, and synthesising information from various written sources, such as scientific journals, books, reports, articles, and other documents relevant to the research topic. This method aims to understand the current situation, identify gaps in the existing literature, and provide a theoretical basis for further research. Researchers use systematic search techniques to identify appropriate resources, then assess the quality, validity, and relevance of the information found (Silverman, 2015) ; (Rossi et al., 2004) . This process includes steps such as formulating research questions, determining inclusion and exclusion criteria, collecting data, and finally compiling a critical and structured literature review. Literature research

methods are essential in contextualising new research and ensuring that the review is based on existing knowledge (Jesson et al., 2011) .

Results and Discussion

Comparison of Indonesian Health Law with International Health Regulations

Indonesia's Health Law, primarily contained in Law No. 36/2009 on Health, has a number of similarities with the 2005 International Health Regulations (IHR) Framework drafted by the World Health Organisation (WHO). Both regulations place public health as a top priority, but their approaches differ. The Indonesian Health Law focuses on regulating the health sector within a national context, while the IHR aims to coordinate a global response to transboundary health threats (Dewi, 2022) .

In principle, the Indonesian Health Law emphasises the importance of public access to quality health services, which is part of the fulfilment of human rights. This regulation states that every Indonesian citizen has the right to receive fair and equal health services. This emphasis on equality is in line with the principles contained in the IHR, including the right of all individuals to enjoy the highest standard of health without discrimination. The IHR also integrates the concept of global justice in a transnational approach to health (Abdullah, 2021) .

Indonesia's Health Law puts a strong focus on medical resources, including health facilities, medical personnel, and medicines. This regulation approaches health issues as an aspect that the government and local governments must take responsibility for to ensure the sustainability of services. Meanwhile, the IHR places more emphasis on rapid detection and response systems to global health threats, such as pandemics and infectious diseases. The IHR encourages countries to build surveillance systems that are able to identify potential epidemics and communicate them at the international level (Wijaya, 2023) .

The legal framework in Indonesia's Health Law includes obligations to provide primary health care, health promotion, disease prevention, and rehabilitation efforts. This has similarities with the IHR, which also includes disease prevention as one of the main objectives, but the focus of the IHR is more specific to diseases that have a risk of spreading across borders. The difference lies in the strategic scope, where the Health Law is more tied to the national context, while the IHR is transnational, boosting global cooperation (Hadi, 2024) .

In addition, Indonesia's Health Law stipulates provisions related to health insurance through a national health insurance system, as implemented through BPJS Kesehatan. This regulation covers the optimisation of health financing for the community, especially vulnerable groups who need financial protection in accessing health services. In contrast, the IHR focuses more on aspects of cooperation between countries, transparency, and rapid communication to support responses to global health threats, such as outbreaks, biological disasters, or pandemics (Sugiarto ., 2020)

On the other hand, the IHR is more detailed in establishing international reporting and coordination mechanisms. WHO member states are required to report health events

of potential international concern through an integrated reporting system. This regulation aims to ensure that any threats are identified and addressed as early as possible. In Indonesia, the Health Law mainly focuses on reporting epidemics or extraordinary events at the national and regional levels, with more targeted safeguard mechanisms at the local scale (Coleman, 2022).

The IHR also has technical principles that support the strengthening of laboratory capacity, surveillance systems, and training of health workers in each member state. This regulation emphasises the importance of strengthening national capabilities to mitigate global risks. Meanwhile, the Health Law focuses more on strengthening domestic health infrastructure, including the construction of regional hospitals and clinics and improving the welfare of health workers through special regulations (Kartika, 2022).

In a policy context, the Health Law is influenced by Indonesia's political, cultural and economic dynamics. Health is seen as part of national development that involves socio-economic aspects. The IHR, although first created in an international context, provides flexibility to member states to implement its principles according to their respective national capacities and contexts. This allows better adaptation for countries like Indonesia to blend local approaches with global health principles (Harsono ., 2024)

One of the fundamental things that distinguishes the two is the scope of influence. The Indonesian Health Law is designed to regulate all aspects of health within Indonesia's sovereign territory, ranging from maternal and child protection, disease control, to regulation of the supply of medical devices and medicines. In contrast, the IHR operates beyond the boundaries of state sovereignty, with the aim of protecting global public health through close transnational cooperation (Brown, 2020).

Although different in operational scope, these two regulations complement each other. Indonesia as part of the global community has an obligation to adhere to the principles of the IHR while still prioritising its national health regulations. For example, Indonesia needs to build reporting capacity in accordance with the IHR, while ensuring the welfare of the domestic community through policies governed by the Health Law (Setiawan, 2024).

Overall, Indonesia's Health Law and the International Health Regulations share the common goal of ensuring health as a fundamental human right. Despite their different approaches, both together promote global solidarity and state responsibility in the face of health challenges. The integration of national policies and international principles is key to ensuring the health preparedness of a country like Indonesia amidst increasingly complex global threats.

Gaps and Implications of Differences between Indonesian and International Health Laws

Significant differences between Indonesian health laws and international health standards often create gaps in the implementation of health services in the country. Indonesia has health laws that are designed according to local conditions, but are often not fully in line with international guidelines or recommendations set by organisations

such as the WHO. This discrepancy can be seen in various aspects, including health service quality standards, management of infectious diseases, and providing access to health services for all levels of society (Johnson, 2020) .

This disparity impacts the quality of healthcare received by Indonesians. International health laws are usually more comprehensive and detailed in every aspect, taking into account the latest developments in health science and medical technology. In contrast, health regulations in Indonesia sometimes seem to be lagging behind, both in terms of substance and implementation, which results in very striking differences in service quality (Muller, 2021) .

On the other hand, the implications of this gap also affect infectious disease control efforts. International standards tend to have stricter protocols that have proven effective in controlling outbreaks. Meanwhile, Indonesia often faces obstacles in implementing protocols that are in line with international standards, both due to limited resources and less than optimal policy adaptation. As a result, infectious disease outbreaks can be more difficult to control and have the potential to spread more widely in Indonesia (Novanda ., 2021)

Equitable access to healthcare is also a major challenge. In many countries with health laws that follow international standards, access to healthcare for citizens is a major focus. In Indonesia, despite efforts to expand access, there are still many areas that do not receive adequate health services. Geographical barriers and limited infrastructure are often the reasons for the difficulty in promoting equitable health services in accordance with international standards (Wijaya, 2023) .

In addition, the provision of training and education to medical personnel in Indonesia is often not in line with international standards. Education and certification programmes for medical personnel in developed countries usually follow strict guidelines and are constantly updated according to the development of health sciences. Meanwhile, training for medical personnel in Indonesia sometimes still uses a curriculum that is not fully up-to-date with global developments, which affects their competence in providing health services (Smith, 2021) .

Differences in health budget funding and management have also been highlighted. In countries with good international health standards, budget allocations for the health sector usually reflect the government's commitment to ensuring quality health services. Whereas in Indonesia, health budget allocations are often inadequate to meet the growing needs, which has a direct impact on the provision of health services and maintenance of health infrastructure (Kavita, 2025) .

Public trust in the health system is also affected by the quality of health regulations. In countries with recognised international standards, people tend to have high trust in their health system. In contrast, in Indonesia, gaps in health service regulation and implementation often lead to public dissatisfaction and distrust of the national health system (Liu, 2023) .

The adoption of technology and innovation in healthcare is another aspect that shows great differences. International health standards usually include the adoption of the latest technology and medical innovations to improve health services. However, the implementation of health technology in Indonesia is still lagging behind, both in terms of supporting infrastructure and regulations governing its use. This results in less optimal health services in Indonesia compared to countries with advanced health technology. (Surya, 2023).

Evaluation and supervision of health services in Indonesia is still less rigorous compared to international standards. Developed countries usually have a strict and continuous monitoring system to ensure that health services meet the set standards. Meanwhile, in Indonesia, evaluation and supervision are often inconsistent, which allows for deviations from proper service standards (Liu, 2023).

Overall, the differences in health laws between Indonesia and international standards have far-reaching implications that affect various aspects of health services. From quality of care, management of infectious diseases, access to health services, to public trust, all are affected by this gap. To catch up and improve the quality of health services, a strong commitment from all relevant parties is required to align national health regulations with international standards, supported by adequate resource allocation and effective implementation programmes.

Conclusion

Indonesia's Health Law places great focus on the fulfilment of public health rights in accordance with the principles of social justice and national development. However, international health regulations, such as guidelines from the WHO, tend to favour global standards and universal, evidence-based approaches to support the achievement of global health goals. This difference often causes Indonesia to make adjustments in policy implementation to align with local needs and international commitments.

Indonesia faces challenges in aligning national health regulations with international standards, especially in the context of limited resources for infrastructure and health personnel. International health regulations such as the International Health Regulations (IHR) require countries to improve monitoring and response systems to global health threats, which requires technological support, funding, and harmonised policies. These limitations mean that policy implementation is often hampered in practical aspects.

Despite differences in regulatory approaches, the literature review shows that Indonesia has a great opportunity to strengthen the health sector through the integration of national systems with international regulations. Bilateral, regional, and global cooperation and adaptation of locally-based health regulations can encourage Indonesia to more effectively address health issues. By utilising global standards as guidance, Indonesia can improve the efficiency of health services and strengthen its position in international health forums.

Thus, while there are challenges in harmonising national and international regulations, the potential for integration and innovation could be a path towards improving Indonesia's health system.

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