



PROCEEDINGS INTERNATIONAL CONFERENCE

GLOBAL CONNECTIVITY

**Cross Cultural Connections, Social Inclusion, and Recognition:
The Role of Social Sciences**

Editors:

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Prof. Nestor Castro, Ph. D.

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Bali, 11-12 September 2017

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**Proceedings International Conference
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WELCOMING REMARKS THE GOVERNOR OF BALI

Om Swastyastu,

The distinguished guests, Rector Warmadewa University, the President of International Federation of Social Science Organizations (IFSSO), ladies and gentlemen,

Welcome to 23rd IFSSO International Conference and General Assembly on “*Global Connectivity, Cross Cultural Connections, Social Inclusion, and Recognition: The Role of Social Sciences*”.

First of all, I would like to express my gratefulness *angayu bagia*, to Ida Sanghyang Widhi Wasa, Tuhan Yang Mahaesa, the Almighty God.

I would like to express my deepest gratitude for the cooperation between Warmadewa University and IFSSO and all participants for this conference. I would like to thanks all presenters from different countries, including Turki, Japan, the Philippines, Thailand, India, Algeria, Indonesia, to mention a few.

I hope with the selection of Bali as the venue for such important international conference, Bali *taksu* with warm hospitality of the Balinese people will bring about positive aura for all participants.

This clearly would create the best solution as well as potential policies in the near future which in turn could spur the development for prosperity of the people.

Recently, there are more needs to better understand the issue of connectivity as the world becomes small with rapid globalization. We witness the stories of movements of people around the world due to economic gap as well as conflict, wars and so forth.

It is really timely for scholars to discuss the issue of connectivity in this globalised world.

Bali, located in a strategic place, as a hub from neighboring countries like Australia and Southeast Asian countries, has become a good place for understanding the issue of connectivity in term of

movements of people and ideas.

I hope that through this international conference will provide us all with an excellent opportunity for various scholars to discuss connectivity in particular.

I do hope this conference will **stimulate new ideas for us** in order to understand the recent phenomena on connectivity in globalised world.

I hope that besides this conference, Indeed, this international conference is not only broadening knowledge of our participants engaged in the connectivity issues, but also giving the opportunities to establish wider networks amongst scholars, from Balinese scholars and national and international scholars.

Indeed, Bali is a rich of cultural traditions and has developed creative industries in a very corner of Bali.

I hope the participants will have the spare time to visit Balinese Arts as well as enjoy the magnificent view of Balinese landscape.

I hope you will enjoy the beauty of Bali while you are here.

Thank you.

Denpasar, September 2017

I Made Mangku Pastika

Wellcome Message Rector Warmadewa University

Om Swastyastu,

First, I would like to show my gratefulness *angayu bagia*, to Ida Sanghyang Widhi Wasa, Tuhan Yang Mahaesa, the Almighty God, so I could have the opportunity to give this written speech for the 23rd IFSSO General Conference (International Federation of Social Science Organizations) with the theme of ***“Global Connectivity, Cross Cultural Connections, Social Inclusion, and Recognition: The Role of Social Sciences.”***

I am proud that the Warmadewa University has been chosen as the place for this 23rd IFSSO General Conference, September 11 – 12, 2017.

Ladies, gentlemen and all participants,

I am happy to welcome you to international conference starting this morning in Warmadewa University Denpasar. On behalf of Warmadewa University, I would like to extend my warm welcome to distinguished guests: Prof. Nestor Castro, Ph.D., (The President of IFSSO), Prof. Dr. Kazuhisa Nishihara (as the First Vice President of IFSSO), Prof. Dr. phil. I Ketut Ardhana, M.A. (as the Second Vice President of IFSSO), Prof. Dr. Yazawa, Hakan Guller (Sociologist from Istanbul Foundation for Science Innovation), Prof. Morad Moulai Hadj (Department of Sociology, Faculty of Social Sciences, University of Oran 2- Algeria), Mari Shiba (Seijo University, Tokyo Japan), Prof. Joseph P. Lalo, Ph.D., (from the Philippines), Prof. Yekti Maunati, Ph.D. M.A., Dr. Ganewati Wuryandari, and Dr. Sri Sunarti Purwaningsih, M.A. (from the Indonesian Institute of Sciences, Jakarta), and all participants of the 23rd IFSSO General Conference.

This International conference covers areas like social science policy matters, providing information, and documentation services in the social sciences.

Delegates will have the opportunity:

To discuss topics ranging from ways to strengthen social sciences in a dynamic development process;

To examine the recent specific issues related to the development of social sciences and humanities studies.

By sharing our experiences on social sciences and humanities studies, the 23rd IFSSO General Conference Bali will elaborate this into concrete and practical solutions.

This grows participation shows that there is a need for a regular regional conference to provide a platform for the dissemination of research to each other and to the general public.

As the Rector of Warmadewa University, I was also concerned to express gratitude to all parties who have provided positive support, both material and spiritual towards the achievement of the International Conference.

This international conference bringing together more than 100 participants from across the world will explore the global connection in the world; share ideas and comments so that it will be fruitful for all of us and the ideas presented by the speakers will enrich our viewpoints and understanding on the development of social sciences and humanities studies.

I am sure as the conference progresses there will be many opportunities to learn one another as well as to develop new collaborations and partnership for the future good of the region.

I thank you all for being here. I wish you a fruitful conference and a happy stay in Bali

Thank you very much.

Om Shanti, Shanti Shanti Om

Recto of Warmadewa University



Prof. dr. I Dewa Putu Widjana, DAP&E.Sp. Park



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HEALTH INSURANCE AND CITIZEN RIGHTS: Reviewing the State Role in Fulfilling the Right of Access to Health

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Abstract

Indonesia is one country that gained world recognition as a country that respects the Human Rights (HAM), Indonesia is also a party to ratify the two international covenants (International Covenant on Civil and Political Rights [ICCPR] and International Covenant on Economic, Social, and Cultural Rights [ICESCR]) which is derived from the Universal Declaration of Human Rights (UDHR) as the main instrument of human rights. In the national context, the right to obtain access to health is one of the rights possessed by citizens, and the state is obliged to fulfill these rights. UDHR, ICESCR, the Constitution of the Republic of Indonesia, the Human Rights Act, a number of national rules in the field of health, and the social security system through the National Health Insurance program (JKN) into the basic responsibility of the state to fulfill the right to access to healthcare for its citizens. But in fact, based on the news, there are many events and cases related to the problem of poor service at both the Hospital and the Regional Center becomes a problem for the fulfillment of human rights by state. Issues to be discussed in this paper is the factor that causes difficulty in obtaining access to health in Indonesia? and How the state's role in tackling problems of access to health in Indonesia?. This paper is a conceptual article and in the discussion using the theory of human rights. Economic and geographical problems are two factors causing the population is difficult to get access to healthcare, issues health costs such as certain drugs that are not covered by JKN and other costs (transport, meals, etc.) for the poor is an economic factor that must be addressed by state, whereas unequal distribution of health facilities in a given area makes

it difficult for people to access it, but because of the distance traveled very far even have to cross the island into a separate problem for poor people who are sick, it is a geographical factor that should be handled by state. The state's role in tackling the problems of access to health is the increase allocation of health aid to the poor, coordination of central and local governments to equitable development of health facilities in every region of Indonesia, so that every community can easily access and enjoy the health facilities provided by the state.

Keywords: citizen rights, the role of the state, the right of access to health.

I. INTRODUCTION

Access to health services is a basic right owned by everyone, so as a citizen of that right must be fulfilled by the state. Health is an expensive thing for the sick and is considered cheap when it is healthy, so sometimes someone ignores his / her rights to make a healthy living. Although there is a state obligation to respect, protect and fulfill the right of access to health care for its citizens, the awareness to strive for a healthy life and to maintain its health is absolutely an option for every individual as a citizen.

Article 25 of the Universal Declaration of Human Rights 1948 (UDHR) provides that:

- (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
- (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Based on these arrangements, it can be seen that the state only guarantees health care for himself and his family, and indirectly

every individual must maintain his health as much as possible in order to avoid the illness that can be suffered due to his negligence to maintain health in running his daily life. In addition to the provisions of the Universal Declaration of Human Rights, the right to access to health services is also provided in Article 12 of the International Covenant on Economic, Social and Cultural Rights, as follows:

- (1) The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
- (2) The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: a] The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; b] The improvement of all aspects of environmental and industrial hygiene; c] The prevention, treatment and control of epidemic, endemic, occupational and other diseases; d] The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

In addition to the above two major international arrangements (the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights) are specifically set out in Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women, as follows:

- (1) States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.
- (2) Notwithstanding the provisions of paragraph I of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

Furthermore, Article 24 of the Convention on the Rights of the Child provides that:

- (1) States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
- (2) States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures: a] To diminish infant and child mortality; b] To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care; c] To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution; d] To ensure appropriate pre-natal and post-natal health care for mothers; e] To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents; f] To develop preventive health care, guidance for parents and family planning education and services.
- (3) States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.
- (4) States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

The four instruments (the Universal Declaration of Human Rights, the ICESCR, the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention on

the Rights of the Child) are adopted and ratified[1] into national law as a basis and effort to respect, protect and fulfill the human rights of citizens In the field of health, Particularly in Article 28H paragraph (1) and Article 34 paragraph (3) of the 1945 Constitution of the Republic of Indonesia which is further stipulated in the Law of the Republic of Indonesia Number 36 Year 2009 on Health, Article 9 of the Law of the Republic of Indonesia Number 39 Year 1999 on Human Rights and Article 12 of the Law of the Republic of Indonesia Number 11 Year 2005 on Ratification of the Covenant on Economic, Social and Cultural Rights.

Health development is an effort to fulfill one of the basic rights of the people, namely the right to obtain health services. Health development should be viewed as an investment to improve the quality of human resources and support economic development, and have an important role in poverty reduction efforts. Health development is faced with various important issues such as health status disparity; Double burden of disease; Quality, equity and affordability of health services; Community protection in medicine and food; As well as clean and healthy living behavior. Some other important issues that need to be addressed immediately are increased access of the poor to health services, handling of malnutrition, prevention of communicable disease outbreaks, health services in disaster areas, and the fulfillment and deployment of health workers[2].

The government proclaimed health program through the National Health Insurance (JKN) run by the Social Security Administering Agency (BPJS)[3] encountered many obstacles, this is due to rejection of some hospitals to patients who use BPJS. As reported that Reva Wulandari (11 years) was rejected 8 hospitals in Tangerang District [4], M. Rizki Akbar, who is 2.9 years old, also died after being rejected by six large hospitals, whereas this child is a patient of BPJS card holder [5], In other news also reported that there are victims who rejected the hospital, a private hospital that refused to exist in the Sawangan region as well. It is unclear why the patient refused BPJS, but when the victim was paid with cash

directly received[6], There is also a case of alleged rejection of BPJS postpartum patient (Sunday November 15, 2015) by a maternity hospital in Tanah Sareal Sub-district, Bogor [7], and doctors who refused BPJS patients because the company BPJS assessed Riba (contrary to Islamic religious norms)[8]. Based on these reports and considering the state's obligation to respect, protect, and fulfill the citizens' rights in health, the issues to be discussed in this paper are the factor that causes difficulty in obtaining access to health in Indonesia? and How the state's role in tackling problems of access to health in Indonesia?

AI.DISCUSSION

A. Factors Causing the Difficulty of Getting Access to Health in Indonesia

Many factors are causing Indonesian society especially poor people to have difficulty in getting access to health, these factors when pursued then can become two main factors, namely:

1. Economic Factors

Since January 1, 2014, the Government stipulates the National Health Insurance that is implemented by BPJS Kesehatan as stipulated in Article 5 of the Law of the Republic of Indonesia Number 40 Year 2004 on National Social Security System (SJSN). The law on SJSN formulates the Health Insurance Program with the basic principle in Article 19 paragraph (1) that is based on the principle of social insurance and equity principle. The principle of social insurance namely; Mutual cooperation, between capable citizens with disadvantaged citizens and healthy citizens with sick people. Membership is mandatory so that all citizens can be protected. Nonprofit principle, meaning funds collected from contributions will be used for mutual benefits and citizens. Finally, the principles of openness, prudence, accountability, efficiency, and effectiveness in terms of managing JKN funds[9]. Based on the principle of insurance, in fact the state has tried to fulfill the right to health of citizens, although in its implementation many

experiencing obstacles, including rejection by some hospitals.

Whereas, the principle of equity is the similarity in obtaining services in accordance with medical needs unrelated to the amount of contributions already paid. This principle is manifested by the payment of contributions of a certain percentage of wages for those who have income and the government pays contributions for those who can not afford[10]. This equity principle is also an issue for BPJS card holders, this is due to the uneven amount of contribution but the acquisition of services in accordance with the medical needs that are not related to the amount of contributions already paid, so that cardholders BPJS who pay dues with low class can not be denied will be underestimated by the hospital.

Health insurance is the right of all the people of Indonesia, JKN program aims to provide easy access to health services for all citizens so that no longer the community, especially the lower society, who was rejected when they seek treatment at health care facilities. But in its implementation, the program whose purpose is very noble is not running as expected. Various problems that appear in the field as follows:[11]

- The issue of tariffs and medicines:
While still a participant of previous health insurance (health insurance/Askes, jamsostek, Jamkesmas or KJS) certain diseases treatment for patients can be facilitated. But after the enactment of BPJS Kesehatan, treatment is not fully facilitated. As a result, the patient has to pay at a personal cost or the cost of the drug is charged to the patient.
- Membership issues:
There are still many poor people, such as homeless, beggars, neglected children not included in the membership of PBI which amounted to 86.4 million people. Since the 86.4 million are old participant data registered in the public health insurance/Jamkesmas.
- Health care quality issues:
Health services organized such as public health centers/

Puskesmas and hospitals still have problems. Lack of a number of health facilities such as rooms for patients. Because there are still many non-government health service facilities that have not cooperated with BPJS. The lack of health personnel available in health facilities is also a problem. Due to health personnel in Indonesia still not spread evenly. Limitations of health personnel will affect the health of patients because it is not handled quickly.

- Referral issues:

The referral system is chaotic, consequently many participants do not know the referral system so they do not get the service properly. Patients should receive referral from a first-level facility (clinic or puskesmas) prior to the next level of health facility (Hospital). This is where the problem occurs, many participants come to a second-level facility without getting a reference from a first-rate facility.

Provision of health services related to several components, such as medical personnel, health facilities, and patients[12], so all three are related. The first and second points above are strongly influenced by economic factors, where low-income people will find it difficult to get access to health, not to mention other costs incurred in addition to medical expenses (such as transportation costs for the patient's family, Days, and other costs incurred and not covered by the government).

The current community difficulty is costly health financing. Not only because the doctor but to reach the health facilities and infrastructure should also be with a little effort[13]. At that point, it is also directly caused by derivative products from related government regulations governing health insurance so as to harm the participants:[14]

- There is a Government Regulation of the Republic of Indonesia Number 101 of 2013 on the PBI that only accommodates 86.4 million poor people as PBI (Beneficiary), whereas BPS data in 2011 that the poor are 96.7 million. As a result, there are still millions of vulnerable people without health insurance.

- The INA-CBGs system is a package system that can limit health care tariffs to participants. The limitation of the cost is inseparable because the regulation on the JKN program established by the Regulation of the Minister of Health of the Republic of Indonesia Number 69 Year 2013. Consequently, it is not only patients who feel disadvantaged by this policy but all health service facility networks that work with BPJS are also harmed by the cheap payment system. It also makes many non-government health facilities discourage to cooperate with BPJS Kesehatan.

The steps taken are improving access to health, especially for the poor through free health care; Improvement of prevention and control of infectious diseases; Improving the quality, affordability and even distribution of basic health services; Improving the quality and quantity of health personnel; Quality assurance, safety and efficacy of medicine and food; As well as increased health promotion and community empowerment. As a follow-up, health development is directed to improve the equity and affordability of health services; Improve the quality of health services; Improve clean and healthy life behavior; Improve disease prevention and eradication efforts; and improve the community's nutritional status[15]. It should also be borne in mind that the right to choose a physician, nurse and his / her means of health and the right to receive, deny or terminate treatment or care of himself, of course after receiving complete information about the state of health or illness[16] is a number of rights owned by citizens who must be respected and protected by the state. Based on the exposure, economic factors become one of the main factors causing the difficulty of the community gaining access to health in Indonesia.

2. Geographical Factors

Geographical factors become one of the main factors (besides economic factors) cause the difficulty of society get access to health in Indonesia. Indonesia's vast geographical location with uneven population spreads makes the existing health facilities uneven, so for certain groups of people it is difficult to get access to health

facilities because the distance traveled is far.

The main problems of health development at this time are still high disparity of health status among socio-economic, inter-regional, and between urban and rural areas. In general, the health status of people with high socioeconomic level, in western Indonesia, and in urban areas, tend to be better. In contrast, the health status of the population with low socio-economic, in eastern Indonesia and in rural areas is still lagging behind. Another important problem faced is the double burden of disease, ie not yet overcoming communicable diseases suffered by the community, but at the same time an increase in non-communicable diseases. On the other hand, the quality, equity, and affordability of health services are still low. Quality of service is a constraint because medical personnel are very limited and equipment is inadequate. In terms of numbers, the ratio of health personnel to the total population to be served is still low. The affordability of services is closely related to the number and distribution of health facilities. In 2002, for every 100,000 residents only 3.5 Puskesmas were available. That is, some residents, especially those living in remote areas, do not utilize the Puskesmas because of limited transportation facilities and geographical constraints[17].

A total of 14 villages in Seruyan District, Central Kalimantan Province are still difficult to access health services. According to Seruyan Bahrin Abbas Head of Health at Kuala Pembuang "Noted there are 14 villages that are still difficult to access and get health services, and most of these villages are in District Seruyan Hulu and District Suling Tambun". Although there are already integrated health centers, but until now in the 14 Puskesmas aide/Pustu has not had health workers such as midwives or nurses. The absence of health workers is certainly a constraint, and this is also one of the causes of the community can not access health services. In addition to the lack of health personnel, health services in the region are also difficult to access by villagers because of geographical factors. There are many areas with terrain that are difficult to reach, especially when it rains, according to which there are many connecting roads

that can not be passed, consequently many people in the upstream areas that can not reach the location of health centers such as puskesmas, and vice versa, It is difficult to reach people's homes to provide health services[18], The same thing also happened in Intan Jaya, Papua, Jacob Sani (Intan Jaya District Health Office staff) said the availability of medicines, supporting facilities, equipment and medical personnel, in Intan Jaya is good enough. Health services in towns and territories that can be reached, is running maximum. But some of the 76 villages in eight districts have not been touched because of the difficulty of transportation, according to Jacob. "The actual service has gone well. It's just that access from the district capital, Sugapa to some villages is difficult. Access to some of these areas can only be reached by charter plane, and there is no flight subsidy"[19] And many other similar areas in Indonesia, especially in remote areas or outlying areas, so that economic factors and geographical factors are the two dominant factors that cause the difficulty of the people get access to health in Indonesia.

B. The Role of the State in Addressing the Problem of Access to Health in Indonesia

1. Increase Allocation of Health Assistance to the Poor

The state's obligation to respect, protect, and fulfill in respect of the right to health shall be undertaken as follows:[20]

(1). Obligation to Respect:

- Obligation to respect equal access to available health services and not to prevent individuals or groups from accessing them to available services.
- The obligation not to engage in actions that interfere with health, such as activities that cause environmental pollution.

1. Obligation to Protect:

- Obligation to take steps in the field of legislation and other measures to ensure that citizens have access (equivalent) to

health services if provided by a third party.

- The obligation to take steps in the field of legislation and other measures to protect human beings from violations in the field of health by third parties.

2. Obligation to Fulfill:

- The obligation to adopt a national health policy and to provide a sufficient share of available health funds.
- Obligation to provide necessary health services or create conditions under which citizens have adequate and adequate access to health services, including health care services and adequate drinking water and adequate sanitation.

Product Law of the Republic of Indonesia Number 39 Year 2009 on Health and the Law of the Republic of Indonesia Number 40 Year 2011 regarding National Social Security System (SJSN) Is the state's efforts in the field of legislation in ensuring the fulfillment of the right to the health of the entire population. Law of the Republic of Indonesia Number 39 Year 2009 on Health, guarantees the right of every individual in the field of health as embodied in the statement of Article 4 'Everyone has the right to health'. In the end, each individual is guaranteed his right in obtaining equal access and appropriate and affordable services in the health sector. Furthermore, each individual is also guaranteed in obtaining a healthy environment in order to achieve optimal health status[21].

The law also includes government responsibilities. In this section, the government is ultimately responsible for the availability of services, the availability of access to both information and facilities, the availability of equal resources, and the pursuit of feasibility and affordability in the health sector. Furthermore, it is stated that the government is responsible for the implementation of health insurance through national social security system for every citizen. In addition, this law provides a minimum health funding

limit of 5% of APBN and 10% of APBD and this fund is prioritized for public benefit at least 2/3 of the budget. In the case of the protection of the right to health, the law will also provide criminal penalties for the offending parties in the health sector[22].

Each obligation will bear responsibility, while the government's responsibility as regulated in the Law of the Republic of Indonesia Number 36 Year 2009 is as follows:

- 1) the responsibility in planning, organizing, organizing, fostering, and supervising the organization of equitable and affordable health efforts by the community.
- 2) responsibility for the availability of environment, order, health facilities both physical and social for the community.
- 3) responsibility for the availability of resources in the field of fair and equitable health for all communities.
- 4) responsibility for the availability of access to information, education, and health care facilities.
- 5) the responsibility of empowering and encouraging the active role of the community in all forms of health efforts.
- 6) is responsible for the availability of all forms of quality, safe, efficient and affordable health efforts.
- 7) responsibility for the implementation of public health insurance through the national social security system for individual health efforts.

2. Central and Regional Government Coordination on Equity of Health Facility Development in Each Region in Indonesia

The existence of international recognition of the right to health does not mean that people have the right to be healthy. Neither the government nor the individual himself can guarantee a particular health condition[23]. Thus, the effort to run a healthy life to avoid

the disease is the obligation of the individual himself. Regardless of the government's efforts to fulfill the right to health of citizens, and regardless of the health costs borne by the government, it would be better if we did not use the facility (in good health).

To overcome the lack of health facilities so that the community is difficult to get access to health, the central government must coordinate to make strategic policy especially health equity distribution policy throughout Indonesia without exception. Equity of health facilities will make it easier for the public to access them if needed, so that the state is considered to be present in fulfilling the right of access to the health of the citizens.

The government's role, duties and responsibilities are more focused on guidance, regulation and supervision for the creation of equal distribution of health services and the achievement of harmonious and balanced conditions between health efforts undertaken by the government and the community, including the private sector[24]. Coordination between central and local government aims to maximize the intended role.

The Law of the Republic of Indonesia Number 36 Year 2009 and the Law of the Republic of Indonesia Number 44 Year 2009 regulate various types of health services, among others; Health services promotive, preventive, curative, rehabilitative and traditional which are all grouped with other terms namely "Health Services Plenary". Further Article 30 of Law of the Republic of Indonesia Number 36 Year 2009 sets forth other terms grouped into Health Service Facilities, namely: Individual Health Services, Public Health Services, and First, Second and Third Health Services. However, there are other terms that can be used to understand the meaning of health services is Health Efforts. Health efforts in the Law of the Republic of Indonesia Number 36 Year 2009 are defined as "any activities and/or series of activities carried out in an integrated, integrated and continuous manner to maintain and improve public health status in the form of disease prevention, health promotion, disease treatment, and Recovery of health by the government and/or the community". While the notion that can be derived from the

term “health service” in its various forms (promotive and others) is that health services are activities or series of activities, so “health services” is essentially all activities/series of activities undertaken in terms of Health-related items included therein are “medical services” covering health facilities and infrastructure. The series of service activities may include the following matters:[25]

- a. Health promotion
- b. Health education
- c. Provision of facilities (facilities and infrastructure)
- d. Prevention of disease
- e. Treatment of the disease
- f. Return of disease
- g. Care
- h. Supervision. Protection, and others

Thus, what is meant by health services is any effort either self-organized or together (within an organization) to improve and maintain health, prevent disease, treat disease and restore health directed against individuals, groups or communities. Besides, the service is essentially a form of activity whose implementation is mostly organized by the government in the form of goods or services in order to meet the needs of the community in accordance with applicable regulations. As a form of activities undertaken by the government, then the health services included in the public service. Public service itself is any form of service activities undertaken by public service providers as an effort to meet the needs of recipients and the implementation of the provisions of legislation (Decree of the Minister of State Apparatus Empowerment of the Republic of Indonesia No. 63/KEP/M.PAN/7/2003).

Regardless of the above definition, the Health Service according to the Law of the Republic of Indonesia Number 36 Year 2009 as in the explanation is that in providing health services, both individuals and communities are highly guaranteed in the law, in

some articles it is clearly stressed that to Ensuring public health, the government strives to provide health services to the community in an effort to achieve a healthy Indonesia. Health services provided by the government either in the form of provision of health service facilities, provision of drugs, and health services itself is in an effort to ensure public health[26]. Thus, in ensuring the fulfillment of health services for all the people of Indonesia becomes the responsibility of the government.

BI. CONCLUSION

Economic and geographical factors are the two dominant factors that cause the difficulty of access to health in Indonesia, so that the role of the state in addressing the problem of access to health in Indonesia can be in the form of increasing the allocation of health assistance for the poor and central government coordination And the region towards the equitable distribution of health facilities in each region in Indonesia, the two roles referred to become significant when maximized and the community also supports in maintaining the healthy lifestyle everyday.

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BPJS adalah singkatan dari Badan Penyelenggara Jaminan Sosial. BPJS ini adalah perusahaan asuransi yang kita kenal sebelumnya sebagai PT Askes. Begitupun juga BPJS Ketenagakerjaan merupakan transformasi dari Jamsostek (Jaminan Sosial Tenaga Kerja). Dengan demikian, JKN merupakan nama programnya, sedangkan BPJS merupakan badan penyelenggaranya yang kinerjanya nanti diawasi oleh DJSN (Dewan Jaminan Sosial Nasional). Hak ini sesuai Undang-Undang Republik Indonesia Nomor 40 Tahun 2004 tentang Sistem Jaminan Sosial Nasional (SJSN), dengan adanya JKN, maka seluruh masyarakat Indonesia akan dijamin kesehatannya, dan juga kepesertaanya bersifat wajib tidak terkecuali juga masyarakat tidak mampu karena metode pembiayaan kesehatan individu yang ditanggung pemerintah. BPJS Kesehatan, (2014) Peserta BPJS Kesehatan. [Online]. Available: <http://bpjs-kesehatan.go.id/bpjs/index.php/pages/detail/2014/11>

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Recently, there is more need to better understand connectivity problems because of the world with rapid globalization. We are witnessing the story of the movement of people around the world because of economics and conflict, war and so on.

It's really time for scientists to experience connectivity problems in this globalized world.

Bali is in a strategic place, as a hub of neighboring countries like Australia and Southeast Asian countries, has become a good place to understand the problem in terms of movement of people and ideas.

I hope through this international conference will give you a scholarship to discuss connectivity in particular. I do hope this conference will stimulate new ideas for us in order to understand the recent phenomena on connectivity in globalised world.

I Made Mangku Pastika
GOVERNOR OF BALI

As the Rector of Warmadewa University, I was also concerned to express gratitude to all parties who have provided positive support, both material and spiritual towards the achievement of the International Conference.

This international conference bringing together more than 100 participants from across the world will explore the global connection in the world; share ideas and comments so that it will be fruitful for all of us and the ideas presented by the speakers will enrich our viewpoints and understanding on the development of social sciences and humanities studies.

I am sure as the conference progresses there will be many opportunities to learn one another as well as to develop new collaborations and partnership for the future good of the region.

Prof. dr. I Dewa Putu Widjana, DAP&E.Sp. Park
Rector of Warmadewa University

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