

## **ANALYSIS OF HEALTH POLICY IN INDONESIA FOLLOWING THE PASSAGE OF THE OMNIBUS LAW ON INDONESIAN HEALTH LEGISLATION OF 2023**

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### **ABSTRACT**

This study analyzes Indonesia's health policy reform following the enactment of Law No. 17 of 2023 on Health, which adopts an omnibus law approach to consolidate fragmented health regulations. Previous studies have discussed the legal and institutional dimensions of the Health Law, but have given limited attention to how the law reshapes health governance and to the challenges that emerge during its early implementation. This study employs a qualitative, document-based policy analysis, examining Law No. 17 of 2023, academic drafts, government publications, policy reports, scholarly articles, and stakeholder responses from professional associations and civil society. The findings show that the Health Law seeks to harmonize overlapping regulations, strengthen health workforce governance, and improve access to health services. Its implementation faces several challenges, including limited public participation during the policy-making process, tensions with professional organizations, uneven regional health capacity, and uncertainty regarding derivative regulations. The study argues that the effectiveness of the Health Law depends not only on regulatory simplification but also on inclusive governance, transparent implementation, and continuous policy evaluation. These findings contribute to debates on health policy reform in Indonesia by highlighting the gap between regulatory ambition and implementation readiness.

**Keywords:** Omnibus Law, Health Policy Reform, Health Law

### **INTRODUCTION**

Law No. 17 of 2023 on Health marks a significant shift in Indonesia's health policy governance (Adisasmita, 2010). The regulation seeks to consolidate various health-related laws into a more integrated legal framework by adopting an omnibus law approach. Rather than evaluating the long-term impact of the law, this article analyzes its early implementation challenges, particularly in relation to regulatory harmonization, stakeholder responses, and the readiness of health governance institutions (Ayuningtyas, 2024).

The Health Law is not merely a legal consolidation. It affects the governance of health services, health workforce distribution, professional licensing, hospital regulation, health financing, and the role of professional organizations. These changes make the law a relevant subject for policy and governance analysis, especially because its formulation and implementation have been accompanied by public debate and resistance from several health professional associations.

To improve and optimize the performance of health policies, the government, through the Ministry of Health and the House of Representatives (DPR), drafted a Health

Bill, which was incorporated into the Omnibus Law on Health during the Plenary Session of the 2022-2023 Session on Tuesday, July 11, 2023. This Health Law will repeal and supersede previous health regulations. Law No. 17 of 2023 consolidates several previous regulations, including laws on health, hospitals, medical practice, health workers, nursing, midwifery, medical education, mental health, infectious disease outbreaks, and health quarantine. This consolidation reflects the government's attempt to reduce regulatory fragmentation and create a more integrated health governance framework (Khubchandani, 2025).

Policy reform occurs in relation to policies that have already been implemented, which will then be determined whether to continue, discontinue, replace, or require new policies. Bureaucratic reform is part of the government's initiative to achieve good governance and implement fundamental reforms and transformations within the government administration system, particularly regarding institutional (organizational) arrangements, administrative processes, and human resources (Pellegrini, 2025).

The urgency of passing the Omnibus Law on Health, which is an initiative of the House of Representatives together with the Government through the Ministry of Health, is based on the fact that health services, especially in regional health facilities, are still very inadequate, the distribution of health workers, including doctors, is uneven, and the health financing system still has many problems. The Health Law brings and justifies that existing regulations have been unable to overcome existing health problems, thus requiring an omnibus law to serve as an umbrella law and repeal several existing laws. Evaluating policies related to the national health system is both reasonable and necessary, given that several regulations have been in place for too long and are no longer relevant to current developments. The health law, which will serve as the legal umbrella for various health policies, will not only regulate the health profession but also the health system as a whole.

There are pros and cons regarding the ratification of the health law, which is considered too hasty and lacking in public participation in the drafting process. The main issue is focus on public health must be prioritized in the regulations that are drafted. The provision of primary health care services also needs to place greater emphasis on promotional and preventive efforts. In addition, it is hoped that the Indonesian Health Workers Council can be maintained, as it plays a very important role in medical and health services. Another matter that deserves attention is regulations related to the control of addictive substances. The public is expected to help ensure that regulations related to the control of addictive substances, including tobacco, are maintained and even strengthened. This is also related to regulations on advertising, promotion, and sponsorship of tobacco products, which to date remain weak (Kadandale, 2024).

There is also controversy surrounding the regulations governing foreign doctors who wish to practice in Indonesia, which requires attention due to its implications for patient safety. The ongoing controversy surrounding the ratification of the Health Bill indicates that this regulation is receiving significant attention from various parties. Transparency, accountability, and the ability to accommodate input from all relevant parties must be ensured in every stage of the discussion process. Transformation of the health system is indeed

needed, but the interests of the community must remain the priority (Directorate of Community Health and Nutrition, 2023).

Following the ratification of the Health Law, the government began to socialize and prepare derivative regulations for its implementation. However, this process took place amid continuing criticism from professional organizations and civil society groups. This indicates that implementation is not merely a technical process of translating the law into regulations, but also a political process of rebuilding trust, clarifying institutional authority, and addressing stakeholder concerns. The Omnibus Law method is implemented in the formulation of health policy regulations that will later be able to form a harmonious and synergistic Draft Legislation and create simplification of legislation, this is because the Omnibus Law plays a role in removing and changing a norm and re-regulating it in the law that is formed without reducing its meaning.

Existing studies on Indonesia's Health Law have largely focused on its legal basis, the controversy surrounding its legislative process, and the institutional implications for health professional organizations. Less attention has been paid to how the law reshapes health policy governance during its early implementation stage. In particular, the relationship between regulatory harmonization, stakeholder resistance, and implementation readiness remains underexplored, this article addresses this gap by analyzing Law No. 17 of 2023 as a health policy reform instrument, with specific attention to governance challenges, stakeholder responses, and the practical implications of implementing an omnibus approach in the health sector.

Since the emergence of information regarding the planned Health Bill with omnibus law, health professional organizations have unanimously rejected it (Purnomo, 2023), these include the Indonesian Medical Association (IDI), the Indonesian Dental Association (PDGI), the Indonesian National Nurses Association (PPNI), the Indonesian Pharmacists Association (IAI), and the Indonesian Midwives Association (IBI). The main reason for the rejection is the non-participatory and closed nature of the process, leaving members of professional organizations who are health resources and at the forefront of health services feeling uncertain. Since this law has been passed, stakeholders have no choice but to implement it, especially since the judicial review filed by professional organizations was rejected by the Constitutional Court.

This study asks: how does Law No. 17 of 2023 reshape Indonesia's health policy governance, and what challenges emerge during its early implementation? The objective of this study is to analyze the policy implications of the Health Law by examining regulatory harmonization, stakeholder responses, and implementation challenges in Indonesia's health sector.

## **THEORETICAL FRAMEWORK**

This study is grounded in three interrelated perspectives, namely health policy governance, policy implementation, and regulatory harmonization through the omnibus law approach. These perspectives are used to understand how Indonesia's Health Law reshapes

institutional relations within the health sector after the enactment of Law No. 17 of 2023. In this context, health policy governance is important because health regulation is not determined solely by the state, but also involves professional organizations, civil society, health service providers, and other actors whose roles influence the formulation and implementation of health policy. The concept of policy implementation is equally relevant since the enactment of a regulation does not automatically guarantee effective practice at the institutional level. Challenges often emerge when nationally formulated policies must be translated into administrative and service practices across regions with different capacities and governance conditions. This situation becomes particularly important in Indonesia, where variations in institutional readiness and health infrastructure continue to affect the implementation of public policy. The omnibus law perspective offers a way to understand how regulatory simplification affects coordination, authority, institutional accountability, and public participation in the health sector.

### **Health Policy Governance**

Health policy governance refers to the way authority, responsibility, decision-making processes, and resources are organized within the health sector. Governance in health policy is not limited to government institutions, since health policy is also shaped by the involvement of professional organizations, health workers, private actors, civil society groups, academic communities, and service users. Health policy can be understood as a governance process that determines how public health priorities are formulated, implemented, monitored, and evaluated (Development, 2023; Lal et al., 2022).

The governance perspective is relevant to the analysis of Law No. 17 of 2023 on Health because the regulation affects multiple dimensions of Indonesia's health system. The law influences health service delivery, health workforce management, professional authority, licensing, health financing, hospital regulation, and the relationship between central and local governments. Such a broad scope shows that the Health Law functions not only as a legal instrument, but also as a policy framework that restructures institutional relations within the health sector (Debie, 2024; Haldane et al., 2021; Parker, 2025).

The debate surrounding the enactment of the Health Law shows that health policy reform cannot be assessed solely through regulatory efficiency. Criticism from professional organizations and civil society groups highlights the importance of participation, accountability, transparency, responsiveness, and institutional legitimacy in the policy process. Therefore, a governance approach is needed to evaluate whether the Health Law strengthens coordination and policy coherence or instead creates new tensions among actors affected by the reform (Belloni, 2025; Chukwu, 2022; Esmailzadeh, 2024).

### **Policy Implementation**

Policy implementation refers to the process of translating policy objectives into programs, regulations, institutional arrangements, and concrete actions. Although a policy may be carefully designed during the formulation stage, its effectiveness is still influenced by

the capacity of implementing institutions, the clarity of derivative regulations, and the availability of resources, commitment of actors, and acceptance among stakeholders (Franco-Trigo, 2020; Petkovic, 2022).

Implementation is often understood as the stage where the gap between policy intention and policy practice becomes visible in public policy studies. Dunn explains that implementation is not simply the execution of decisions, but a process involving actors, institutions, procedures, and resources required to achieve policy objectives. Implementation studies also distinguish between top-down and bottom-up approaches, where the top-down approach emphasizes central authority and formal control, while the bottom-up approach focuses more on local actors, contextual adaptation, and stakeholder participation (Organization, 2024a; Policies, 2021).

This distinction is relevant to the analysis of Law No. 17 of 2023 because the law was formulated at the national level but must be implemented across diverse regional health systems. Indonesia's geographical, institutional, and fiscal diversity may cause a uniform national regulation to produce different outcomes in different regions. Health workforce distribution, hospital capacity, licensing procedures, and access to health services are influenced not only by the substance of the law, but also by the readiness of local governments, health facilities, professional organizations, and administrative systems (Purwiningsih, 2023; Pusvitasari, 2023).

The enactment of the Health Law cannot automatically be interpreted as successful policy reform. Its early implementation still faces challenges related to regulatory uncertainty, institutional adjustment, stakeholder resistance, uneven regional capacity, and coordination between central and local authorities. These conditions indicate that policy implementation requires not only legal validity, but also institutional readiness, public trust, and adaptive governance (Organization, 2020).

### **Omnibus Law and Regulatory Harmonization**

The omnibus law approach refers to a legislative method that consolidates, revises, or revokes multiple regulations through a single comprehensive law. This approach is generally intended to simplify complex regulatory structures, reduce overlapping rules, accelerate legal reform, and improve policy coherence. Asshiddiqie (2020:16) explains that the omnibus law functions as a legal technique to integrate various related provisions into a broader legal framework (N. L. of Indonesia, 2023; Noor et al., 2022).

The omnibus law approach can also be viewed as a governance instrument rather than merely a legislative technique. Regulatory consolidation may influence institutional authority, administrative coordination, legal certainty, and accountability. The health sector represents a relevant example because Law No. 17 of 2023 consolidates several previous laws concerning hospitals, medical practice, health workers, nursing, midwifery, medical education, mental health, infectious disease outbreaks, and health quarantine.

Regulatory harmonization may reduce fragmentation among sectoral laws and support a more integrated policy framework. Regulatory simplification alone does not

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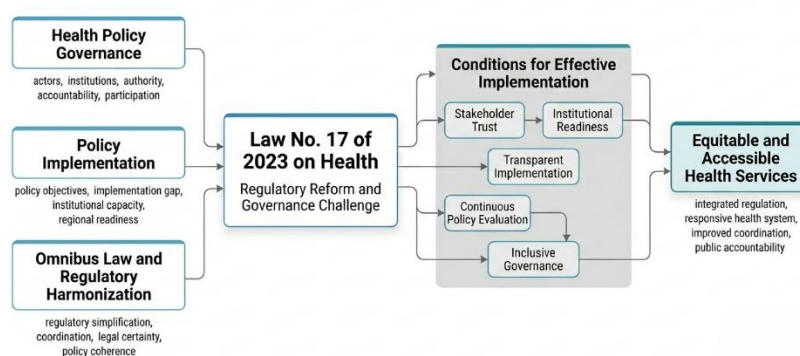
automatically create effective governance, particularly without clear implementation mechanisms, sufficient institutional capacity, meaningful stakeholder participation, and accountable decision-making are still required. A regulation that restructures authority may also create uncertainty when affected actors do not fully understand their roles, responsibilities, or legal position under the new framework (M. of H. of the R. of Indonesia, 2023b, 2023a; Mayasari, 2020).

The Health Law reflects this dual character of the omnibus law approach. On one hand, the law represents an effort to overcome regulatory fragmentation and create a more coherent health policy framework. On the other hand, the consolidation process may also generate governance tensions when the pursuit of efficiency is not accompanied by participation, transparency, and institutional accountability (Agency, 2024; Fatmariyanti, 2023; C. and P. S. B. of the M. of H. of the R. of Indonesia, 2023). This issue becomes increasingly important because the law affects professional organizations, health workers, local governments, hospitals, educational institutions, and the wider public.

### Analytical Framework of the Study

The three concepts above provide the analytical basis for examining Law No. 17 of 2023 as both a regulatory reform and a governance challenge. Health policy governance is used to identify the actors, institutions, and relationships influenced by the law. Policy implementation helps explain the gap between the objectives of the law and the practical challenges of applying it within Indonesia's health system. Meanwhile, the omnibus-law perspective is used to assess whether regulatory harmonization strengthens or complicates health governance.

**Figure 1. Research Framework**



Health Law is positioned in this article as a policy instrument whose effectiveness depends on more than its ability to consolidate previous regulations. Although regulatory simplification remains important, it also requires stakeholder trust, institutional readiness, transparent implementation, and continuous policy evaluation. A more integrated health regulation may contribute to equitable and accessible health services when the reform process

is carried out in an inclusive, accountable, and responsive manner within Indonesia's health system (Ansari, 2020; Asshiddiqie, 2020).

## RESEARCH METHOD

This article uses a qualitative document-based policy analysis to examine Law No. 17 of 2023 on Health as a regulatory reform and governance instrument in Indonesia's health sector. This approach was selected because the study focuses on policy documents, regulatory narratives, stakeholder responses, and scholarly discussions related to the enactment and early implementation of the Health Law. Rather than measuring the long-term impact of the law, the analysis focuses on understanding how the regulation reshapes health governance, how stakeholders respond to the reform, and what challenges emerge during its early implementation.

Data were obtained from secondary sources through literature review and policy document analysis. The sources used in this article are divided into two main categories. The first category consists of internal policy documents issued by state institutions, including Law No. 17 of 2023 on Health, the academic draft of the Health Bill, Ministry of Health publications, parliamentary documents, and relevant derivative regulations or policy materials. These documents were used to identify the formal objectives, regulatory structure, and governance changes introduced by the Health Law.

The second category consists of external sources reflecting responses, interpretations, and critiques from actors affected by or responding to the law. These sources include statements from health professional organizations, such as the Indonesian Medical Association (IDI), the Indonesian Dental Association (PDGI), the Indonesian National Nurses Association (PPNI), the Indonesian Pharmacists Association (IAI), and the Indonesian Midwives Association (IBI), along with academic articles, policy reports, credible media analyses, and civil society commentary. These materials were examined to understand public debate, stakeholder concerns, and governance tensions related to participation, professional authority, health workforce governance, and implementation readiness.

The documents were selected based on their relevance to three analytical themes: regulatory harmonization, stakeholder responses, and early implementation challenges. Regulatory harmonization was used to examine how Law No. 17 of 2023 consolidates and reorganizes previous health-related regulations. Stakeholder responses were analyzed to understand how professional organizations, civil society groups, and other actors respond to and interpret the law. Early implementation challenges were examined to identify issues related to derivative regulations, institutional capacity, central-local coordination, and regional readiness.

Data analysis was conducted using thematic analysis. The collected documents were reviewed, classified, and interpreted according to the three analytical themes. Each theme was then linked to the theoretical framework of the study, namely health policy governance, policy implementation, and omnibus law-based regulatory harmonization. Through this

process, the analysis aimed to identify the relationship between the formal objectives of the Health Law and the practical concerns raised by stakeholders.

Source triangulation was applied to strengthen the credibility of the analysis. Official government documents were compared with stakeholder responses, academic literature, policy reports, and public commentary. Government documents were mainly used to identify the intended direction of the Health Law, while external sources were used to examine concerns related to participation, institutional accountability, professional autonomy, health workforce distribution, and implementation capacity. Differences between official narratives and stakeholder perspectives were not treated as inconsistencies to be ignored, but rather as part of the governance tensions surrounding the Health Law.

This study is limited by its reliance on secondary data. It does not include interviews with policymakers, health workers, professional organizations, civil society actors, or service users. Therefore, the findings should be understood as an early policy analysis rather than a comprehensive evaluation of the long-term impact of Law No. 17 of 2023. Future studies may strengthen this analysis through fieldwork, interviews, regional case studies, or empirical assessments of how the Health Law is implemented across different local health systems in Indonesia.

## **RESULT AND DISCUSSION**

### **Health Policy Reform and Regulatory Fragmentation in Indonesia**

The first finding shows that Law No. 17 of 2023 was introduced as a response to regulatory fragmentation in Indonesia's health sector. Before its enactment, health governance was regulated through several sectoral laws covering hospitals, medical practice, health workers, nursing, midwifery, medical education, mental health, infectious disease outbreaks, and health quarantine. This fragmented framework created coordination problems, overlapping institutional authority, and uneven policy implementation across the health sector (Organization, 2024b).

From a governance perspective, regulatory fragmentation is not only a legal issue. It also affects the distribution of authority, administrative coordination, and the consistency of health service delivery. Through the Health Law, the government attempts to address this problem by consolidating various sectoral regulations into a single legal framework. Consolidation creates a new policy question: whether a unified legal framework can improve governance without weakening participation, accountability, and the role of professional institutions (Ghebreyesus et al., 2022).

The implementation of a policy is also influenced by politics, economic conditions, geographical conditions, and cultural conditions in a region. For example, the implementation of an exclusive breastfeeding policy for 6 months is often difficult to carry out in a region that has a long-standing culture of giving additional food such as bananas to babies under 6 months of age.

According to (Rajan, 2020), the top-down model views policy implementation as a process or flow. Smith's model views the policy implementation process from the perspective of social and political change, where policies made by the government aim to bring about improvements or changes in society as the target group. This is beneficial to apply in situations where policymakers are able to regulate and control the situation and funds are limited. The bottom-up model is beneficial in situations where implementers have the freedom to innovate without any dependence on power by observing the dynamics of different regions or policy environments, especially in Indonesia, where there is great diversity between one region and another (Anggono, 2020; Meliala, 2021).

### **Regulatory Harmonization and Health Governance under Law No. 17 of 2023**

The second finding concerns the governance implications of regulatory harmonization. Law No. 17 of 2023 attempts to simplify health regulation by consolidating several sectoral laws into one legal framework. From a governance perspective, this approach may improve coordination and reduce overlapping authority. Regulatory harmonization also creates risks when the consolidation of authority is not accompanied by transparent implementation mechanisms, stakeholder participation, and clear accountability among central and local institutions.

The academic draft of the Health Bill presented collaboration as one of the principles in health reform. The government framed the law as an effort to build a more integrated and holistic health governance system involving state institutions, private actors, community organizations, and other stakeholders. However, this claim of collaboration was accompanied by public criticism regarding the limited substantive participation during the drafting process. The gap between formal consultation and perceived participation became one of the central governance issues in the enactment of the Health Law.

The use of the omnibus method reflects the government's attempt to reduce overlapping regulations and sectoral fragmentation in the health sector. Although regulatory harmonization may improve policy coherence, its effectiveness depends on the clarity of institutional roles, derivative regulations, and accountability mechanisms within the new legal framework. Without these elements, regulatory simplification may shift the problem from fragmented regulation to centralized ambiguity.

### **Early Implementation Challenges of Law No. 17 of 2023**

The early implementation of Law No. 17 of 2023 faces several challenges. First, the effectiveness of the law depends on the clarity of derivative regulations. Second, improving the distribution of health workers requires stronger coordination between central and local governments. Third, resistance from professional organizations indicates that institutional legitimacy remains an important issue in the implementation process. These challenges suggest that the implementation of the Health Law cannot be reduced to the issuance of a new regulation alone. The law also requires institutional adjustment, administrative coordination, stakeholder acceptance, and adequate local capacity. Without these conditions,

the objectives of regulatory harmonization may not necessarily lead to better health service delivery.

The Covid-19 pandemic exposed weaknesses in Indonesia's health system and strengthened the policy argument for broader health system transformation. The pandemic highlighted the need to strengthen the national health system through more comprehensive reforms aimed at improving public health and increasing national competitiveness.

The Health Law was introduced as part of this health system transformation, particularly in relation to primary care, health workforce distribution, pharmaceutical resilience, health technology, health information systems, emergency preparedness, and health financing. These policy areas show that the law carries a broad reform agenda, although such breadth also creates implementation complexity. In this context, health system transformation requires a strong regulatory framework capable of addressing various health-related challenges. Regulatory reform is also needed to reduce overlapping and contradictory regulations in the health sector through the synchronization of laws using the omnibus approach (Amin, 2020).

After the enactment of the Health Law, health service delivery requires minimum standards related to human resources, facilities, infrastructure, equipment, and information systems. This requirement indicates that implementation depends not only on legal harmonization, but also on the operational capacity of central and local governments to provide adequate service infrastructure.

Health workforce governance has become one of the most sensitive areas in the implementation of the Health Law. Registration certificates, professional certification, licensing procedures, and institutional authority affect not only administrative efficiency but also professional legitimacy and patient safety. Although digitalization has simplified several procedures, unequal access to information technology remains a challenge for health workers in regions with limited digital infrastructure. Competency certificates are granted to vocational education students who pass competency examinations, while professional certificates are issued to students who complete professional education and pass the required tests. Under Law Number 12 of 2012 on Higher Education, vocational education refers to diploma-level programs aimed at preparing students with applied skills, while professional education is intended to prepare graduates for occupations requiring specialized expertise.

Graduates from vocational and professional education are prepared for occupations that require expertise and practical competence. This condition indicates that health workers are expected to possess not only theoretical knowledge, but also professional skills needed in health service delivery. STRs are issued for a period of 5 (five) years and must be renewed every 5 (five) years thereafter. This poses a burden for health workers, considering that the STR is issued by the Council based in Jakarta. Although the STR can now be accessed online, the fulfillment of STR requirements and access to technology and information remain uneven across Indonesia, particularly in regions that still lack adequate information technology infrastructure. Limited access to quality health services also remains a structural challenge, especially because health service delivery increasingly depends on advanced technology,

sufficient financing, and professional management. In this context, health workers play a central role in determining the effectiveness of health service delivery. The shortage and uneven distribution of medical and health personnel continue to affect service quality, particularly in underserved regions.

Indonesia currently has only 0.62 doctors per 1,000 people, far below the WHO benchmark of 1.0 per 1,000 population. The availability of specialists is even more limited, with only 0.12 specialists per 1,000 people, while the Southeast Asian median reaches 0.20 per 1,000. Existing data show that Indonesia's doctor-to-population ratio remains below the recommended benchmark, with shortages particularly visible in specialist services and remote areas. These figures suggest that the Health Law's objective of improving health workforce governance cannot be achieved through regulatory simplification alone. The shortage and uneven distribution of doctors require integrated planning, placement incentives, stronger coordination with medical education institutions, and adequate financing.

The conditions faced by Indonesia are actually also experienced by other countries. Almost all countries, regardless of their level of socioeconomic development, face problems in the distribution of health workers, such as difficulties in education and training, placement, retention, and performance.<sup>13</sup> Estimates released by the WHO state that to achieve 12 (twelve) public health indicators<sup>14</sup>, a minimum ratio of 4.45 healthcare workers—comprising doctors, nurses, and midwives—per 1,000 population is required. On a global scale, there is a significant shortage of health workers, with an estimated deficit of about 17.4 million in 2013. This includes nearly 2.6 million doctors, approximately 9 million nurses and midwives, and the remainder consisting of other health professionals. Southeast Asia faced a shortage of 6.9 million health workers, while Africa experienced a deficit of 4.2 million.

### **Implementation of Health Services in Indonesia after the Enactment of the Omnibus Law on Health**

The delivery of health services managed by the central government and local governments is required to fulfill minimum standards, which include human resources, facilities, infrastructure and equipment, as well as applications. Further regulations concerning the use of information and communication technology in health service implementation are stipulated in, or derived from, more detailed and specific Government Regulations. Medical and health personnel form an essential component of health service delivery and hold a crucial role as human resources in carrying out health improvement, disease prevention, and recovery efforts, both for individuals and groups, since everyone is entitled to equal and appropriate treatment within health services. To ensure proper service delivery, the quality and quantity of health personnel must be adequate and aligned with the needs of the communities utilizing health services.

The problem in Indonesia (IDI, 2023) is a shortage of doctors, with a ratio of 0.68 per 1,000 compared to 1 per 1,000, exacerbated by the number of specialists, which is 0.1 per 1,000 compared to 0.2 per 1,000. As of April 1, 2022, the number of general practitioners and specialist doctors in hospitals throughout Indonesia was 122,023, with a shortage of

8,182 doctors. This shortage is based only on the minimum standard for doctor availability in hospitals and does not take into account the workload of services. According to data presented by Bappenas in 2018, the ratio of specialists per 1,000 residents in 2025 will be 0.28, meaning 28 specialists for every 100,000 residents. With the current composition of specialist doctor availability, the target ratio of internal medicine specialists is 3 doctors per 100,000 residents, and obstetricians and gynecologists is also 3 doctors per 100,000 residents.

These figures indicate that the Health Law's objective of improving health workforce governance cannot be achieved solely through regulatory simplification. The shortage and uneven distribution of doctors require integrated planning, incentives for placement in underserved regions, coordination with medical education institutions, and adequate financing. Without these supporting mechanisms, the law may simplify procedures without significantly reducing regional disparities in access to health services.

Administrative procedures for opening medical study programs and issuing practice licenses have also been identified as implementation barriers. Previous regulations involved multiple institutions and lengthy approval processes, which often delayed the production and deployment of medical personnel. Although the Health Law seeks to simplify these procedures, regulatory efficiency still needs to be balanced with quality assurance and patient safety. Obstacles in the Health Law include the complicated issuance of Doctor Practice Licenses, which takes 3 to 6 months after the definitive STR due to institutional issues that require the involvement of more than 7 stakeholders, including a recommendation process involving 3 stakeholders in the field, namely senior specialists, professional organizations, and the IDI there are institutional problems involving KKI and KTKI, two institutions with different reporting systems, where KKI reports to KKI while KTKI reports to the Ministry of Health.

Based on the challenges found in health regulations, the draft law introduced a proposal concerning institutional approval, which was initially carried out by multiple stakeholders, in order to streamline the process of opening study programs. To resolve these challenges, it is crucial to reinforce the development and empowerment of health workers through strengthened regulations, accurate needs planning, procurement, utilization, and the oversight and quality control of health workers. Moreover, supporting resources must also be reinforced—particularly the health human resources information system and its financing needs improvement through the implementation of a medical education system.

After the enactment of the omnibus law on health, the Central Government holds responsibility for planning, regulating, organizing, guiding, and supervising the delivery of equitable and affordable health care for the community, with an emphasis on public services. The government is tasked with ensuring the environment, infrastructure, and both physical and social health facilities needed for the community to attain the highest possible level of health, based on fair and equitable availability of health resources for everyone, along with access to information, education, and health service facilities, as well as the implementation of public health insurance through the national social security system for individual health

efforts. Guidance and supervision are carried out by the central and local governments toward the community and every organizer of activities related to health resources and health efforts. Guidance is directed through communication, information, education, and community empowerment, the utilization of health personnel, and funding. Regarding supervision, each organizer of activities connected to resources in the health sector and health efforts is overseen by the Minister, who provides direction to the organizers of health efforts with community participation. The Health Law may provide a legal basis for improving the availability and distribution of health workers. Its effectiveness will depend on the clarity of derivative regulations, the reliability of health workforce data, the availability of incentives for underserved areas, and coordination among the central government, local governments, professional organizations, and educational institutions.

### **Strategy for implementing health services in Indonesia after the enactment of the Omnibus Law on Health**

Civil Service (ASN). Bureaucratic reform is essential to improve efficiency and transparency in the delivery of health services. This can be achieved by simplifying administrative procedures, strengthening coordination among institutions, and reinforcing supervisory bodies such as the Corruption Eradication Commission (KPK) and the Supreme Audit Agency (BPK). The use of information technology, including e-government and integrated management information systems, may also improve efficiency, transparency, and openness in health service delivery. One example is the Management Information System (SIM), which is designed to integrate various aspects of health management.

Greater transparency and accountability through monitoring and evaluation mechanisms are important to ensure that health workers perform their duties with integrity and responsibility. Public participation in administrative processes may also strengthen transparency and accountability in health service delivery. Community empowerment through participatory policies, including e-government and online public services, can increase information disclosure and public involvement in health administration. This may help identify community needs and improve the effectiveness of health policy implementation in Indonesia.

Inter-agency coordination remains important in the delivery of health services because it supports stronger synergy and collaboration among government institutions in implementing health policies. Continuous monitoring and evaluation are also necessary to assess policy effectiveness, identify areas for improvement, and ensure that implemented policies remain aligned with community needs. Through these strategies, the implementation of health policies in Indonesia may become more effective while also improving service quality, transparency, accountability, and public trust.

The implementation of the Health Law requires more than regulatory simplification alone. It also needs to be supported by health workforce development, administrative simplification, digital infrastructure, inter-agency coordination, public participation, and

monitoring and evaluation mechanisms. These elements are important to ensure that legal reform can produce practical improvements in health service delivery.

### **Factors Supporting and Hindering the Implementation of Health Services in Indonesia**

Several inhibiting factors may affect the implementation of the Health Law. Regulatory ambiguity remains a major concern because several provisions still require clarification through derivative regulations. Limited public participation during the policy-making process also affects the perceived legitimacy of the law. In addition, concerns related to commercialization, patient safety, foreign health workers, and weakened oversight indicate that implementation must be supported by strong accountability mechanisms.

Patient safety is another important issue. Regulatory relaxation, particularly regarding the establishment of health facilities and the practice of foreign health workers, may create concerns if it is not accompanied by strict supervision, competency standards, and effective law enforcement. At the same time, the government's strong political commitment to implement the Health Law may support bureaucratic simplification, investment, and service efficiency. However, political commitment alone is not sufficient without regulatory clarity, institutional coordination, and stakeholder trust.

Public responses to the Health Law remain mixed. Some groups see the law as an opportunity to improve access and reduce administrative barriers, while others express concerns about declining service quality, increasing commercialization, and weaker patient protection. These different responses show the importance of balancing deregulation with oversight and public accountability.

The supporting and inhibiting factors described above pose unique challenges for stakeholders seeking to accelerate the achievement of health development goals, including environmental (socioeconomic and natural) conditions, disparities in health development financing, cross-sectoral cooperation, incomplete decentralization, and uneven distribution of health workers. The implementation of comprehensive health efforts must strike a balance among preventive, promotive, curative, and rehabilitative services in an integrated and sustainable manner. In problem-solving activities in public health, it is necessary to identify and address existing health problems in the community, conduct surveys, and monitor health issues in the area using a participatory approach.

According to Alimul (2008) in (Tiyas Budiyanti, 2020), the factors that influence health services are:

1. New science and technology. Keeping pace with developments in science and technology, healthcare services will also develop to address difficult-to-treat diseases using tools such as lasers, therapy, and others.
2. Social values: With the diversity of society, there may be different uses of healthcare services.
3. Legal and ethical aspects: With the high level of public awareness regarding the use or utilization of healthcare services, legal and ethical demands in healthcare will also increase.

4. Economics: As an individual's economic status increases, healthcare services will be given more attention and become more accessible, and vice versa. Economic conditions will influence the healthcare system.
5. Political policies implemented by the government through the existing political system will have a significant impact on the healthcare delivery system.

Science and technology are closely related to the capabilities of health resources, so the condition of health resources is a major factor in achieving quality services, especially in the health sector. With the diversity of society, there may be different uses of health services, so personnel must have professional health resource capabilities.

The finding shows that regulatory harmonization is central to the design of Law No. 17 of 2023. The law consolidates various sectoral regulations into one legal framework. This consolidation may reduce overlapping authority, but it also requires clear derivative regulations and strong institutional coordination. Without these elements, regulatory harmonization may instead create new uncertainty during the implementation process..

## **CONCLUSION**

This study concludes that Law No. 17 of 2023 represents a major effort to reform Indonesia's health policy governance through regulatory harmonization. The law aims to simplify fragmented regulations, strengthen governance of the health workforce, and improve the organization of health services. However, the law's early implementation indicates that regulatory consolidation alone is insufficient to ensure effective reform. The main challenges include stakeholder resistance, limited participatory legitimacy, uneven regional capacity, and uncertainty regarding derivative regulations. These conditions reflect a gap between the objective of creating a more integrated health system and the practical conditions required for implementation. This article contributes to health policy discussions in Indonesia by emphasizing that the success of the Health Law depends not only on legal simplification but also on inclusive governance, transparent implementation, and continuous evaluation. Future policy implementation should therefore prioritize stakeholder engagement, evidence-based regulation, and stronger coordination between central and local health institutions.

## **RESEARCH RECOMMENDATIONS**

The government should strengthen stakeholder participation in the preparation of derivative regulations under Law No. 17 of 2023, particularly by involving health professional organizations, civil society groups, academics, and local governments. The Ministry of Health should also develop clear implementation indicators to evaluate whether the law improves health workforce distribution, service access, licensing efficiency, and regional health capacity. Central and local governments need to strengthen coordination mechanisms to prevent implementation gaps at the regional level. Future evaluations should further examine the impact of the Health Law using empirical data from health facilities, local governments, health workers, and service users.

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