

LAW OF REPUBLIC OF INDONESIA
NUMBER 36 YEAR 2009

CONCERNING
HEALTH



REMARKS

INDONESIAN PARLIAMENT FORUM

FOR

POPULATION AND DEVELOPMENT

Assalamu'alaikum Warahmatullahi Wabarakatuh.

Allow me to invite us all to thank God for His directives, guidance and assistance, that ultimately the Health Law Number 36 of 2009 has become the substitution of Law Number 23 of 1992, which needed two parliamentary periods in the amendment process until being legalized by the House of Representatives of the Republic of Indonesia and enacted in the State Gazette of the Republic of Indonesia Number 144 of 2009.

The long course of the amendment process of Law Number 23 of 1992 concerning Health, of which various parties are aware that such Law is no longer able to respond to and anticipate the changes that occur in various life aspects, such as the social development, technology progress and most important is that it is no more able to accommodate the global agreements that were approved by the Government of Indonesia after 1992, such as the *International Conference on Population and Development*, *Millennium Development Goals/MDGs*, and other important health aspects, such as the budget and quality of health services, drugs, addictive substances, and others.

Considering that health is one of the important factors in the efforts to improve the Human Resources quality, then the Law concerning Health should actually be able to formulate and provide direction for the improvement of the Human Resources quality. Therefore, the health development should be able to place the health insight, professionalism, participation role of the community, and non-discrimination as national and regional policies, involving all relevant components, from the individuals, community until the state, which are directed to the vision and mission of health development. As such, health is not only the affairs of one party, namely the department

and government agency of health, but it covers a very broad and cross sector individuals and institutions. Commission VII of the House of Representatives of the Republic of Indonesia (1999 – 2004), which handled the health sector at that time, felt that it was necessary to make the amendment of such health paradigm in order to face the challenges of the globalization era.

After obtaining inputs from various parties, such as experts of various professions, inputs from academicians/ universities, related LSMs, community organizations, religious organizations,, the amendment of such Law was finally ratified at the membership period of 2004 – 2009, exactly on 13 October 2009 with the name Law Number 36 of 2009 concerning Health.

IFPPD cooperates with UNFPA for the socialization of such Law by multiplying and translating it into English in order to be provided to the parties in need, so that all related parties can understand the problems and handling with regard to the health issue, such as to all parliament members, either at the Central or Regional level, as well as the related ministries. The book may also be expected to be the reference for other Countries concerning the health development in Indonesia.

May this book provides benefit and be implemented, either at the Central or Regional level, for the creation of the population with quality through the sustainable development. Amen.

Wassalamu'alaikum Warahmatullahi Wabarakatuh.

Jakarta: December 2009

Chairman of IFPPD

LAW OF REPUBLIC OF INDONESIA

NUMBER 36 YEAR 2009

CONCERNING HEALTH

WITH THE GRACE OF THE ONE AND ONLY GOD

THE PRESIDENT OF THE REPUBLIC OF INDONESIA,

Considering :

- a. that health is a basic human right and an aspect of welfare to be realized according to the aspirations of the nation of Indonesia as set forth in Pancasila and the Constitution of the Republic of Indonesia of 1945;
- b. that any activity in order to maintain and improve public health to the highest degree shall be based

- on non-discriminative, participative and sustainable principles in order to build the Indonesian human resource, as well as to increase the nation's resistance and competitiveness for national development;
- c. that anything causing a health disturbance to the people of Indonesia will result in a large economic disadvantage to the country, and every effort to improve public health also means an investment in state development;
 - d. that every effort in development must be founded on the health perspective in that national development must consider public health and shall be the responsibility of all stakeholders whether the Government as well as the people;
 - e. that Law Number 23 Year 1992 regarding Health is no longer suited to the development, demand and legal requirements of the community and correspondingly, needs to be revoked and replaced with a new Law regarding Health;
 - f. that by considerations as referred to in point a, point b, point c, point d and point e, it is necessary to establish a new Law regarding Health.

In view of :

Article 20, Article 28H subsection (1), and Article 34 subsection (3) of the Constitution of the Republic of Indonesia Year 1945;

By Joint Approval

THE HOUSE OF REPRESENTATIVE OF THE REPUBLIC OF
INDONESIA

and

THE PRESIDENT OF THE REPUBLIC OF INDONESIA

DECIDE :

To stipulate:

LAW REGARDING HEALTH

CHAPTER I

GENERAL PROVISIONS

Article 1

In this law the definition of:

1. Health shall be a healthy condition comprising all of physically, mentally, spiritually as well as socially that enables an individual to live productively both socially as well as economically.
2. Resources in the field of health shall be all form of fund, manpower, health provisions, pharmaceutical preparation and health equipment as well as health services facility and technology utilized to implement health efforts done by the Government, regional government, and/or community.
3. Health provisions shall be all material and equipment required to implement health efforts.
4. Pharmaceutical preparation shall be medicine,

medicine raw material, traditional medicine and cosmetics.

5. Health equipment shall be instrument, apparatus, machinery and/or implant not containing medicine used to prevent, diagnose, cure and relieve illness, patient care, recover human health and/or building the structure and repair bodily function.
6. Health worker shall be every body who dedicate his/her self in the field of health as well as having the knowledge and/or skill through education in the field of health that for certain types requires authority to implement health efforts.
7. Medical service facility shall be an equipment and/or place to be used to implement medical service effort, whether to promote, prevent, cure, or rehabilitate done by the Government, regional government and/or community.
8. Medicine shall be material or a mixture of materials including biological products used to influence or investigate physiological system or pathological condition in the diagnosis, prevention, cure, recuperation, health improvement and contraception for human.
9. Traditional medicine shall be raw material or

a concoction of materials derived from plant material, animal material, mineral material, extract preparation (galenical) or a mixture of those materials that have been used for generations for healing, and may be applied in accordance with the norm applied in the community.

10. Health technology shall be all forms of equipment and/or method aimed at assisting diagnosis, prevention and treatment of human health problem.
11. Health effort shall be any activity and/or a series of activities done in harmony, integrated and continuous to preserve and improve the degree of public health in the form of disease prevention, health improvement, medication and health restoration by the government and/or the people.
12. Promotive health service shall be any activity and/or a series of health service activities focusing more on health promoting activities.
13. Preventive health service shall be any activity to prevent a health problem/disease.
14. Curative health service shall be any activity and/or a series of healing activities aimed to cure a disease, decrease suffering due to illness, disease control or

control of disability to maintain optimum quality of patient.

15. Rehabilitative health service shall be any activity and/or a series of activities to relocate a former patient in the society so he/she can again function as a member of society, maximizing their value to themselves and the society.
16. Traditional health service shall be healing and/or treatment by method and medication referring to experience and skill inherited through generations empirically that may be accountable and practiced according to the norms prevailing in the community.
17. Central Government, hereinafter to be referred to as Government shall be the President of the Republic of Indonesia holding the authority of the National Government of the Republic of Indonesia as referred to in the Constitution of the Republic of Indonesia Year 1945.
18. Regional Government shall be governor, head of regent, or mayor and regional attribute as executive element of the regional government.
19. Minister shall be the minister whose scope of task and responsibility is in the field of health.

CHAPTER II

BASIC PRINCIPLE AND OBJECTIVES

Article 2

Health development is done on the basic principles of humanity, balance, utility, protection, respect to the rights and responsibility, justice, gender and non-discriminative and religious norms.

Article 3

Objectives of health development is to increase awareness, willingness and ability to a healthy live for every individual to realize the highest degree of public health, as an investment for development of human resource that is productive both socially and economically.

CHAPTER III

RIGHTS AND RESPONSIBILITIES

Part One **Right**

Article 4

Every individual has the right to health

Article 5

- (1) Every individual has the same rights to gain access on resources in the field of health.
- (2) Every individual has the right to receive safe, good quality and affordable health services.
- (3) Every individual has the right to independently and

responsibly determine the health service necessary for themselves.

Article 6

Every individual has the right to have a healthy environment to achieve the health standard.

Article 7

Every individual has the right to gain balanced and responsible information and education regarding health.

Article 8

Every individual has the right to gain information of their medical data including action and treatment that he/she has or will receive from the health worker.

Part Two **Obligations**

Article 9

- (1) Every individual has the obligation to participate to realize, maintain and improve the health standard of the community as high as possible.

- (2) Obligation as referred to in subsection (1) the implementation shall include individual health effort, community health effort, and development with a health perspective.

Article 10

Every individual has the obligation to respect the rights of others to gain a healthy environment, whether physically, biologically as well as socially.

Article 11

Every individual has the obligation to have a healthy lifestyle in order to have, maintain and improve health as high as possible.

Article 12

Every individual has the obligation to maintain and improve the health standard for others under their responsibility.

Article 13

- (1) Every individual has the obligation to participate in the health social security program.
- (2) Health social security program as referred to in subsection (1) shall be regulated according to the provisions of the laws and regulations.

CHAPTER IV

RESPONSIBILITY OF THE GOVERNMENT

Article 14

- (1) The Government is responsible to plan, regulate, execute, foster and monitor the implementation of health efforts that are evenly distributed among and affordable by the people
- (2) The responsibility of the Government as referred to in subsection (1) shall be specifically for public services.

Article 15

The Government is responsible for the availability of

health environment, order, facility both physical as well as social for the people to reach the highest health standard.

Article 16

The Government is responsible for the availability of health resources to be fair and evenly distributed among all the people to obtain the highest health standard.

Article 17

The Government is responsible for the availability of access to health information, education and service facility to increase and maintain the highest health standard.

Article 18

The Government is responsible to empower and encourage active participation of the people in every form of health effort.

Article 19

The government is responsible for the availability of all forms of health effort of good quality, safe, efficient and affordable.

Article 20

- (1) The Government is responsible for the implementation of community health insurance through a national social security system for the individual health effort.
- (2) Implementation of social security system as referred to in subsection (1) shall be implemented according to the provisions of rules and regulations.

CHAPTER V

HEALTH RESOURCES

Part One

Health Worker

Article 21

- (1) The Government regulates planning, provision, utilization, development and quality control of health workers in order to implement health services.
- (2) Regulations regarding planning, provision, utilization, development and quality control of health workers as referred to in subsection (1) shall be regulated in a Government Regulation.

- (3) Regulations regarding health workers shall be stipulated in a Law.

Article 22

- (1) Health workers must have minimum qualifications.
- (2) Regulation regarding minimum qualifications as referred to in subsection (1) shall be regulated in a Ministerial Decree.

Article 23

- (1) Health workers shall be authorized to conduct health services.
- (2) Authority to conducting health services as referred to in subsection (1) shall be conducted in accordance with the field of expertise he/she has.
- (3) In conducting health services, health workers are obligated to have a permit from the government.
- (4) When conducting health services as referred to in subsection (1) is prohibited to prioritize material interest.
- (5) Regulations regarding permit as referred to in subsection (3) shall be stipulated in a Ministerial Decree.

Article 24

- (1) Health workers as referred to in Article 23 must comply with the regulations of ethical code, professional standard, health services user rights, services standards, and standard operational procedures.
- (2) Regulations regarding ethical code and professional standard as referred to in subsection (1) shall be regulated by professional organization.
- (3) Regulations regarding health services user rights, services standard, and standard operational procedure as referred to in subsection (1) shall be regulated in a Ministerial Decree.

Article 25

- (1) Provision and quality improvement of health workers shall be executed by the Government, regional government, and/or the community through education and/or training.
- (2) Execution of education and/or training as referred to in subsection (1) shall be the responsibility of the Government and regional government.
- (3) Regulations regarding execution of education and/

or training as referred to in subsection (2) shall be regulated in a Government Regulation.

Article 26

- (1) The Government shall regulate placement of health workers for the even distribution of health services.
- (2) Regional government may provide and utilize health workers in accordance with requirements of the region.
- (3) Provision and utilization of health workers as referred to in subsection (2) shall be done with due attention to:
 - a. type of health service required by the people;
 - b. number of health service facilities; and
 - c. number of health worker is suitable to the existing work load of health services.
- (4) Placement of health worker as referred to in subsection (1) shall be done also in consideration of the rights of the health worker and rights of the people to obtain equal health services.
- (5) Further regulations regarding placement of health workers shall be regulated in a Government Regulation.

Article 27

- (1) For legal proceeding purposes, health workers is obligated to conduct health examination upon request from law enforcement officer, cost thereof shall be born by the state.
- (2) Examination as referred to in subsection (1) shall be based on the competence and authority according to the particular branch of discipline held.

Article 29

In the case a health worker is suspected of neglect in his/her professional conduct, the said neglect must be resolved first of all through mediation.

Part Two **Health Service Facility**

Article 30

- (1) Health service facility, according to the type of service consist of:
 - a. individual health service; and
 - b. community health service.
- (2) Health service facility as referred to in subsection (1) include:

- a. first level health service;
 - b. second level health service; and
 - c. third level health service.
- (3) Health service facility as referred to in subsection (1) shall be executed by the Government, regional government and private enterprise.
- (4) Requirement regulations of health service facility as referred to in subsection (2) and subsection (3) shall be stipulated by the Government in accordance with prevailing regulations.
- (5) Permit regulation for health service facility as referred to in subsection (2) and subsection (3) shall be stipulated by the Government and regional government.

Article 31

Health service facilities are obligated to:

- a. provide a wide access to requirement for research and development in the field of health; and
- b. send report of the result of research and development to the regional government or the Minister.

Article 32

- (1) In an emergency, health service facilities, whether state or private owned, are obligated to provide health service to save the life or a patient and prevent a handicap first.
- (2) In an emergency, health service facilities, whether state or private owned, are prohibited to refuse patient and/or ask for an advance payment.

Article 33

- (1) Each head of a community health service facility must have the required competence in public health management.
- (2) Competence in public health management as referred to in subsection (1) shall be regulated further with a Ministerial Decree.

Article 34

- (1) Each executive head of an individual health service facility must have the required competence in individual health management.
- (2) Health service facility executive is prohibited to employ health workers not possessing the qualifications and permit to conduct professional work.

- (3) Regulation as referred to in subsection (1) and subsection (2) shall be implemented according to the laws and regulations.

Article 35

- (1) Regional government may determine the number and type of health service facility as well as issue operating permit in its region.
- (2) Determination of the number and type of health service facility as referred to in subsection (1) shall be done by the regional government in consideration of:
 - a. region geographical size;
 - b. health requirement;
 - c. population size and distribution;
 - d. disease pattern;
 - e. its utilization;
 - f. social function; and
 - g. ability in using technology.
- (3) Regulation regarding number and type of health service facility as well as issuance of operating permit as referred to in subsection (1) shall also apply to foreign health service facility.
- (4) Regulations regarding number and type of health service facility as referred to in subsection (2) shall

not apply for hospitals specific for quarantine, research and asylum.

- (5) Further regulation regarding execution of health service facility as referred to in subsection (1) and subsection (2) shall be regulated by a Government Regulation.

Part Three

Medical Supplies

Article 36

- (1) The Government shall guarantee the supply, even distribution, and affordability of medical supplies, in particular essential medicine.
- (2) In guaranteeing medicine supply during an emergency condition, the Government may execute a special policy to supply and utilize medicine and material with medicinal properties.

Article 37

- (1) Management of health supplies shall be done to fulfill the people's basic need for health supplies.
- (2) Management of health supplies in the form of

certain essential medicine and health equipment shall be done in consideration of benefit, price, and factors relating to even distribution.

Article 38

- (1) The Government shall encourage and direct the development of health supplies by utilizing available national potential.
- (2) Development as referred to in subsection (1) shall be directed in particular for new medicine and vaccine as well as natural material with medicinal properties.
- (3) Development of health supplies shall be done while considering the preservation of the environment, including natural as well as social cultural resources.

Article 39

Regulations regarding health supplies shall be stipulated in a Ministerial Decree.

Article 40

- (1) The Government shall compile a list and type of medicine that essentially must be available for the interest of the people.

- (2) List and type of medicine as referred to in subsection (1) shall be reviewed and revised every 2 (two) years at the longest in accordance to development in requirement and technology.
- (3) The Government shall guarantee that medicine as referred to in subsection (1) shall be available evenly distributed and affordable by the people.
- (4) In an emergency, the Government may execute a special policy to supply and utilize health supplies.
- (5) Regulations regarding emergency condition as referred to in subsection (4) shall be done with exemption to patent regulations according to prevailing laws regulating patents.
- (6) Health supplies in the form of generic medicine that must be in the national essential medicine list must be guaranteed in its availability and affordability, hence their price determination shall be controlled by the Government.
- (7) Further regulation regarding health supplies as referred to in subsection (6) shall be regulated with a Ministerial Decree.

Article 41

- (1) Regional Government shall have the authority to plan requirement of health supplies according to the requirement of its region.
- (2) Authority to plan requirement of health supplies as referred to in subsection (1) shall still consider regulation and guidance of service standard that apply nationally.

Part Four

Technology and Product of Technology

Article 42

- (1) Health technology and product of technology shall be made available, researched, distributed, and utilized for public health.
- (2) Health technology as referred to in subsection (1) shall include all methods and equipment used to prevent occurrence of disease, detection of disease, relieve suffering due to disease, heal, reduce complication and recover health after illness.
- (3) Regulations regarding medical technology as well as technology product as referred to in subsection

(1) must comply with standards regulated in the laws and regulations.

Article 43

- (1) The Government shall establish an institution with the task and authority to filter, regulate, utilize, as well as monitor the use of technology and technology products.
- (2) Establishment of the institution as referred to in subsection (1) shall be regulated in a Government Regulation.

Article 44

- (1) In development of technology as referred to in Article 42, technology or product of technology trials may be conducted on human or animals.
- (2) Trial as referred to in subsection (1) shall be done with the assurance not to harm the person on trial.
- (3) Trial as referred to in subsection (2) shall be conducted by an authorized person with the permission of the person on trial.
- (4) Research on animal must be assured to protect the preservation of the animal and prevent indirect detrimental effect on human health.

- (5) Further regulation regarding conducting trial on humans as referred to in subsection (1) shall be regulated in a Government Regulation.

Article 45

- (1) Any individual is prohibited to develop technology and/or product of technology that may affect and cause detrimental effect on public health.
- (2) Further regulation regarding development of technology as referred to in subsection (1) shall be regulated in a Government Regulation.

CHAPTER VI

HEALTH EFFORT

Part One **General**

Article 46

To realize the highest health standard for the community, an integrated and comprehensive health effort shall be implemented in the form of individual health effort and community health effort.

Article 47

Health effort is done in the form of activities with the approach to promote, prevent, cure and rehabilitate that is conducted in an integrated, comprehensive, and continuous way.

Article 48

- (1) Execution of health effort as referred to in Article 47 shall be conducted through the following activities:
 - a. health service;
 - b. traditional health service;
 - c. health improvement and disease prevention;
 - d. disease healing and health recovery;
 - e. reproductive health;
 - f. family planning;
 - g. school health;
 - h. sports health;
 - i. health service during disaster;
 - j. blood service;
 - k. dental and oral health;
 - l. resolution of sight problem and hearing problem;
 - m. environmental health;
 - n. security and utilization of pharmaceutical preparation and health equipment;
 - o. security of food and beverage;
 - p. security of addictive substances; and/or
 - q. autopsy.

- (2) Execution of health efforts as referred to in subsection (1) shall be supported by health resources.

Article 49

- (1) The Government, regional government and the community are responsible for the execution of health effort.
- (2) Execution of health effort must pay attention to social function, values and religious norm, social culture, moral and professional ethics.

Article 50

- (1) The Government and regional government shall be responsible to improve and develop health effort.
- (2) Health effort as referred to in subsection (1) shall at the minimum fulfill the people's basic health needs.
- (3) Improvement and development of health efforts as referred to in subsection (1) shall be done based on review and research.
- (4) Regulations regarding improvement and development as referred to in subsection (1) shall be done through cooperation between Government and inter cross sectors.

Article 51

- (1) Health effort shall be done to realize the highest

health standard for individual or society.

- (2) Health effort as referred to in subsection (1) shall be based on minimum health service standard.
- (3) Further regulation regarding health minimum service standard as referred to in subsection (2) shall be regulated by a Government Regulation.

Part Two **Health Service**

Paragraph One Service Provision

Article 52

- (1) Health service shall comprise of:
 - a. individual health service; and
 - b. community health service.
- (2) Health service as referred to in subsection (1) shall include activities with the approach to promote, prevent, cure, and rehabilitate.

Article 53

- (1) The aim of individual health service shall be to cure

disease and recover health of individual and family.

- (2) The aim of community health service shall be to maintain and improve health and prevent disease of a group and community.
- (3) Execution of health service as referred to in subsection (1) must prioritize saving the patient's life before any other interests.

Article 54

- (1) Execution of health service shall be conducted in a responsible and safe manner, with good quality, as well as evenly distributed and non-discriminative.
- (2) The Government and regional government shall be responsible for the execution of health service as referred to in subsection (1).
- (3) Supervision of execution of health service as referred to in subsection (1) shall be done by the Government, regional government, and the community.

Article 55

- (1) The Government is obligated to determine the quality standard of health service.

- (2) Quality standard of health service as referred to in subsection (1) shall be regulated in a Government Regulation.

Paragraph Two

Patient Protection

Article 56

- (1) Every individual has the right to accept or refuse part or whole of aid action that would be given to him/her after receiving and understanding the information regarding the action completely.
- (2) The right to accept or refuse as referred to in subsection (1) does not apply for:
 - a. patient whose disease may quickly spread to a wider population;
 - b. a person in unconscious condition; or
 - c. major mental problem.
- (3) Regulation regarding the right to accept or refuse as referred to in subsection (1) shall be regulated in accordance to the provisions of the rules and regulations.

Article 57

- (1) Every individual has the right to confidentiality in his/her private health condition that has been disclosed to executive of health service.
- (2) Regulations regarding right to confidentiality of private health condition as referred to in subsection (1) shall not apply in the case of:
 - a. requirement of a law;
 - b. court order;
 - c. permission from the related individual;
 - d. community interest; or
 - e. interest of the related person.

Article 58

- (1) Every individual has the right to demand compensation to an individual, health worker, and/ or health executive that cause a loss due to a mistake or neglect in the health service he/she received.
- (2) Demand of compensation as referred to in subsection (1) shall not apply to health workers conducting life saving action or prevention of disability to a person in an emergency situation.
- (3) Regulation regarding procedure to submit demand as referred to in subsection (1) shall be

regulated according to provisions of the rules and regulations.

Part Three

Traditional Health Service

Article 59

- (1) Based on healing method, traditional health services are divided into:
 - a. traditional health service using skill; and
 - b. traditional health service using potion.
- (2) Traditional health service as referred to in subsection (1) shall be under guidance and monitoring of the Government so that the benefit and safety can be accountable as well as not contradictory to religious norm.
- (3) Further regulation regarding procedure and type of traditional health service as referred to in subsection (1) shall be regulated in a Government Regulation.

Article 60

- (1) Every individual providing traditional health service using equipment and technology must obtain a permit from the authorized health institution.

- (2) Usage of equipment and technology as referred to in subsection (1) must be accountable in terms of its benefit and safety as well as not contradictory to religious norms and culture of the community.

Article 61

- (1) The people shall be given the widest opportunity to develop, improve and use traditional health service that benefit and safety are accountable.
- (2) The Government shall regulate and supervise traditional health service as referred to in subsection (1) based on the safety, interest and protection of the people.

Part Four

Health Improvement and Disease Prevention

Article 62

- (1) Health improvement shall be all forms of effort done by the Government, regional government and/or community to optimize health through activities of counseling, dissemination of information, or other activity to support the achievement of a healthy life.

- (2) Disease prevention shall be all forms of effort done by the Government, regional government and/or community to avoid or reduce the risk, problem and detrimental effect resulting from a disease.
- (3) The Government and regional government guarantee and provide facility to sustain the efforts to improve health and prevent disease.
- (4) Further regulations regarding the efforts to improve health and prevent disease shall be regulated in a Ministerial Decree.

Part Five

Healing of Disease and Health Recovery

Article 63

- (1) Healing of disease and health recovery shall be executed to return the health status, return bodily function resulting from disease and/or disability, or remove disability.
- (2) healing of disease and health recovery shall be done by control, medication and/or treatment.
- (3) Control, medication and/or treatment may be done based on medical science and nursing science

or other method that benefit and safety can be accounted for.

- (4) Execution of medication and/or treatment based on medical science or nursing science may only be conducted by health workers who have the skill and authority for them.
- (5) The Government and regional government shall guide and supervise the execution of medication and/or treatment or based on other accountable methods.

Article 64

- (1) Cure of disease and health recovery may be done through body organ and/or tissue transplant, medication and/or health equipment implant, plastic and reconstruction surgery, as well as usage of stem cell.
- (2) Body organ and/or tissue transplant as referred to in subsection (1) shall be done only for humane purposes and prohibited to be commercialized.
- (3) Body organ and/or tissue are prohibited to be sold for any reason.

Article 65

- (1) Body organ and/or tissue transplant may only be conducted by health worker with proper expertise and authority for such purpose and conducted in certain health service facilities.
- (2) Harvest of body organ and/or tissue from a donor must pay due attention to the health of the related donor and obtain permission of the donor and/or heir or family.
- (3) Regulations regarding requirements and procedure for execution of body organ and/or tissue transplant as referred to in subsection (1) and subsection (2) shall be stipulated in a Government Regulation.

Article 66

Cell transplant, both from human or animal origin, may only be conducted if the benefit and safety is proven.

Article 67

- (1) Harvesting and dispatch of body specimen or organ part may only be conducted by health workers with proper expertise and authority and conducted in certain health service facilities.
- (2) Regulations regarding requirements and procedure

to harvest and dispatch body specimen or organ part as referred to in subsection (1) shall be conducted in accordance with provisions of rules and regulations.

Article 68

- (1) Installation of medicine and/or health equipment implant into the human body may only be conducted by health workers with the proper expertise and authority and conducted in certain health service facilities.
- (2) Regulations regarding requirements and execution procedure to install medicine and/or health equipment implant as referred to in subsection (1) shall be regulated in a Government Regulation.

Article 69

- (1) Plastic and reconstruction surgery may only be conducted by health workers with proper expertise and authority for them.
- (2) Plastic and reconstruction surgery shall not be contradictory to norms applying in society and not for the purpose of changing identity.
- (3) Regulation regarding requirement and procedure of plastic and reconstruction surgery as referred to in

subsection (1) and subsection (2) shall be regulated in a Government Regulation.

Article 70

- (1) Utilization of stem cell may only be done for the purpose of healing a disease and health recovery, and prohibited to be used for reproduction purposes.
- (2) Stem cell as referred to in subsection (1) must not originate from embryonic stem cell.
- (3) Further regulation regarding utilization of stem cells as referred to in subsection (1) and subsection (2) shall be regulated in a Government Regulation.

Part Six

Reproductive Health

Article 71

- (1) Reproductive health shall be a wholly healthy condition whether physically, mentally and socially, not merely free from diseases or disabilities relating to the reproductive system, functions and processes in men and women.

- (2) Reproductive health as referred to in subsection (1) shall include:
 - a. prior to pregnancy, during pregnancy, child birth and post-natal;
 - b. pregnancy management, contraceptive devices and sexual health; and
 - c. health of the reproductive system.
- (3) Reproductive health as referred to in subsection (2) shall be implemented through promotive, preventive, curative and rehabilitative activities.

Article 72

Every individual shall have the right to:

- a. have a healthy and safe reproductive life and sexual life free from coercion and/or violence with a lawful partner.
- b. determine his/her reproductive life and to be free from discrimination, coercion and/or violence that respect noble values and not degrading human dignity in accordance with religious norms.
- c. personally determine when and how often to reproduce in a medically healthy manner and not contradictory to religious norms.
- d. obtain information, education and counselling

regarding proper and accountable reproductive health.

Article 73

The Government shall ensure the availability of information facilities and reproductive health service facilities that are safe, of good quality and affordable by the people, including family planning.

Article 74

- (1) Every reproductive health service that is promotive, preventive, curative and/or rehabilitative in nature, including reproduction with assistance, shall be undertaken in a safe and healthy manner with due attention to its specific aspects, particularly female reproduction.
- (2) Implementation of reproductive health service as referred to in subsection (1) shall not be contradictory with religious values and the provisions of rules and regulations.
- (3) Regulations regarding reproduction with assistance as referred to in subsection (1) shall be regulated by Government Regulation.

Article 75

- (1) Every individual shall be prohibited to commit abortion
- (2) Prohibition as referred to in subsection (1) can be exempted on the basis of:
 - a. indication of medical emergency detected from the early age of pregnancy, both threatening the life of the mother and/or foetus, suffering from severe genetic diseases and/or congenital defects, or that can not be repaired so as to cause difficulty for the infant to survive out the womb; or
 - b. pregnancy due to rape that may result in psychological trauma for the rape victim.
- (3) Action as referred to in subsection (2) may only be undertaken after undergoing pre-action counselling and/or mentoring and concluded with post-action counselling carried out by competent and authorized counsellors.
- (4) Further regulation regarding the indication of medical emergencies and rape as referred to in subsection (2) and subsection (3) shall be governed by Government Regulation.

Article 76

Abortion as referred to in Article 75 may only be performed:

- a. before pregnancy attains the age of 6 (six) weeks counting from the first day of the last menstruation, except in the case of medical emergencies;
- b. by health workers with skill and authority with a certificate stipulated by Minister;
- c. with the consent from the pregnant mother concerned;
- d. with the permission from the husband, except rape victim; and
- e. health service provider satisfying requirements stipulated by Minister.

Article 77

The Government shall protect and prevent women from committing abortion as referred to in Article 75 subsection (2) and subsection (3) that is not qualified, safe and accountable and contradictory with religious norms and provisions of laws and legislations.

Part Seven

Family Planning

Article 78

- (1) Health service in family planning is intended to plan pregnancy for couples in childbearing age to establish a healthy and intelligent future generation.
- (2) The Government shall be responsible and ensure availability of manpower, service facility, equipment and medicine in providing family planning service that is safe, of good quality, and affordable by the people.
- (3) Regulation regarding family planning service shall be conducted according to laws and regulations.

Part Eight

School Health

Article 79

- (1) School health shall be undertaken to improve healthy life ability of student in a healthy life environment so that student may study, grow and

develop in harmony and as high as possible to become quality human resource.

- (2) School health as referred to in subsection (1) shall be undertaken through formal and informal schools or other education institutes.
- (3) Regulation regarding school health as referred to in subsection (1) and subsection (2) shall be stipulated by Government Regulation.

Part Nine

Sports Health

Article 80

- (1) Sports health effort shall be aimed to improve physical health and fitness of the people.
- (2) Improvement of physical health and fitness standard of the people as referred to subsection (1) shall be the basic effort to improve achievement in study, work and sports.
- (3) Sports health effort as referred to in subsection (1) shall be done through physical activity, physical exercise, and/or sports.

Article 81

- (1) Sports health effort shall prioritise preventive and promotive approaches, without neglecting curative and rehabilitative approaches.
- (2) Execution of sports health effort shall be undertaken by the Government, regional government and the community.

Part Ten **Health Service During A Disaster**

Article 82

- (1) The Government, regional government and the community shall be responsible for the availability of resources, facility and execution of health service in a comprehensive and continuous manner during a disaster.
- (2) Health service as referred to in subsection (1) shall include health service for emergency response and post-disaster.
- (3) Health service as referred to in subsection (2) shall include emergency service aimed at saving life and preventing further disability.

- (4) The Government shall ensure funding for health service as referred to in subsection (1).
- (5) Funding as referred to in paragraph (4) shall come from National Revenue and Expenditure Budget (APBN), Regional Revenue and Expenditure Budget (APBD) or community assistance according to laws and regulations.

Article 83

- (1) Every individual providing health service during a disaster must be aimed to save lives, preventing further disability, and the patient's best interest.
- (2) The Government shall ensure legal protection for every individual as referred to in subsection (1) according to the respective capability.

Article 84

Further regulation regarding execution of health service during a disaster shall be regulated by Ministerial Decree.

Article 85

- (1) In an emergency situation, health service facilities, whether state or private owned are obligated to

provide health service during a disaster to save patients' lives and prevent disability.

- (2) Health service facilities in providing health during a disaster as referred to in subsection (1) shall be prohibited to refuse a patient and/or request an advance payment upfront.

Part Eleven

Blood Service

Article 86

- (1) Blood service shall be health service effort utilising human blood as basic material for humanitarian purposes and not for commercial purposes.
- (2) Blood as referred to in subsection (1) shall be obtained from volunteer blood donors who are healthy and comply with donor selection criteria that prioritise the health of the donor.
- (3) Blood obtained from volunteer blood donor as referred to in subsection (2) prior to be used for blood service must be done laboratory examination to prevent contagion of disease.

Article 87

- (1) Execution of blood donor and blood management shall be conducted by Blood Transfusion Unit.
- (2) Blood Transfusion Unit as referred to in subsection (1) may be conducted by the Government, regional government and/or social organisation whose main job and function is in the humanitarian aid.

Article 88

- (1) Blood transfusion service includes planning, driving the blood donors, supply and distribution of blood, and the medical action of giving blood to patients for the purpose of healing from disease and health recovery.
- (2) Undertaking of blood transfusion service shall be executed in a way to protect the safety and health of blood recipient and health worker from disease contagion through blood transfusion.

Article 89

Minister shall regulate standard and requirement of blood management for blood transfusion service.

Article 90

- (1) The Government shall be responsible for the

execution of blood service that is safe, accessible, and suited to the needs of the people.

- (2) The Government shall ensure funding in the undertaking of blood service.
- (3) Blood is prohibited to be sold for any reason.

Article 91

- (1) Blood components may be used for the purpose of disease healing and health recovery through processing and production.
- (2) Result of processing and production as referred to in subsection (1) shall be controlled by the Government.

Article 92

Further regulations regarding blood service shall be regulated by Government Regulation.

Part Twelve

Dental and Oral Health

Article 93

- (1) Dental and oral health service is done to maintain

and improve community health standard in terms of dental health improvement, prevention of dental disease, treatment of dental disease and recovery of dental health by the Government, regional government, and/or community in a harmonised, integrated and continuous manner.

- (2) Dental and oral health as referred to in subsection (1) shall be conducted through individual dental health service, community dental health service, and school dental health effort.

Article 94

The Government and regional government shall be obligated to ensure availability of dental and oral health manpower, service facility, equipment and medicine in order to provide dental and oral health service that is safe, of good quality, and affordable by the people.

Part Thirteen **Overcoming Sight Problem and Hearing Problem**

Article 95

- (1) Overcoming sight problem and hearing problem

shall be all activities conducted including services to promote, prevent, cure and rehabilitate with the aim to improve health standard of sight and hearing senses of the people.

- (2) Execution of activities as referred to in subsection (1) shall be the joint responsibility of the Government, regional government and the community.

Article 96

Further regulation regarding overcoming sight and hearing problems shall be regulated by Ministerial Regulation.

Part Fourteen ***Matra* Health**

Article 97

- (1) *Matra* health as a specific form of health effort shall be executed to establish the highest health standard in the ever changing environment whether terrestrial, marine or atmospheric environments.
- (2) *Matra* health shall include field health, marine and underwater health, and aerospace.

- (3) Execution of *matra* health must be conducted according to standard and requirement.
- (4) Regulation regarding *matra* health as referred to in this article shall be regulated by Minister Regulation.

Part Fifteen

Security and Utilisation of Pharmaceutical preparation and Health Equipment

Article 98

- (1) Pharmaceutical preparation and equipment health must be safe, effective/beneficial, of good quality and affordable.
- (2) Every individual who does not have the expertise and authority is prohibited to supply, store, process, promote and distribute medicine and material with medicinal properties.
- (3) Regulation regarding supply, storage, processing promotion and distribution of pharmaceutical preparation and health equipment must comply

with the quality standard of pharmaceutical service stipulated by Government Regulation.

- (4) The Government shall have the obligation to guide, regulate, control and supervise the supply, storage, promotion and distribution as referred to in subsection (3).

Article 99

- (1) Sources of pharmaceutical preparation originating from nature that has been proven efficacious and safe to use in preventing, healing, and/or treatment, as well as maintenance of health, their preservation must be protected.
- (2) The public shall be given the widest opportunity to process, produce, distribute, develop, improve and utilise pharmaceutical preparation that benefit and safety can be accounted for.
- (3) The Government shall ensure the development and maintenance of pharmaceutical preparations.

Article 100

- (1) Sources of traditional medicine that have been proven efficacious and safe to use in the prevention, healing, nurturing and/or maintenance of health, shall be protected for its preservation.

- (2) The government shall ensure the development and maintenance of raw material for traditional medicine.

Article 101

- (1) The public shall be given the widest opportunity to process, produce, distribute, develop, improve and utilise traditional medicine that benefit and safety can be accounted for.
- (2) Regulation regarding the processing, production, distribution, development, improvement and usage of traditional medicine shall be regulated by Government Regulation.

Article 102

- (1) Usage of pharmaceutical preparation in the form of narcotics and psychotropic may only be done based on a doctor's or dentist prescription and misuse is prohibited.
- (2) Regulations regarding narcotics and psychotropic are implemented according to laws and regulations.

Article 103

- (1) Every individual who produces, stores, distributes

and uses narcotics and psychotropic shall be obligated to fulfil certain standards and/or requirements.

- (2) Regulations regarding production, storage, distribution as referred to in subsection (1) shall be implemented according to provisions of rules and regulations.

Article 104

- (1) Security of pharmaceutical preparation and health equipment shall be implemented to protect the public from the dangers resulting from usage of pharmaceutical preparations and health equipment that do not comply with quality and/or security standards and/or effectiveness/benefit.
- (2) Usage of medicine and traditional medicine must be done rationally.

Article 105

- (1) Pharmaceutical preparation in the form of medicine and medicine raw material must fulfil requirements of Indonesian pharmacopeia or other standard books.
- (2) Pharmaceutical preparation in the form of

traditional medicine and cosmetics as well as health equipment must fulfil standards and/or requirements stipulated.

Article 106

- (1) Pharmaceutical preparation and health equipment may only be distributed after obtaining distribution permit.
- (2) Labelling and information of pharmaceutical preparation and health equipment must fulfil objectivity and completeness requirements and not misleading.
- (3) The Government shall have the authority to revoke distribution permit and order a recall from distribution pharmaceutical preparations and health equipment that has obtained distribution permit, which are later proven not to fulfil quality and/or safety and/or beneficiary requirements, may be confiscated and destroyed according to provisions of rules and regulations.

Article 107

Further regulation regarding security of pharmaceutical preparations and health equipment shall be executed according to provisions of rules and regulations.

Article 108

- (1) Pharmaceutical practices comprising of production including quality control of pharmaceutical preparation, security, supply, storage and distribution of medicine, service of medicine by doctor's prescription, medicine information service as well as development of medicine, medicine raw material and traditional medicine must be done by health workers having the expertise and authority according to provisions of rules and regulations.
- (2) Regulations regarding execution of pharmaceutical practices as referred to in subsection (1) shall be stipulated in a Government Regulation.

Part Sixteen

Security of Food and Beverage

Article 109

Every individual and/or legal entity that produce, process, as well as distribute food and beverage treated as food and beverage resulting from genetic engineering technology distributed must ensure it is safe for human, animal consumed by human, and the environment.

Article 110

Every individual and/or legal entity that produce and promote food and beverage products and/or those treated as food and beverage resulting from technological process are prohibited from using misleading words and/or accompanied with claims that cannot be proven.

Article 111

- (1) Food and beverage for the public must be based on health standards and/or requirements.
- (2) Food and beverage may only be distributed after obtaining distribution permit according to provisions of rules and regulations.
- (3) Any packaged food and beverage must be given marking or label containing:
 - a. Product name;
 - b. List of ingredient used;
 - c. Net weight or net content;
 - d. Name and address of the party producing or importing the food and beverage into Indonesian territory; and
 - e. Date, month and year of expiration.
- (4) Giving of marking or label as referred to in subsection (1) must be done correctly and accurately.

- (5) Further regulation regarding procedure of giving label as referred to in paragraph (3) must be done according to provisions of rules and regulations.
- (6) Food and beverage not complying to standards, health requirements, and/or dangerous to health as referred to in subsection (1) are prohibited to be distributed, recalled from distribution, distribution permit revoked and confiscated for destruction according to provisions of rules and regulations.

Article 112

The Government shall have the authority and responsibility to regulate and monitor the production, processing, distribution of food and beverage as referred to in Article 109, Article 110 and Article 111.

Part Seventeen

Security of Addictive Substances

Article 113

- (1) Security of the use of material containing addictive substances is directed to not disturb and endanger health of individual, family, the community and the environment.

- (2) Addictive substances as referred to in subsection (1) shall comprise of tobacco, product containing tobacco, solid, liquid and gas of addictive nature, usage of which may result in loss to self and/or surrounding community.
- (3) Production, distribution and usage of material containing addictive substances must comply with stipulated standard and/or requirements.

Article 114

Any individual who produce or import cigarette to Indonesian territory is obligated to state a health warning.

Article 115

- (1) Smoke free zones among others are:
 - a. health service facilities;
 - b. places of education activities;
 - c. places of children playing;
 - d. places of worship;
 - e. public transport;
 - f. place of work; and
 - g. public area and other places that is determined.

- (2) Regional governments are obligated to determine smoke free zones in its region.

Article 116

Further regulation regarding security of material containing addictive substances shall be regulated by Government Regulation.

Part Eighteen

Autopsy

Article 117

A person is pronounced dead when function of heart-circulatory system and respiratory system has proven to stop permanently, or if brainstem death can be proven.

Article 118

- (1) If a corpse is unidentified, efforts must be done to identify it.
- (2) The Government, regional government and the general public shall be responsible for the identification effort as referred to in subsection (1).

- (3) Further regulation regarding efforts to identify a corpse as referred to in subsection (1) shall be regulated with a Minister Regulation.

Article 119

- (1) For the purpose of research and development of health service, clinical autopsy may be done in a hospital.
- (2) Clinical autopsy as referred to in subsection (1) shall be aimed at upholding diagnosis and/or concluding the cause of death.
- (3) Clinical autopsy as referred to in subsection (1) shall be done with written consent of the patient during his/her life or written consent of the patient's closest relative.
- (4) In the case that a patient is suspected to die of a disease endangering the public and clinical autopsy is essentially necessary to uphold a diagnosis and/or cause of death, consent is not required.

Article 120

- (1) For the purpose of education in the field of medical and biomedical sciences, anatomical autopsy may be performed in a teaching hospital or in a medical education institution.

- (2) Anatomical autopsy as referred to in subsection (1) may only be done on an unidentified corpse or corpse not cared for by the family, by written consent of the related person during his life or written consent of the family.
- (3) Corpse as referred to in subsection (2) must already have been preserved, published to search for the family, and kept for at least 1 (one) month since death.
- (4) Further regulation regarding anatomical autopsy as referred to in subsection (1), subsection (2), and subsection (3) shall be regulated by a Minister Regulation.

Article 121

- (1) Clinical autopsy and anatomical autopsy may only be performed by a doctor according to his/her expertise and authority.
- (2) In the case that while performing a clinical autopsy and anatomical autopsy there is suspicion found of a criminal act, the health worker is obligated to report to investigators according to the law and regulations.

Article 122

- (1) In the interest of law enforcement a forensic autopsy may be performed according to provisions of rules and regulations.
- (2) Forensic autopsy as referred to in subsection (1) shall be performed by a forensic doctor, or by another doctor if there is no forensic doctor and referral to another place where there is a forensic doctor is not possible.
- (3) The Government and regional government shall be responsible for the availability of forensic autopsy service in its area.
- (4) Further regulation regarding execution of forensic autopsy shall be regulated by Minister Regulation.

Article 123

- (1) On a body that the brain stem has been proven dead, action to utilise the organ as donor may be used for the purpose of organ transplant.
- (2) The act to use donor organ as referred to in paragraph (1) must comply with provisions of rules and regulations.
- (3) Further regulation regarding determination of

death and usage of donor organ as referred to in subsection (1) and subsection (2) shall be regulated by Minister Regulation.

Article 124

Autopsy performed by a health worker must be done in accordance with religious norms, norms of decency and professional ethics.

Article 125

The cost of health examination on the victim of a criminal act and/or autopsy for judicial purposes shall be born by the government through the National Revenue and Expenditure Budget (APBN) and Regional Revenue and Expenditure Budget (APBD).

CHAPTER VII

HEALTH OF MOTHER, INFANT, CHILD, TEENAGER, GERIATRIC AND THE HANDICAPPED

Part One

Health of mother, infant and child

Article 126

- (1) Maternal health efforts must be aimed to protect maternal health to enable her to give birth to a healthy generation of good quality and reduce the maternal mortality rate.
- (2) Maternal health effort as referred to in subsection

- (1) includes efforts to promote, prevent, cure and rehabilitate.
- (3) The Government shall ensure the availability of manpower, facility, equipment and medicine in the execution of maternal health service in a safe manner, of good quality and affordable.
- (4) Further regulation regarding maternal health service shall be regulated in a Government Regulation.

Article 127

- (1) Efforts to achieve pregnancy other than the natural manner may only be done by a lawful couple with the following requirements:
 - a. result of fertilization of sperm and ovum from the related husband and wife shall be implanted in the wife's uterus where the ovum originated;
 - b. performed by a health worker with the proper related expertise and authorisation; and
 - c. in certain health service facilities.
- (2) Regulations regarding requirements of pregnancy other than the natural manner as referred to subsection (1) shall be regulated with a Government Regulation.

Article 128

- (1) Every infant has the right to receive exclusive breastfeeding since birth for 6 (six) months, except on a medical indication.
- (2) During breastfeeding, the family, Government, regional government and the community must fully support the mother by giving time and special facilities.
- (3) Provision of special facilities as referred to in subsection (2) shall be provided for at the workplace and public facilities.

Article 129

- (1) The Government shall be responsible to stipulate a policy to ensure the right of infant to receive breastfeeding exclusively.
- (2) Further regulation as referred to in subsection (1) shall be regulated by Government Regulation.

Article 130

The Government shall be obligated to give complete immunisation to each infant and child.

Article 131

- (1) Efforts to care for the health of infant and children

must be aimed at preparing a future generation that is healthy, intelligent and of good quality as well as to reduce the infant and children mortality rate.

- (2) Efforts to care for paediatric health shall be done since the child is still in the womb, birth, post-natal, and until the age of 18 (eighteen) years old.
- (3) Efforts to care for infant and children health as referred to in subsection (1) and subsection (2) shall be the joint responsibility and obligation of the parents, family, community and Government and regional government.

Article 132

- (1) Children born must be raised and cared for in a responsible manner so as to enable the child to grow and develop healthy and optimally.
- (2) Regulations regarding children born as referred to in subsection (1) shall be done according to the law and regulations.
- (3) Each child has the right to receive basic immunisation according to the prevailing regulation to prevent the occurrence of diseases that may be prevented by immunisation.

- (4) Further regulation regarding types of basic immunisation as referred to in subsection (3) shall be stipulated by a Minister Regulation.

Article 133

- (1) Each infant and child has the right of protection and avoidance of any form of discrimination and violent act that may disturb its health.
- (2) The Government, regional government and community shall be obligated to ensure application of protection of infant and children as referred to in subsection (1) and provide health service according to what is required.

Article 134

- (1) The Government shall be obligated to determine the standard and/or criteria on infant and paediatric health as well as ensure the execution and ease every implementation to the said standards and criteria.
- (2) Standards and/or criteria as referred to in subsection (1) must be executed in accordance with consideration of morals, religious values and based on provisions of rules and regulations.

Article 135

- (1) The Government, regional government and the community shall be obligated to provide a place and other facilities required for children to play that enable children to grow and develop optimally as well as able to socialise in a healthy manner.
- (2) Playground and other facilities required as referred to in subsection (1) must be completed with facilities to protect from health risk so as not to endanger the child's health.

Part Two

Teenage Health

Article 136

- (1) Efforts for teenage health care must be aimed to prepare to become adults who are healthy and productive, both socially as well as economically.
- (2) Efforts for teenage health care as referred to in subsection (1) shall include for teenage reproduction performed to be free from various health problems that may hinder the ability to experience a healthy reproductive life.
- (3) Efforts for teenage health care as referred

to in subsection (1) shall be done by the Government, regional government and the community.

Article 137

- (1) The Government shall be obligated to ensure that teenagers receive education, information and service regarding teenage health to enable to live in health and with responsibility.
- (2) Regulations regarding the Government's obligation to ensure that teenagers receive education, information and service regarding health as referred to in subsection (1) shall be executed according to considerations of morals religious values and based on provisions of rules and regulations.

Part Three

Health of Geriatrics and the Handicapped

Article 138

- (1) Efforts for geriatric health care must be aimed at maintaining a life that is healthy and productive both socially and economically according to humanity dignity.

- (2) The Government shall be obligated to guarantee the availability of health service facilities and facilitate the elderly to continue to be able to live independently and productively socially and economically.

Article 139

- (1) Efforts of health care for the handicapped must be aimed at continuing to live healthily and productively socially, economically and with dignity.
- (2) The Government shall be obligated to ensure the availability of health service facility and facilitate the handicapped to continue to be able to live independently and productively socially and economically.

Article 140

Health care efforts for the elderly and handicapped as referred to in Article 138 and Article 139 shall be performed by the Government, regional government and/or community.

CHAPTER VIII

NUTRITION

Article 141

- (1) Efforts to improve community nutrition shall be aimed at increasing nutrition quality of individual and the community.
- (2) Increase of nutrition quality as referred to in subsection (1) shall be done through:
 - a. improvement of food consumption pattern in accordance with balanced nutrition;
 - b. improvement of nutrition awareness behaviour, physical activities and health;
 - c. increase access and nutrition service quality in accordance with the advancement of science and technology; and
 - d. increase of food and nutrition alert system.

- (3) The Government, regional government and/ or community jointly ensure the availability of food material with high nutritional value evenly distributed and affordable.
- (4) The Government shall be obligated to safeguard that food material as referred to in subsection (2) shall fulfil the nutritional quality standard stipulated in the law and regulations.
- (5) Supply of food material as referred to in subsection (1) shall be conducted cross sector and inter provinces, inter regencies or inter cities.

Article 142

- (1) The effort to improve health shall be done through the whole cycle of life since in the womb until old age with the priority on susceptible groups:
 - a. infant and toddler;
 - b. female teenager; and
 - c. pregnant and nursing mother.
- (2) The Government shall be responsible to determine the recommended dietary allowance, nutrition service standard and nutrition worker standards on various service levels.
- (3) The Government shall be responsible for the

fulfilment of nutrition sufficiency in poor families and in emergency situations.

- (4) The Government shall be responsible for education and correct information of nutrition to the public.
- (5) The Government, regional government and the community shall make the effort to reach a good nutritional status.

Article 143

The Government shall be responsible to increase public knowledge and awareness regarding the importance of nutrition and its effect on increasing nutritional status.

CHAPTER IX

MENTAL HEALTH

Article 144

- (1) Efforts for mental health shall be aimed at ensuring every individual may enjoy a healthy mental life, free from fear, pressure and other problem that may disturb mental health.
- (2) Efforts for mental health as referred to in subsection (1) shall comprise of prevention, promotion, cure, rehabilitation of mental problem patients and psychosocial problems.
- (3) Efforts for mental health as referred to in subsection (1) shall be the joint responsibility of the Government, regional government and the community.
- (4) The Government, regional government and community shall be responsible to create the highest

mental health condition and ensure the availability, accessibility, quality and even distribution of mental health efforts as referred to in subsection (2).

- (5) The Government and regional government shall be obligated to develop community based mental health efforts as part of the whole mental health effort, including giving the public easier access to mental health service.

Article 145

The Government, regional government and community shall ensure mental health efforts of prevention, promotion, to cure and rehabilitation, including ensuring mental health effort in the work place as referred to in Article 144 subsection (3).

Article 146

- (1) The community shall have the right to receive the correct information and education regarding mental health.
- (2) The right as referred to in subsection (1) shall be aimed to prevent violation of a person deemed to have a mental health problem.
- (3) The Government and regional government shall

be obligated to provide information and education service on mental health.

Article 147

- (1) Efforts to cure mental health patients shall be the responsibility of the Government, regional government and the community.
- (2) Curative efforts as referred to in subsection (1) shall be performed by authorised health workers and in the proper place while always respecting the patient's basic human rights.
- (3) Care for mental health patient uses specific health service facilities that fulfil requirements and according to provisions of rules and regulations.

Article 148

- (1) Mental health patients shall have the same rights as citizen.
- (2) Rights as referred to in subsection (1) including equal treatment in every aspect of life, except rules and regulations state differently.

Article 149

- (1) Mental health patients who are neglected, homeless,

is a threat to the safety of self and/or others, and/or disturbing public peace and/or security must receive treatment and care at health service facilities.

- (2) The Government, regional government and the community shall be obligated to implement treatment and care at health service facilities for mental patients who are neglected, homeless, is a threat to the safety of self and/or others, and/or disturbing public peace and/or security.
- (3) The Government and regional government shall be responsible for the even availability of mental health service facilities by involving the active participation of the public.
- (4) Obligation of the Government and regional government as referred to in subsection (2) shall include funding of treatment and care of mental health patient for the poor.

Article 150

- (1) Examination of mental health for law enforcement purposes (*visum et repertum psikiatricum*) may only be done by doctors specialising in psychiatry at health service facilities.

- (2) Determination of the legal ability status of a person suspected of having mental health problem shall be performed by a team of doctors with the expertise and competence according to the professional standard.

Article 151

Further regulation regarding mental health effort shall be regulated in a Government Regulation.

CHAPTER X

INFECTIOUS AND NON-INFECTIOUS DISEASES

Part One Infectious Diseases

Article 152

- (1) The Government, regional government and the community shall be responsible to implement efforts to prevent, control and eliminate infectious disease as well as the result thereof.
- (2) Efforts to prevent, control and eliminate infectious diseases as referred to in subsection (1) shall be performed to protect the public from being infected,

reduce the number of patient, handicapped or deceased, as well as to reduce the social and economic effects due to infectious diseases.

- (3) Efforts to prevent, control and eliminate infectious diseases as referred to in subsection (1) shall be done through activities that promote, prevent, cure and rehabilitate individuals or communities.
- (4) Control of the source of infectious disease as referred to in subsection (3) shall be done to the surrounding and/or person and other infection sources.
- (5) Efforts as referred to in subsection (1) shall be performed on a regional basis.
- (6) Implementation of efforts as referred to in subsection (3) shall be done across sectors.
- (7) In implementing the efforts as referred to in subsection (1), the Government may cooperate with other countries.
- (8) Efforts to prevent, control and eliminate infectious diseases as referred to in subsection (1) shall be performed based on provisions of rules and regulations.

Article 153

The Government shall ensure the availability immunisation material that is safe, of good quality, effective, affordable and evenly distributed through the community for the efforts to control infectious diseases through immunisation.

Article 154

- (1) The Government periodically shall determine and announce the type and distribution of diseases with the potential to be infectious and/or spread in a short time, and state the areas that may be the infection source.
- (2) The Government may conduct surveillance to infectious disease as referred to in subsection (1).
- (3) In conducting surveillance as referred to in subsection (2), the Government may cooperate with the community and other countries.
- (4) The Government shall determine the types of disease that require quarantine, place of quarantine and period of quarantine.

Article 155

- (1) The regional government periodically shall determine and announce the type and distribution of diseases with the potential to be infectious and/or spread in a short time, and state the areas that may be the infection source.
- (2) The regional government may conduct surveillance to infectious disease as referred to in subsection (1).
- (3) In conducting surveillance as referred to in subsection (2), the regional government may cooperate with the community.
- (4) The regional government shall determine the types of disease that require quarantine, place of quarantine and period of quarantine.
- (5) The regional government in determining and announcing the types and distribution of diseases with the potential to be infectious and/or spread in a short time and implementation of surveillance as well as determining the types of diseases that require quarantine, place of quarantine, and period of quarantine shall be guided with the regulations as referred to in subsection (1).

Article 156

- (1) In implementing efforts to prevent, control and eliminate infectious diseases as referred to in Article 154 subsection (1), the Government may declare the area in a state of epidemic, outbreak or extraordinary event (KLB).
- (2) Declaration of an area in a state of epidemic, outbreak or extraordinary event as referred to in subsection (1) must be done based on the result of research, which accuracy thereof is accepted.
- (3) The Government, regional government and community shall make the effort to overcome the state of epidemic, outbreak or extraordinary event as referred to in subsection (2).
- (4) Determination of an area in a state of epidemic, outbreak or extraordinary event and the efforts to overcome it as referred to in subsection (1) and subsection (3) shall be done in accordance to provisions of rules and regulations.

Article 157

- (1) Prevention of the spread of infectious disease must be done by the community including patient of

infectious disease through clean and healthy living behaviour.

- (2) In the implementation of overcoming an infectious disease, authorised health workers may examine places suspected of vector development and source of other diseases.
- (3) Further regulation regarding infectious disease as referred to in subsection (1) shall be regulated by Minister Regulation.

Part Two

Non-Infectious Diseases

Article 158

- (1) The Government, regional government and the community shall make efforts to prevent, control and handle non-infectious diseases as well as the results thereof.
- (2) Efforts as referred to in subsection (1) to increase knowledge, awareness, willingness to have healthy behaviour and prevent the occurrence of non-infectious diseases along with the results thereof.
- (3) Efforts to prevent, control and handle non-infectious diseases as referred to in subsection (1) shall be

done through activities that promote, prevent, cure and rehabilitate for individuals or communities.

- (4) Regulation as referred to in subsection (1), subsection (2) and subsection (3) shall be conducted in accordance to provisions of rules and regulations.

Article 159

- (1) Control of non-infectious disease shall be done by surveillance approach to the risk factor, disease registry and mortality surveillance.
- (2) Activities as referred to in subsection (1) shall be aimed at obtaining essential information as well as to be used in decision making in the effort to control non-infectious diseases.
- (3) Activities as referred to in subsection (1) shall be done through cross sector cooperation and by establishing network, both national as well as international.

Article 160

- (1) The Government, regional government together with the public shall be responsible to spread the correct communication, information and education

regarding risk factor of non-infectious diseases that covers all phases of life.

- (2) Risk factors as referred to in subsection (1) among others include imbalanced diet, lack of physical activity, smoking, alcohol consumption and incorrect traffic behaviour.

Article 161

- (1) Management of non-infectious disease health service shall cover the whole spectrum of service whether promotion, prevention, cure and rehabilitation.
- (2) Service management as referred to subsection (1) shall be managed professionally so that health service for non-infectious diseases may be available, acceptable, accessible, of good quality and affordable by the people.
- (3) Service management as referred to in subsection (1) shall be focused on early detection and treatment of non-infectious diseases.

CHAPTER XI

ENVIRONMENTAL HEALTH

Article 162

Environmental health efforts shall be aimed at realising a healthy environment quality, whether physically, chemically, biologically as well as socially that shall enable every individual reach the highest health standard.

Article 163

- (1) The Government, regional government and the community shall ensure availability of a healthy environment with no detrimental risk to health.
- (2) A healthy environment as referred to in subsection (1) comprises of living, working, recreational environments as well as public places and facilities.

- (3) A healthy environment as referred to in subsection (2) shall be free of elements that causes health problems, among others:
- a. liquid waste;
 - b. solid waste;
 - c. gaseous waste;
 - d. garbage not processed in accordance to requirements stipulated by the government;
 - e. disease carrying animals;
 - f. dangerous chemicals;
 - g. noise above the threshold level;
 - h. radiation of ionising and non-ionising rays;
 - i. contaminated water;
 - j. contaminated air; and
 - k. contaminated food.
- (4) Regulations regarding quality standard of environmental health and waste processing as referred to in subsection (2) and subsection (3) shall be stipulated in Government Regulation.

CHAPTER XII

OCCUPATIONAL HEALTH

Article 164

- (1) Efforts for occupational health shall be aimed at protecting workers to live healthily and free from health problems as well as detrimental effects resulting from work.
- (2) Occupational health efforts as referred to in subsection (1) shall include workers in the formal and informal sectors.
- (3) Occupational health efforts as referred to in paragraph (1) shall apply to every individual other than workers present at the workplace environment.

- (4) Occupational health efforts as referred to in subsection (1) and subsection (2) shall also apply to health in the environment of the Indonesian armed forces whether the army, navy or air force as well as the police of the Republic of Indonesia.
- (5) The Government shall determine the occupational health standard as referred to in subsection (1) and subsection (2).
- (6) Management of working place shall be obligated to comply with occupational health standards as referred to in subsection (5) and ensure a healthy working environment as well as responsible for the occurrence of accident in the workplace.
- (7) Management of working place shall be responsible for work accident occurring at the work place according to provisions of rules and regulations.

Article 165

- (1) Management of the workplace shall be obligated to make all health efforts through prevention, increase, treatment and recovery for workers.
- (2) Workers shall be obligated to create and maintain workplace healthy and comply with rules applying at the work place.

- (3) In selection of prospective employees in a company/ institution, result of health examination physical and mentally shall be used as consideration in the decision making
- (4) Regulation as referred to in subsection (1), subsection (2) and subsection (3) shall be executed according to provisions of rules and regulations.

Article 166

- (1) Employee shall be obligated to ensure health of workers through efforts to prevent, increase, treat and recover as well as obligated to carry the whole cost to maintain workers health.
- (2) Employee shall carry the cost for health problem due to work suffered by workers according to rules and regulations.
- (3) The Government shall give encouragement and assistance to protect workers as referred to in subsection (1) and subsection (2).

CHAPTER XIII

HEALTH MANAGEMENT

Article 167

- (1) Health management done by the Government, regional government and/or the community through management of health administration, health information, health resources, health funding, public participation and empowerment, science and technology in health and supporting each other shall ensure the achievement of the highest health standard.
- (2) Health management shall also be done in various levels at national and regional levels.
- (3) Health management as referred to in subsection (1) shall be organised in a national health system.

- (4) Regulations as referred to in subsection (1), subsection (2) and subsection (3) shall be regulated by President Regulation.

CHAPTER XIV

HEALTH INFORMATION

Article 168

- (1) To implement effective and efficient health efforts requires health information.
- (2) Health information as referred to in subsection (1) shall be done through information system and across sectors.
- (3) Further regulation regarding information system as referred to in subsection (2) shall be regulated in Government Regulation.

Article 169

The Government shall facilitate the public to have access to health information in the effort to raise the public health standard.

CHAPTER XV

HEALTH FUNDING

Article 170

- (1) Health funding shall have the aim to supply health funding continuously in a sufficient amount, justly allocated and utilised effectively and efficiently to ensure the implementation of health development to raise the public health standard as high as possible.
- (2) Elements of health funding as referred to in subsection (1) shall consist of funding source, allocation and utilisation.
- (3) Health funding source originates from the Government, regional government, the public, private sector and other sources.

Article 171

- (1) The amount of Government health budget shall be allocated at the minimum 5% (five per cent) of the state revenue and expenditure budget excluding salary.
- (2) The amount of regional health budget for provinces, regencies/township shall be allocated at the minimum 10% (ten per cent) of the regional revenue and expenditure budget excluding salary.
- (3) The nominal of health budget as referred to in subsection (1) and subsection (2) shall be prioritised for the interest of public service, which amount shall be at least $\frac{2}{3}$ (two thirds) of the health budget in the state
- (4) revenue and expenditure budget and regional revenue and expenditure budget.

Article 172

- (1) Allocation of health funding as referred to in Article 171 subsection (3) shall be aimed for health service in the field of public service, in particular for the poor, geriatric and neglected children.
- (2) Further regulation regarding the procedure for allocation of health funding as referred to in

subsection (1) shall be regulated by Government Regulation.

Article 173

- (1) Allocation of health funding originating from the private sector as referred to in Article 170 subsection (3) shall be mobilised through a national social security system and/or commercial health insurance.
- (2) Regulations regarding implementation procedure of a national social security system and/or commercial health insurance as referred to in subsection (1) shall be implemented according to provisions of rules and regulations.

CHAPTER XVI

PUBLIC PARTICIPATION

Article 174

- (1) The public shall participate, whether individually or organised in every form and level of health development in order to assist acceleration of achieving the highest public health standard.
- (2) Participation as referred to in paragraph (1) shall include active and creative participation.

CHAPTER XVII

HEALTH DELIBERATION BODY

Part One

Name and Domicile

Article 175

Health deliberation body shall be and independent body, whose task, function and authority shall be in the field of health.

Article 176

- (1) Health deliberation body shall have its domicile in the Central level and regions.

- (2) The central health deliberation body shall be named the National Health Deliberation Body subsequently abbreviated to BPKN shall have its domicile at the capital of the Republic State of Indonesia.
- (3) Regional health deliberation body subsequently abbreviated to BPKD shall have its domicile at the provinces and regencies/township.
- (4) The domicile of BPKN and BPKD as referred to in subsection (2) and subsection (3) shall be until the district (kecamatan) level.

Part Two

Role, Task and Authority

Article 177

- (1) BPKN and BPKD shall participate in helping the government and public in the field of health according to each scope of duties.
- (2) BPKN and BPKD as referred to in paragraph (1) shall have the task and authority among others to:
 - a. identify problems through review of various information and data that are relevant

- or influential on the process of health development;
- b. provide input to the government on the target of health development for the 5 (five) year period;
 - c. compose strategy for the achievements and priorities of health development activity;
 - d. provide input to the government in identifying and mobilising resources for health development;
 - e. provide advocacy regarding fund allocation and usage from all origins so that the utilisation may be effective, efficient and in accordance to the strategy determined;
 - f. monitor and evaluate the implementation of health development; and
 - g. formulate and suggest corrective action necessary to be done in the implementation of health development that has deviated.
- (3) BPKN and BPKD shall have the role to assist the government and the public in the field of health.
- (4) Further regulation regarding membership, organisation structure and funding of BPKN and BPKD as referred to in paragraph (1) shall be regulated by President Regulation.

CHAPTER XVIII

GUIDANCE AND MONITORING

Part One **Guidance**

Article 178

The Government and regional government shall provide guidance to the public and to each executive of activity relating to health resources in the field of health and health effort.

Article 179

(1) Guidance as referred to in Article 178 shall be directed to:

- a. fulfil the need of every individual in gaining access to health resources;
 - b. mobilise and execute the implementation of health efforts;
 - c. facilitate and execute health facilities and health service facilities;
 - d. fulfil the need of the people to obtain health supplies, including pharmaceutical preparations and health equipment as well as food and beverage;
 - e. fulfil the public nutrition needs according to standards and requirements;
 - f. protect the public from all possibilities that may result in danger to health.
- (2) Guidance as referred to in subsection (1) shall be done through:
- a. communication, information, education and empowerment of the public;
 - b. effective use of health workers;
 - c. funding.

Article 180

In providing guidance, the Government and regional government may issue awards to individuals or entities

that have contributed in every activity to realise the health objective.

Article 181

Further regulation regarding guidance shall be regulated by Minister Regulation.

Part Two **Monitoring**

Article 182

- (1) Minister shall perform monitoring of the public and each executive of activities relating to resources in health and health efforts.
- (2) Minister in performing monitoring may issue permit to each executor of health effort.
- (3) Minister in performing monitoring as referred to in subsection (1) and subsection (2) may delegate to government body non-ministry, head of service office at the provinces and regencies/township whose main task and function is in the field of health.
- (4) Minister in performing monitoring shall involve the public.

Article 183

Minister or head of service office as referred to in Article 182 in performing his/her duties may appoint supervising agents with the main duty to conduct supervision on everything to do with resources in health and health efforts.

Article 184

In performing the duties as referred to in Article 183, the supervising agent shall have the functions to:

- a. enter any place suspected to be used in activities related to implementation of health efforts;
- b. inspect permits of health workers and health facilities.

Article 185

Every individual responsible for a place being inspected by the supervising agent shall have the right to refuse inspection if the said supervising agent does not carry identification and inspection warrant.

Article 186

If inspection result shows suspicion or should be suspected of a violation of the law in the field of health, the supervising agent shall be obligated to report it to

investigators in accordance with provisions of rules and regulations.

Article 187

Further regulations regarding supervision shall be regulated by Minister regulation.

Article 188

- (1) Minister may take administrative actions towards health workers and health service facilities violating provisions as regulated in this law.
- (2) Minister may delegate the authority as referred to in subsection (1) to a non-ministry government institution, head of service office at provinces or regencies/township whose main duties and functions are in the field of health.
- (3) Administrative action as referred to in subsection (1) may be in the form of:
 - a. a written notice;
 - b. revoking the temporary license or permanent license.
- (4) Further regulation regarding administrative action as referred to in this law shall be regulated by Minister.

CHAPTER XIX

INVESTIGATION

Article 189

- (1) Apart from investigators in the police force of the Republic of Indonesia, certain civil servant officers in the government circles whose business are in the field of health shall also be given special authority as investigators as referred to in Law No 8 Year 1981 regarding Criminal Procedure to conduct criminal investigation in the field of health.
- (2) Investigators as referred to in subsection (1) shall have the authority to:
 - a. conduct investigation on the validity of reports as well as information regarding criminal action in the field of health;

- b. conduct investigation on persons suspected of committing criminal action in the field of health;
 - c. request information and evidence from people or legal entity in relation to a criminal action in the field of health;
 - d. inspect letters and/or other documents regarding criminal action in the field of health;
 - e. conduct inspection or confiscation of material or evidence in a criminal action case in the field of health;
 - f. request expert assistance in executing duties of investigation on criminal cases on the field of health;
 - g. stop investigation if there is insufficient evidence to prove the existence of criminal action in the field of health.
- (3) Authority as referred to in subsection (2) shall be executed by investigator in accordance with provisions of the Law of Criminal Procedure.

CHAPTER XX

CRIMINAL PROVISIONS

Article 190

- (1) Head of health service facility and/or health workers performing practice or work at the health service facility that intentionally do not give first aid to a patient in an emergency situation as referred to in Article 32 subsection (2) or Article 85 article (2) shall be penalized with imprisonment at the longest 2 (two) years and imprisonment and a fine at the maximum Rp 200,000,000 (two hundred million rupiah).
- (2) In the case that the action referred to in subsection (1) result in a disability or death, the said head of the health service facility and/or health worker shall be

penalized with imprisonment at the longest 10 (ten) years and a fine at the maximum Rp 1,000,000,000 (one billion rupiah).

Article 191

Every individual who without license conduct practices of traditional health service using equipment and technology as referred to in Article 60 subsection (1) resulting in a loss of property, major injury or death shall be penalised with imprisonment at the longest 1 (one) year and a fine at the maximum Rp 100,000,000 (one hundred million rupiah).

Article 192

Every individual who intentionally trade body organ or tissue with any reason as referred to in Article 64 subsection (3) shall be penalised with imprisonment at the longest 10 (ten) years and a fine of at the most Rp 1,000,000,000 (one billion rupiah).

Article 193

Every individual who intentionally perform plastic and reconstruction surgery with the purpose of changing a person's identity as referred to in Article 69 shall be penalised with imprisonment at the longest 10 (ten)

years and a fine of at the most Rp 1,000,000,000 (one billion rupiah).

Article 194

Every individual who intentionally commit abortion not in accordance with provisions as referred to in Article 72 subsection (2) shall be penalised with imprisonment at the longest 10 (ten) years and a fine of at the most Rp 1,000,000,000 (one billion rupiah).

Article 195

Every individual who intentionally trade blood with any reason as referred to in Article 90 Subsection (3) shall be penalised with imprisonment at the longest 5 (five) years and a fine of at the most Rp 500,000,000 (five hundred million rupiah).

Article 196

Every individual who intentionally produce or distribute pharmaceutical preparation and/or health equipment not complying to the standard and/or requirement of safety, efficacy or benefit, and quality as referred to in Article 98 subsection (2) and subsection (3) shall be penalised with imprisonment at the longest 10 (ten) years and a fine of at the most Rp 1,000,000,000 (one billion rupiah).

Article 197

Every individual who intentionally produce or distribute pharmaceutical preparation and/or health equipment without the distribution permit as referred to in Article 106 subsection (1) shall be penalised with imprisonment at the longest 15 (fifteen) years and a fine of at the most Rp 1,500,000,000 (one billion and five hundred million rupiah).

Article 198

Every individual who does not have the expertise and authority of conducting pharmaceutical practice as referred to in Article 108 shall be penalised with a fine at the maximum Rp 100,000,000 (one hundred million rupiah).

Article 199

(1) Every individual who intentionally produce or import cigarette into the territory of the United State of the Republic of Indonesia without including a health warning in picture form as referred to in Article 114 shall be penalised with a fine of at the most Rp 500,000,000 (five hundred million rupiah).

- (2) Every individual who intentionally violate a smoke-free zone as referred to in Article 115 shall be penalised with a fine of at the most Rp 50,000,000 (fifty million rupiah).

Article 198

Every individual who intentionally hinder the exclusive breastfeeding program practice as referred to in Article 128 subsection (2) shall be penalised with imprisonment at the most of 1 (one) year and a fine at the maximum Rp 100,000,000 (one hundred million rupiah).

Article 201

- (1) In the case that criminal act as referred to in Article 190 subsection (1), Article 191, Article 192, Article 196, Article 197, Article 198, Article 199 and Article 200 is committed by a corporation, in addition to imprisonment and fine to the executives, penal sanction that may be served to the corporation may be a fine of 3 (three) folds of the fine as referred to in Article 190 subsection (1), Article 191, Article 192, Article 196, Article 197, Article 198, Article 199 and Article 200.

- (2) Other than a fine as referred to in subsection (1), a corporation may also be further penalised in the form of:
- a. business permit being revoked; and/or
 - b. legal entity status being revoked.

CHAPTER XXI

TRANSITIONAL REGULATIONS

Article 202

Rules and Regulations as implementation of this Law shall be stipulated at the latest 1 (one) year since the date this Law is promulgated.

Article 203

At the time this Law takes effect, all implementing regulations of Law Number 23 Year 1992 regarding Health shall continue to take effect as long as it is not contradictory to provisions in this Law.

CHAPTER XXII

CLOSING PROVISIONS

Article 204

At the time this Law takes effect, Law Number 23 Year 1992 regarding Health (State Gazette of the Republic of Indonesia Year 1992 Number 100, Supplement to State Gazette of the Republic State of Indonesia Number 3495) shall be revoked and declared null and void.

Article 205

This law shall start to take effect on the date of promulgation hereof.

So that everybody is cognizant of this act, orders the promulgation of this Law by having it published in the State Gazette of the Republic of Indonesia.

Legalized in Jakarta

On October 13, 2009

PRESIDENT OF THE REPUBLIC OF INDONESIA

signed

DR.H. SUSILO BAMBANG YUDHOYONO

Promulgated in Jakarta:

On October 13, 2009

MINISTER OF LAW AND HUMAN RIGHTS
OF THE REPUBLIC OF INDONESIA,

signed

ANDI MATTALATTA

STATE GAZETTE OF THE REPUBLIC STATE OF
INDONESIA YEAR 2009 NUMBER 144

True copy to the original
STATE SECRETARIAT OF
THE REPUBLIC OF INDONESIA
Head of Bureau of Rules and Regulations
Field of Politics and Public Welfare

Wisnu Setiawan

**ELUCIDATION
ON
LAW OF THE REPUBLIC OF
INDONESIA
NUMBER 36 YEAR 2009
CONCERNING
HEALTH**

I. GENERAL

The preamble of the 1945 Constitution clearly states the objectives of the Indonesian people, which is also the national goal of the Indonesian people. The national goal is to protect the people of Indonesia and the whole of Indonesia and advance general welfare, improve intelligence of the people

and participate in implementing world orderliness based on independence eternal peace as well as social justice.

In order to reach the above national goal, a continuous effort in development is implemented, which is part of a whole chain of development, oriented and integrated, part of which is the development of health.

Health is a basic human right and is one element of welfare that must be realized in accordance to the objectives of the Indonesian people as intended in Pancasila and Preamble of the Consitution of the Republic of Indonesia Year 1945.

Therefore, each activity and effort to raise public health standards as high as possible shall be done based on non-discriminative, participative and sustainable principles, which is extremely important to build the Indonesian human resource, improve the nation's resistance and competitiveness, as well as national development.

Efforts to reach the highest degree of public health standard shall initially be in the form of disease treatment, and shall later gradually develop to integration of health efforts for

the whole community by widely involving the people that includes integrated and sustainable efforts of promotion, prevention, treatment and rehabilitation. This development was incorporated in the National Health System (SKN) in 1982 and later stated in the 1983 and 1984 National Guidelines for Development (GBHN) as the order to implement health development.

Other than that, development in health technology that takes place simultaneously as the emergence of the globalization phenomenon has caused many changes which character and existence is vastly different from what is stated on the text of Law Number 23 Year 1992 concerning Health. The rapid advance of health technology and information technology in this global era has not been accommodated properly in Law Number 23 Year 1992 concerning health.

Planning and funding of health development that is not in the same spirit of Law Number 23 Year 1992 concerning Health, that is to focus on treatment (curative), causes the people's point of view to be how to cure once a disease is contracted. This certainly would require subsequently more funds if compared to preventive efforts. Consequently,

people shall always view health funding as something that is consumptive/a waste of money.

Other than that, the point of view of policy makers also still has not considered health as a major requirement and valuable investment in implementing development so that health fund allocation up to now is still relatively low if compared to other countries.

Hence, it is time we see health as a main factor and valuable investment which implementation is based on a new paradigm generally known as health paradigm, that is health paradigm that emphasise on promotive and preventive efforts without ignoring curative and rehabilitative efforts.

In implementing this health paradigm, we require a law with a focus on health, not on sickness.

On another side, development in state administration has shifted from centralization to decentralization that is marked with the implementation of Law Number 32 Year 2004 concerning Regional Government as lastly amended with Law Number 12 Year 2008 concerning Second Ammendment on Law Number 32 Year 2008 concerning Regional Government.

This Law include regulations stating that matters of health shall be fully transferred to the head of each region and each region shall be given the authority to manage and implement all aspects of health.

As follow up of the implementation of Law Number 32 Year 2004, the Government has issued Government Regulation Number 38 Year 2007 that regulates division of responsibility between the government, regional government and regency/ municipality government. Based on this, Law Number 23 Year 1992 concerning Health shall be modified in accordance to the spirit of regional autonomy.

Therefore, it is necessary to form a general policy on health that may be implemented by all parties and at the same time able to respond to challenges of the globalization era and along with the complexity of health issues in a new Health Law to replace Law Number 23 Year 1992 concerning Health.

II. ARTICLE BY ARTICLE

Article 1

Clear.

Article 2

Health development shall consider various principles that gives direction to health development and implemented to health efforts as follows:

- a. principle of humanity meaning health development shall be based on humanity based on faith in the one true God without differentiating between religions and races.
- b. principle of balance meaning health development shall be implemented between individual and community interests, between physical and mental, and between material and spiritual.
- c. principle of utility meaning health development shall give the maximum benefit to humanity and healthy existence for each citizen.
- d. principle of protection meaning health development shall be able to give protection and legal certainty to both giver and recipient of health services.
- e. principle of respect to rights and

obligations meaning health development with respect to the rights and obligations of the people as a form of equality in legal status.

- f. principle of justice meaning that the implementation of health shall be able to give a just and equally distributed service to all levels of the community with affordable expense.
- g. principle of gender and non-discriminative meaning health development shall not differ treatment to females and males.
- h. principle of religious norms meaning health development must consider and respect and shall not differ religions practiced by the people.

Article 3

Realising public health standard shall be the effort to improve the health condition to be better than before. The highest degree of health may be reached one day in accordance to condition and situation as well as apparent ability of each person or community.

Health effort must always be made to improve continuously so that a healthy people as investment in development may live productively socially and economically.

Article 4

The right to health as referred to in this article shall be the right to obtain health service from health service facilities in order to realize the highest degree of health.

Article 5

Clear.

Article 6

Clear.

Article 7

Clear.

Article 8

Clear.

Article 9

Clear.

Article 10

Clear.

Article 11

Clear.

Article 12

Clear.

Article 13

Clear.

Article 14**Paragraph (1)**

In order that health effort may be successfully beneficial and enabling, the Government needs to plan, regulate, guide and supervise the implementation of health efforts or resources thereof in a coordinated and balanced manner by involving the active participation of the people.

Paragraph (2)

Clear.

Article 15

Clear.

Article 16

In order for implementation of health services that is equally distributed to the people, requires health workers that are equally distributed meaning the utility and distribution thereof must be even throughout all regions to isolated areas in order to facilitate people to receive health services.

Article 17

Clear.

Article 18

Active participation of the people in implementing health efforts need to be moved and directed so that it may be beneficial and useful.

Article 19

In order to implement health effort that is evenly distributed and accessible to the people, health service facilities need to be available

in all regions until isolated areas that may be easily accessed by all people.

Article 20

Clear.

Article 21

Paragraph (1)

In principle the planning, supply, utility, guidance and supervision of quality of health workers shall apply to all health workers in implementing health efforts. Health workers may be classified according to expertise and qualifications, among others include medical worker, pharmaceutical worker, nursing worker, public and environment health worker, nutritional worker, physical therapy worker, medical technical worker and other health worker.

Paragraph (2)

Clear.

Paragraph (3)

Regulation of health worker in the law is health worker other than medical worker.

Article 22

Clear.

Article 23

Paragraph (1)

Authority referred to in this paragraph is the authority given based on his/her education after going through the registration process and granting of license by the government in accordance to laws and regulations.

Paragraph (2)

Clear.

Paragraph (3)

Clear.

Paragraph (4)

While giving health service, health worker must emphasise medical indication and does not discriminate, in the best interest

of the patient and according to medical indication.

Paragraph (5)

Clear.

Article 24

Clear.

Article 25

Clear.

Article 26

Paragraph (1)

Clear.

Paragraph (2)

Transfer of authority to regional government is intended to give the opportunity to the region to regulate its own supply and utilization of health workers required according to the region's requirement while continuing to observe laws and regulations.

Paragraph (3)

Clear.

Paragraph (4)

Clear.

Paragraph (5)

Clear.

Article 27

Paragraph (1)

Clear.

Paragraph (2)

The obligation to develop and improve knowledge and skill is intended so that the said health worker may give quality service in accordance to new development in science and technology.

Paragraph (3)

Clear.

Article 28

Clear.

Article 29

Mediation shall be done if a dispute arises between health worker giving health service

and patient as recipient of health service. mediation shall be done with the purpose to resolve dispute outside of the court of law by a mediator agreed by the parties.

Article 30

Paragraph (1)

Clear.

Paragraph (2)

First level health service referred to hereof shall be health service provided by basic health service facility.

Paragraph (3)

Clear.

Paragraph (4)

Clear.

Paragraph (5)

Clear.

Article 31

Clear.

Article 32

Clear.

Article 33

Clear.

Article 34**Paragraph (1)**

Clear.

Paragraph (2)

Health workers going through the learning process shall be granted collective license in accordance to laws and regulations.

Paragraph (3)

Clear.

Article 35

Clear.

Article 36

Clear.

Article 37

Clear.

Article 38

Clear.

Article 39

Clear.

Article 40

Paragraph (1)

Clear.

Paragraph (2)

Clear.

Paragraph (3)

Clear.

Paragraph (4)

Clear.

Paragraph (5)

Clear.

Paragraph (6)

“Generic medicine” referred to hereof shall be generic medicine using International Non Proprietary Name (INN).

Paragraph (7)

Clear.

Article 41

Clear.

Article 42

Paragraph (1)

Health science and technology research and development shall be aimed at producing health information, technology, technological product and health information technology to support development in health. Development of technology, technological product, information technology and Health Information shall be implemented in accordance to regulations of intellectual property rights. Research on new emerging or re-emerging infectious diseases that may cause public health emergency of international concern/ PHEIC shall be considered the benefit sharing and tracking system of origin for national interest.

Paragraph (2)

“Health technology” referred to in this regulation shall be mode, method, process

or product resulting from implementation and utilisation of science in the field of health that results in value in fulfilling the need, continuity and quality improvement of human life.

Paragraph (3)

Clear.

Article 43

Paragraph (1)

Science and technology institution shall consist of university, research and development institute, business and supporting institution. Health research and development institution shall function to develop the ability to advance science and technology in the field of health.

Paragraph (2)

Clear.

Article 44

Paragraph (1)

Trial referred to hereof shall be part of research and development. Research

shall be activity conducted according to systematic scientific rules and method to obtain information, data, and explanation relating to understanding and prove the validity or otherwise of an assumption and/or hypothesis in the field of science and technology as well as draw a scientific conclusion for the purpose of advancement of science and technology.

Development shall be an activity of science and technology with the purpose of utilizing proven rules and theories of science to improve the function, utilization and application of existing science and technology or produce new technology.

Science shall be a series of knowledge searched, organized and developed systematically using certain approaches based on scientific method, both quantitative, qualitative as well as explorative to explain how to prove certain natural phenomenon and/or social phenomenon.

Paragraph (2)

All trials using humans as trial subjects shall be obligated to be based on three basic ethical principles, which are respect for human dignity with the purpose of respecting the autonomy and protecting people whose autonomy are disturbed/ lacking, beneficence and non-maleficence and just.

Paragraph (3)

Human trials must be done with consideration to the health and safety of those concerned. Research and development using humans as subject must obtain informed consent. Prior to requesting consent of research subject, researcher must give information regarding purpose of the health research and development as well as utilization of result, guarantee the confidentiality of identity and individual data, method used, potential risk and other matters that need to be known by the subject in order for health research and development.

Paragraph (4)

Research animal must be selected by prioritizing animals with the least neurophysiological sensitivity (nonsentient organism) and the lowest animal in the evolution scale. Reasonable caution must be applied in research that may affect the environment and health of animal used in the research must be respected.

Paragraph (5)

Clear.

Article 45

Paragraph (1)

Prohibition as referred to in this paragraph shall apply to development of technology and/or technological product that is intended for misuse as weapon and/or biological weapon material, that cause danger to human safety, sustainable environmental function, public peace, national security and disadvantage the state and endanger national security.

Paragraph (2)

Clear.

Paragraph (3)

Clear.

Article 46

Clear.

Article 47

Clear.

Article 48

Clear.

Article 49

Clear.

Article 50

Clear.

Article 51

Clear.

Article 52

Clear.

Article 53

Clear.

Article 54

Clear.

Article 55

Clear.

Article 56

Clear.

Article 57

Clear.

Article 58**Paragraph (1)**

“Loss” due to health service referred to hereof shall include breach of medical confidential information.

Paragraph (2)

Clear.

Paragraph (3)

Clear.

Article 59

Clear.

Article 60**Paragraph (1)**

“Using equipment and technology” as referred to in this provision is those not contradictory to the traditional treatment being conducted.

Paragraph (2)

Clear.

Article 61

Clear.

Article 62

Clear.

Article 63

Clear.

Article 64

Clear.

Article 65

Paragraph (1)

“Certain health service facility” as referred to in this provision shall be facility stipulated by Minister that has fulfilled requirements among others equipment, worker and other supports in order to be able to conduct body organ and/or tissue transplant.

Paragraph (2)

Clear.

Paragraph (3)

Clear.

Article 66

Clear.

Article 67

Paragraph (1)

Delivery of specimen or body organ part is done in implementation of health research and development, health service, education and other interest. Other interests are surveillance, investigation of

extraordinary event, quality standard of health laboratorium safety and security as diagnostic deciding factor for infectious diseases, efforts to collect microorganism, material collection and genetic data from patient and disease causing agent. International delivery may only be done if for the purpose and intention of testing cannot be conducted by domestic health worker or health service facility or research and development institute. Delivery of specimen or body organ part referred to hereof must be completed with Material Transfer Agreement and relevant supporting documents.

Paragraph (2)

Clear.

Article 68

Clear.

Article 69

Clear.

Article 70

Paragraph (1)

“Stem cell” referred to in this provision shall be cell within the human body with the special ability to renew or regenerate itself and able to differentiate into other specific cell.

Paragraph (2)

Clear.

Paragraph (3)

Clear.

Article 71

Clear.

Article 72

Clear.

Article 73

Clear.

Article 74

Clear.

Article 75

Paragraph (1)

Clear.

Paragraph (2)

Clear.

Paragraph (3)

“Counsellor” as referred to in this provision shall be a person who has been certified as counselor through education and training. Those qualified to be a counsellor are doctors, psychologists, community leaders, religious leaders and any person with the interest and skill for it.

Paragraph (4)

Clear.

Article 76

Clear.

Article 77

Abortion that is not qualified, safe and irresponsible as referred to in this provision is abortion conducted by force and without

consent of the woman in question, conducted by unprofessional health worker, not in accordance to applicable professional and service standard, discriminating, or with more emphasis on material benefit than medical indication.

Article 78

Clear.

Article 79

Clear.

Article 80

Clear.

Article 81

Clear.

Article 82

Paragraph (1)

“Disaster” as referred to in this provision shall be event or series of events threatening and disturbing the lives and livelihood of the community caused by,

both due to natural factor and/or non-natural factor as well as human factor that result in the loss of human life, environmental damage, property and psychological effect.

The government must facilitate the supply of resources and implementation of health service prior to, during and after the disaster.

Paragraph (2)

“Emergency response” referred to in this provision shall be a series of activities conducted immediately upon the occurrence of disaster to handle the detrimental effects caused, including rescue and evacuation of victim, property, supply of basic needs, protection, refugee management, rescue, as well as rehabilitation of facilities and infrastructure.

Paragraph (3)

Clear.

Paragraph (4)

Clear.

Paragraph (5)

Clear.

Article 83

Clear.

Article 84

Clear.

Article 85

Clear.

Article 86

Clear.

Article 86

Clear.

Article 87

Clear.

Article 89

Clear.

Article 90

Paragraph (1)

Clear.

Paragraph (2)

To guarantee blood supply for health service, government guarantee shall be in the form of a subsidy to to blood transfusion unit sourcing from State Revenue and Expenditure Budget (APBN), Regional Revenue and Expenditure Budget (APBD) and other assistance.

Paragraph (3)

Blood as a gift from the Most Generous God to all persons shall not be a commercial object for the purpose of profit, even on the pretext of survival.

Article 91

Paragraph (1)

“Processing” as referred to in this provision shall be separation of blood components into plasma and red blood cells, white blood cells and blood coagulation cell conducted by Blood Transfusion Unit and

expense of said processing shall be borne by the state.

“Production” as referred to in this provision shall be the fractionation process where plasma protein is broken down to among others albumin, globulin, factor VIII and factor IX conducted by industry and price thereof controlled by the Government.

Paragraph (2)

“Controlled” as referred to in this provision shall include the price of production result originating from processing of transfusion blood.

Article 92

Clear.

Article 93

Paragraph (1)

Scope of issue of dental and oral hygiene shall be viewed from development stage:

- a. Foetal stage;
- b. Pregnant Mother;
- c. Childhood;

- d. Adolescent;
- e. Adulthood; and
- f. Elderly.

Paragraph (2)

Clear.

Article 94

Clear.

Article 95

Paragraph (1)

Government shall attempt empowerment of the people for cornea donor and cataract operation in order to prevent blindness and hearing.

Paragraph (2)

Clear.

Article 96

Clear.

Article 97

Paragraph (1)

“Matra health” as referred to in this

provision shall be a condition with significant change in environment that may cause health problem.

Paragraph (2)

“Field health” as referred to in this provision shall be matra health in relation to work on land that is temporary and ever hanging. The main target is to support operational health and provide guidance to every person directly or indirectly involved with activities on the field.

“Marine and underwater health” as referred to in this provision shall be matra health in relation to work at sea and those connected with hyperbaric condition with the main target to support operational health of all persons directly or indirectly involved in operation of marine equipment and under water.

“Aerospace health” as referred to in this provision shall be matra health in the air that includes health in flight and outer space with hypobaric condition with the main target to support operational health

and health guidance to all persons directly or indirectly.

Paragraph (3)

Clear.

Paragraph (4)

Clear.

Article 98

Clear.

Article 99

Clear.

Article 100

Clear.

Article 101

Clear.

Article 102

Clear.

Article 103

Clear.

Article 104

Clear.

Article 105

Paragraph (1)

“Other standard books” as referred to in this provision shall be if it is not in the Indonesian pharmacopeia, may use US pharmacopeia, British pharmacopeia, international pharmacopeia.

Paragraph (2)

Clear.

Article 106

Clear.

Article 106

Clear.

Article 107

Clear.

Article 108

Paragraph (1)

“Health worker” as referred to in this provision shall be pharmaceutical worker in accordance to his/her expertise and authority. In case there is no pharmaceutical worker available, certain health worker may conduct limited pharmaceutical practice, such as among others doctors and/or dentists, midwives, and nurses, conducted in accordance to laws and regulations.

Paragraph (2)

Clear.

Article 109

Clear.

Article 110

Clear.

Article 111

Clear.

Article 112

In the regulation includes regulation of usage of food and beverage additives that may be

used in the production and processing of food and beverages.

Article 113

Paragraph (1)

Clear.

Paragraph (2)

Clear.

Paragraph (3)

Stipulation of standard is directed so that addictive substances contained in the material may be limited to prevent circulation of false material. Stipulation of requirements in usage of material containing addictive substances is targeted at limiting and preventing usage that may disturb or detriment health.

Article 114

“Health warning” as referred to in this provision shall be clear and legible statement and may include a picture or other graphic.

Article 115

Paragraph (1)

Specifically for place of work, public places and other places may provide a special smoking area.

Paragraph (2)

In determining smoke-free zone, the regional government must consider all aspects in a holistic manner.

Article 116

Clear.

Article 117

Clear.

Article 118

Clear.

Article 119

Clear.

Article 120

Clear.

Article 121

Clear.

Article 122

Clear.

Article 123

Clear.

Article 124

Clear.

Article 125

Clear.

Article 126

Clear.

Article 127

Clear.

Article 128**Paragraph (1)**

“Exclusive breastfeeding” as intended in this provision shall be giving no other

feeding but breastmilk for 6 months, and may be continued until 2 (two) years together with breastmilk supplement food as supplement according to the baby's needs.

"Medical indication" in this provision shall be the mother's health condition that does not allow breastfeeding based on medical indication determined by medical worker.

Paragraph (2)

Clear.

Paragraph (3)

Clear.

Article 129

Paragraph (1)

"Policy" as intended in this provision shall be the formulation of norm, standard, procedure and criteria.

Paragraph (2)

Clear.

Article 130

Clear.

Article 131

Clear.

Article 132

Clear.

Article 134

Clear.

Article 135

Clear.

Article 136**Paragraph (1)**

Every school age child and adolescent shall have the right to information and education as well as health service including adolescent reproductive health with due attention to to issues and needs to prevent various health problems and diseases that may hinder development of the child's potential.

Every school age child and adolescent shall have the right to obtain health education through schools and religious schools (madrasah) and also out of school to improve the child's living ability in a healthy living environment to enable him/her to learn, grow and develop harmonically and optimally into quality human resource.

Efforts to guide school age and adolescent as referred to in paragraph (1) must be directed for the purpose to prepare the child into adulthood that is healthy, intelligent and productive both socially as well as economically.

Paragraph (2)

Clear.

Paragraph (3)

Clear.

Article 137

Clear.

Article 138

Clear.

Article 139

Clear.

Article 140

Clear.

Article 141

Paragraph (1)

Clear.

Paragraph (2)

“Balanced nutrition” as referred to in this provision shall be nutritional intake in accordance to a person’s need to prevent excess and lack of nutrition.

Paragraph (3)

Clear.

Paragraph (4)

Clear.

Paragraph (5)

Clear.

Article 142

Clear.

Article 143

Clear.

Article 144

Clear.

Article 145

Clear.

Article 146

Clear.

Article 147

Clear.

Article 148

Clear.

Article 149

Clear.

Article 150

Clear.

Article 151

Clear.

Article 152

Clear.

Article 153

Clear.

Article 154

Clear.

Article 155

Clear.

Article 156

Clear.

Article 157**Paragraph (1)**

A clean and healthy lifestyle for patients of infectious diseases shall be done by not committing actions that may ease transfer of disease to another person.

Paragraph (2)

Clear.

Paragraph (3)

Clear.

Article 158

Clear.

Article 159

Clear.

Article 160

Clear.

Article 161

Clear.

Article 162

Clear.

Article 163

Clear.

Article 164

Clear.

Article 165

Clear.

Article 166

Clear.

Article 167

Clear.

Article 168

Clear.

Article 169

Clear.

Article 170

Clear.

Article 171

Paragraph (1)

Clear.

Paragraph (2)

Regions that have allocated more than 10% (ten per cent shall not reduce their

allocation and regions that do not as yet have the ability shall implement it gradually.

Paragraph (3)

“Interest of public service” as intended in this provision shall be health service whether preventive service, promote service, curative service, and rehabilitative service needed by the public to improve its health standard. This funding shall be done efficiently and effectively by prioritizing preventive and promotive services and the amount shall be no less than 2/3 (two thirds) of the State Budget (APBN) and Regional Budget (APBD).

Article 172

Clear.

Article 173

Clear.

Article 174

Clear.

Article 175

Clear.

Article 176

Clear.

Article 177

Clear.

Article 178

Clear.

Article 179

Clear.

Article 180

Clear.

Article 181

Clear.

Article 182

Clear.

Article 183

Clear.

Article 184

Clear.

Article 185

Clear.

Article 186

Clear.

Article 187

Clear.

Article 188

Clear.

Article 189

Clear.

Article 190

Clear.

Article 191

Clear.

Article 192

Clear.

Article 193

Clear.

Article 194

Clear.

Article 195

Clear.

Article 196

Clear.

Article 197

Clear.

Article 198

Clear.

Article 199

Clear.

Article 200

Clear.

Article 201

Clear.

Article 202

Clear.

Article 203

Clear.

Article 204

Clear.

Article 205

Clear.

SUPPLEMENT TO STATE GAZETTE OF THE REPUBLIC OF
INDONESIA NUMBER 5063

